12/02/2010 17:03

(Rev. 12/2004)

Image# 10992364790

FEC FORM 3X

C00172296

April 15

July 15

(TER)

Covering Period

Signature of Treasurer

Office

Use

Only

(Choose One)

1. NAME OF

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only **USE FEC MAILING LABEL** Example:If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines National Committee to Preserve Social Security & Medicare PAC 10 G St. NE ADDRESS (number and street) Suite 600 Check if different than previously Washington DC 20002 4215 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** CITY A ZIPCODE A IS THIS NEW **AMENDED** Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Oct 20 (M10) Jul 20 (M7) Jan 31 (YE) Quarterly Report(Q1) 12-Day (c) Primary (12P) General (12G) Runoff (12R) PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12S) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Post -Election Х Runoff (30R) General (30G) Special (30S) Report for the: Termination Report in the 02 2010 11 Election on State of 10 14 2010 22 2010 11 through I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Ms. Christine Kim Type or Print Name of Treasurer Electronically Filed by Ms. Christine Kim 12 02 2010 Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. **FEC FORM 3X**

FE6AN026

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name

FEC Form 3X (Rev. 02/2003)

National Committee to Preserve Social Security & Medicare PAC

10 14 2010 22 2010 11 Report Covering the Period: From: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 2010° 253332.43 January 1 (b) Cash on Hand at 682218.53 Begining of Reporting Period 3318.30 1393022.26 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 685536.83 1646354.69 6(a) and 6(c) for Column B) 1038232.95 77415.09 Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 608121.74 608121.74 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D)

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

FE6AN026

2/29

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) 3 / 29

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

2 0 1 0

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)(d) Total Contributions (add Lines	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
. 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 / 29

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures: (a) Shared Federal/Non-Federal		
	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share		
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating	1205.00	E60000 E1
	Expenditures(c) Total 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		
2	Committees Contributions to	0.00	0.00
.0.	Federal Candidates/Committees and Other Political Committees	21502.53	407131.01
4.	Independent Expenditure		
5	(use Schedule E)	51117.65	51117.65
.J.	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
	(doc concadio 1)	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
	(add Lines 20(a), (b), and (c))		0 0 0 0 0 0 0 0
9.	Other Disbursements	6000.00	11061.78
30.	Federal Election Activity (2 U.S.C 431(20))		
	(a) Shared Federal Election Activity		
	(from Schedule H6)	0.00	0.00
	(i) Federal Share		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 Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31.	Total Disbursements (add Lines 21(c), 22,		
٠	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)	77415.09	1038232.95
	from Line 31)	77415.09	1036232.95

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) 5 / 29

	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

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 29 (check only one) X 11a 11b 11c 12 13 14 15 16 11
A 0	ny information copied from such Reports and r for commercial purposes, other than using th	Statements may not be sold or used by any perse name and address of any political committee t	son for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) National Committee to Preserve Soci	al Security & Medicare PAC	
	Full Name (Last, First, Middle Initial) Ms Dorothy J Etchison		Date of Receipt
	Mailing Address RR 1 Box 2630		10 20 2010
	City	State Zip Code	Transaction ID: 18770973
	Quinton FEC ID number of contributing federal political committee.	OK 74561-9746	Amount of Each Receipt this Period 75.00
	Name of Employer	Occupation Retired	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	
	Full Name (Last, First, Middle Initial) Nathan Y Etchison		Date of Receipt
	Mailing Address RR 1 Box 2630		10 20 7 2010
	City	State Zip Code	Transaction ID: 18770974
	Quinton	OK 74561-9746	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	75.00
	Name of Employer	Occupation Retired	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	
_	Full Name (Last, First, Middle Initial) Mrs Jane Guardascione		Date of Receipt
	Mailing Address 2123 29th St		10 26 2010
	City Astoria	State Zip Code NY 11105-2918	Transaction ID: 18771012
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 50.00
	Name of Employer	Occupation Retired	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	
	SUBTOTAL of Receipts This Page (optional) .		200.00

S	SCHEDULE A (FEC Form 3X)		I I a a a su a sua la casta de la de (a)	FOR LINE NUMBER: PAGE 7 / 29 (check only one)										
	· ·		Use separate schedule(s)											
IT	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17										
	ny information copied from such Reports and Stater for commercial purposes, other than using the nam													
$\overline{\ }$	NAME OF COMMITTEE (In Full)													
\rangle	National Committee to Preserve Social Se	ecurity &	Medicare PAC											
	Full Name (Last, First, Middle Initial)													
	Mrs Ivan L Ruzics			Date of Receipt										
	Mailing Address			M M / D D / Y Y Y Y										
	2810 Via Blanco			11 10 2010										
	City	State	Zip Code	Transaction ID: 18771085										
	San Clemente	CA	92673-3564	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С		150.00										
	Name of Employer C	Occupation	n	7										
	F	Retired												
	Receipt For:	Aggregate	Year-to-Date V											
	Primary General Other (specify)		250.00											

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

В.

C.

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)		FOR LIN	_	BER:		PAGE 8/29													
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	- -	(check oi	nly one) 22	Г	23	☐ 24		25	☐ 26										
	27				a 🗀	28b	28c		29	30b										
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name										3										
NAME OF COMMITTEE (In Full)																				
National Committee to Preserve Social Sec	curity & Medicare PAC																			
Full Name (Last, First, Middle Initial) DMH MARKETING PARTNERS						tion ID Disburs	: 18679 ement	9163	}											
Mailing Address 1720 WATTERSON TRAIL							10 M / D 15 / Y 2010 Y													
,									Amount of Each Disbursement this Period											
Purpose of Disbursement NO EXPRESS ADVOCACY,POSTAGE, INV. #73	882, JOB #01108006	C	001						6.16											
Candidate Name			egory/ ype																	
Office Sought: Senate President State: Disburse	ment For: Primary General Other (specify)			NO EXPRESS ADVOCACY,POST GE, INV. #7382, JOB #0110- 8006																
Full Name (Last, First, Middle Initial)				Tra	ncao	tion ID	: 1868	5120	,											
NCPSSM					e of [Disburs				Υ										
Mailing Address 10 G Street, NE Suite 600				1	10 14 2010															
,	State Zip Code DC 20002			Am	ount	of Each	Disburse	emen	t this F	Period										
Purpose of Disbursement ADVANCE FOR FUTURE IN-KIND CONTRIBUT	IONS	C)11		-331.54															
Candidate Name			egory/ ype																	
Senate President	ment For: Primary General Other (specify)			AD'	VAN(NTR	CE FC IBUTI	OR FUTU ONS	JRE	IN-KI	ND										
State: District: Full Name (Last, First, Middle Initial)																				
NCPSSM				Da	e of [Disburs				V										
Mailing Address 10 G Street, NE Suite 600				1 ^M		1	4	Ž	0 i c)										
	State Zip Code DC 20002			Am	ount	of Each	Disburse		-											
Purpose of Disbursement ADVANCE FOR FUTURE IN-KIND CONTRIBUT	IONE							-7	48.58											
Candidate Name	IONS	Cat	011 egory/ ype																	
Office Sought: House Disburse Senate President	ment For: Primary General Other (specify)	<u> </u>	<u> </u>	AD'	/ANO	CE FC	R FUTU ONS	JRE	IN-KI	ND										
State: District:	- (-i)) V																			
SUBTOTAL of Disbursements This Page (optional) .		<u></u>	▶					-10	73.96											

TOTAL This Period (last page this line number only)

В.

C.

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)		INE NUMBER: PAGE 9/29																		
ITEMIZED DISBURSEMENTS	for each category of the	(check	ė.	ne) 22	☐ 23	, г	□ □ 24	_	05	☐ 26											
	Detailed Summary Page	27	' H	22 28a	28		28c	-	25 29	30b											
Any Information copied from such Reports and Stater																					
or for commercial purposes, other than using the name	e and address of any political of	committee to	solicit	t contri	ibutions	s fror	n such	comr	nittee												
NAME OF COMMITTEE (In Full)	ourity O Madiagra DAC																				
National Committee to Preserve Social Se	curity & Medicare PAC																				
Full Name (Last, First, Middle Initial) NCPSSM							18696	6489)												
		Date of Disbursement																			
Mailing Address 10 G Street, NE Suite 600		10 20 2010																			
City Washington									Amount of Each Disbursement this Period												
Purpose of Disbursement	FION		1					-8	54.00												
ADVANCE FOR FUTURE IN-KIND CONTRIBU	HON	011 Category/																			
		Type																			
Office Sought: House Disburs Senate	ement For:			ADVA	NÇE	FOF	FUTL	JRE	IN-KI	ND											
President	Primary General Other (specify) ▼			CONI	RIBU	ПО	N														
State: District:																					
Full Name (Last, First, Middle Initial)							18697	7115	5												
DMH MARKETING PARTNERS					of Disbu			Y Y	,	Υ											
Mailing Address 1720 WATTERSON TRA	AIL			10 M / 29 / Y 20 10 Y																	
City LOUISVILLE	State Zip Code KY 40299			Amou	nt of E	ach [Disburs	emen	t this F	Period											
Purpose of Disbursement NO EXPRESS ADVOCACY, Printing, Inv.#7435,	Job #01108006	006	1	1144.32																	
Candidate Name		Category/ Type	1																		
Office Sought: House Disburs	ement For:			NO EX	XPRE	SS A	Δ DVO(CAC	V Prir	nt-											
Senate President	Primary General Other (specify)		j	ng, In 3006	iv.#74	35,	ADVO Job #0	1110	-												
State: District:	Other (specify)			5000																	
Full Name (Last, First, Middle Initial)				Trans	action	ID:	18697	7120)												
NCPSSM					of Disb					_											
Mailing Address 10 G Street, NE Suite 600				10	M /	2 9	9 /	Ý Ž	0 1 C	Y											
City	State Zip Code			Amou	nt of Ea	ach [Disburs	emen	t this F	Period											
Washington Purpose of Disbursement	DC 20002							50	00.00												
Advance for Future In-Kind		001				-	-	-	-	-											
Candidate Name		Category/ Type																			
	ement For:			Advar	nce for	· Fut	ure In-	-Kind	d												
Senate President	Primary General Other (specify) ▼																				
State: District:	\-PJ/ \																				
								520	90.32												
SUBTOTAL of Disbursements This Page (optional)		I	<u> </u>		-			5 ∠	3 U.32												

TOTAL This Period (last page this line number only)

В.

C.

SCHEDULE B (FEC Form 3X)	Llas sons	arate schedule(s)		F	OR LI	NE N	NUMBER: PAGE 10 / 29										
ITEMIZED DISBURSEMENTS	for each	category of the (·	heck o	nly c	,		00	г	¬	_	ا مح				
	Detailed 9	Summary Page		X	21b 27	\vdash	22 28a	Н	23 28b	ŀ	24 28c		25 29	26 30b			
Any Information copied from such Reports and Statem														5			
or for commercial purposes, other than using the name	e and addres	ss of any political	com	ımi	ttee to	solic	it contr	ibuti	ions f	ror	m such o	omr	nittee				
NAME OF COMMITTEE (In Full) National Committee to Preserve Social Sec	ourity & M	odicaro PAC															
National Committee to Freserve Cociai Geo	Junity & IVII	edicare i Ao															
Full Name (Last, First, Middle Initial) NCPSSM						Transaction ID: 18704828 Date of Disbursement											
Mailing Address 10 G Street, NE Suite 600							1 ^M 0	М	/ D	1 9	9 /	Ž	0 1 () ^Y			
City	State DC	Zip Code 20002					Amou	nt o	f Eac	h [Disburse	-	-	-			
Purpose of Disbursement ADVANCE FOR FUTURE IN-KIND CONTRIBUT	ION			01	1		L.	_				-13	88.70)			
Candidate Name				ate Ty	gory/ oe												
Senate President	ment For: Primary Other (spe	General cify) ▼				ADVANCE FOR FUTURE IN-KII CONTRIBUTION						ND					
State: District:																	
Full Name (Last, First, Middle Initial) NCPSSM							Date	of Di	isburs	ser				V			
Mailing Address 10 G Street, NE Suite 600						10 M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y											
•	State DC	Zip Code 20002					Amou	nt o	f Eac	h [Disburse	-					
Purpose of Disbursement ADVANCE FOR FUTURE IN-KIND CONTRIBUT	ION			01	1							-11	84.34				
Candidate Name				ate Ty	gory/ oe												
Office Sought: House Disburse Senate President	ment For: Primary Other (spe	General cify) ▼					ADVA CON	NC ΓRII	E FO	OF O	R FUTU N	RE	IN-K	ND			
State: District:																	
Full Name (Last, First, Middle Initial) NCPSSM							Date	of D	isburs	ser				V			
Mailing Address 10 G Street, NE Suite 600							1 ^M 0	М	, ,	2	1 / [2	010	<u>) </u>			
•	State DC	Zip Code 20002					Amou	nt o	f Eac	h [Disburse	mer	t this I	Period			
Purpose of Disbursement ADVANCE FOR FUTURE IN-KIND CONTRIBUT		20002	Г	01	1							-11	76.67	7			
Candidate Name			Ca	_	gory/												
Office Sought: House Senate President State: District:	ment For: Primary Other (spe	General cify) ▼					ADVA CONT	NC ΓRΙΙ	E FC BUTI	OF O	R FUTU N	RE	IN-K	ND			
SUBTOTAL of Disbursements This Page (optional) .					•			•	_			-37	49.71				
TOTAL This Period (last page this line number only)					•	•											

В.

C.

00UEDUUE D (FEO Farma 0V)				
SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE (check only	NUMBER:	PAGE 11 / 29
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	X 21b	- ·	24 🔲 25 🔲 26
	Betailed Carrinary 1 age	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	ourity & Medicare PAC			
National Committee to Freserve Social Sec	diffy & Medicare i Ao			
Full Name (Last, First, Middle Initial) NCPSSM			Transaction ID: 18 Date of Disbursemen	
Mailing Address 10 G Street, NE Suite 600			10 25	2010
City	State Zip Code DC 20002		Amount of Each Disb	ursement this Period
Purpose of Disbursement				-891.97
ADVANCE FOR FUTURE IN-KIND CONTRIBUT Candidate Name	ION	011 Category/ Type		
Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify)	.,,,,,,	ADVANCE FOR FI CONTRIBUTION	JTURE IN-KIND
Full Name (Last, First, Middle Initial)			Transaction ID: 18	707177
NCPSSM			Date of Disbursemen	-
Mailing Address 10 G Street, NE Suite 600			10 26	2010
,	State Zip Code DC 20002		Amount of Each Disb	ursement this Period
Purpose of Disbursement	20002			-901.24
ADVANCE FOR FUTURE IN-KIND CONTRIBUT Candidate Name	ION	011		
Candidate Name		Category/ Type		
Senate President	ment For: Primary General Other (specify) ▼		ADVANCE FOR FU CONTRIBUTION	JTURE IN-KIND
State: District: Full Name (Last, First, Middle Initial)				
NCPSSM			Transaction ID: 18 Date of Disbursemen	t
Mailing Address 10 G Street, NE Suite 600			10 / 27	2010
	State Zip Code DC 20002		Amount of Each Disb	
Purpose of Disbursement ADVANCE FOR FUTURE IN-KIND CONTRIBUT	ION	011		-482.40
Candidate Name		Category/ Type		
Office Sought: House Disburse Senate President	ment For: Primary General Other (specify)	- 7,50	ADVANCE FOR FU CONTRIBUTION	JTURE IN-KIND
State: District:	· 			
SUBTOTAL of Disbursements This Page (optional) .				-2275.61

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X)

IT	ELUED DICTURATION	Use separate schedule(s		FOR LINE (check on		
_	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	1-	X 21b 27	22 23 24 25 2 28a 28b 28c 29	20
	ny Information copied from such Reports and Stater for commercial purposes, other than using the nam					
Λ	NAME OF COMMITTEE (In Full)					
V	National Committee to Preserve Social Se	curity & Medicare PAC				
	Full Name (Last, First, Middle Initial) NCPSSM				Transaction ID: 18708177 Date of Disbursement	
	Mailing Address 10 G Street, NE Suite 600				10 M / 27 / 2010	
	City Washington	State Zip Code DC 20002			Amount of Each Disbursement this Pe	riod
	Purpose of Disbursement				-1543.09	
	ADVANCE FOR FUTURE IN-KIND CONTRIBU Candidate Name	FION)11 egory/		
				уре		
	Senate President	ement For: Primary General Other (specify)			ADVANCE FOR FUTURE IN-KIN CONTRIBUTION	D
_	State: District: Full Name (Last, First, Middle Initial)				Transaction ID: 18725928	
	DMH MARKETING PARTNERS				Date of Disbursement	
	Mailing Address 1720 WATTERSON TRA	AIL				
	City LOUISVILLE	State Zip Code KY 40299			Amount of Each Disbursement this Pe	riod
	Purpose of Disbursement NO EXPRESS ADVOCACY, PRINTING, INV. #74	80.JOB #01108006		006	187.40	
	Candidate Name	· ·	Cat	egory/ ype		
	Office Sought: House Senate President State: Disburs	ement For: Primary General Other (specify)		<u>,, </u>	NO EXPRESS ADVOCACY,PRIN ING,INV. #7480,JOB #01108- 006	IT-
	Full Name (Last, First, Middle Initial)				Transaction ID: 18779307	
	Bank of America				Date of Disbursement	
	,	or				
	Bank of America Mailing Address 730 15th Street, NW	or State Zip Code DC 20005			Date of Disbursement	
	Bank of America Mailing Address 730 15th Street, NW DC1-701-02-02, 2nd Flo	State Zip Code		001	Date of Disbursement M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	Bank of America Mailing Address 730 15th Street, NW DC1-701-02-02, 2nd Flo City Washington Purpose of Disbursement	State Zip Code	Cat	001 regory/ rype	Date of Disbursement M	
	Mailing Address 730 15th Street, NW DC1-701-02-02, 2nd Flo City Washington Purpose of Disbursement BANK FEES Candidate Name Office Sought: House Senate President	State Zip Code	Cat	egory/	Date of Disbursement M	
	Bank of America Mailing Address 730 15th Street, NW DC1-701-02-02, 2nd Floration Purpose of Disbursement BANK FEES Candidate Name Office Sought: House Senate Disburs	State Zip Code DC 20005	Cat	egory/	Date of Disbursement M M M	

Image# 10992364802

State:

A.

District:

COLLEGE DE COM												
SCHEDULE B (FEC Form 3X)	Use separate schedule(s)						PA	PAGE 13 / 29				
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page X 21b 27				F	23 28b		24 28c	Н	25 29		26 30b
Any Information copied from such Reports and Stator or for commercial purposes, other than using the national states.								_				
NAME OF COMMITTEE (In Full) National Committee to Preserve Social S	Security & Medicare PAC											
Full Name (Last, First, Middle Initial) Bank of America				Dat	e of D	tion ID Disburs	-			0 1 0	Y	
Mailing Address 730 15th Street, NW DC1-701-02-02, 2nd F	loor				,		1 3			010		
City Washington	State Zip Code DC 20005			Am	ount (of Each	n Dis	burse				d
Purpose of Disbursement BANK FEE		001							19	10.84	•	
Candidate Name		Catego Type	•									
Office Sought: House Disbu	rsement For: Primary General Other (specify)			BAN	IK F	EE						

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

В.

C.

SCHEDULE B (FEC Form 3X)	llaa aasa	Use separate schedule(s)					NE NUMBER: PAGE 14 / 29									
ITEMIZED DISBURSEMENTS	for each category of the					nly c	. 1	_		_	_					
	Detailed S	Summary Page		F	21b		22 28a	X	23		$-\frac{2}{2}$		Н	25 29	$\frac{20}{3}$	6 0b
Any Information copied from such Reports and Statem	lents may no	ot be sold or used	by a	ar		n for		rpos	_	_		-	ntrik			-
or for commercial purposes, other than using the name	e and addres	ss of any political	com	nm	ittee to	solic	it contr	ibuti	ions	fro	m suc	h c	omn	nittee		
NAME OF COMMITTEE (In Full)		DAO														
National Committee to Preserve Social Sec	curity & Me	edicare PAC														
Full Name (Last, First, Middle Initial)						Transaction ID: 18681731										
Committee To Elect Chris Murphy					Date of Disbursement											
Mailing Address P.O. Box 127							M M / D D / Y 2010									
	State CT	Zip Code 06410					Amou	int o	f Ea	ach I	Disbu	rser	nen	t this	Period	_
Purpose of Disbursement				0	-								25	00.00)	
Contribution Candidate Name			_		11											
Mr. Christopher Murphy					egory/ ype											
	ment For:	2010					Contr	ibut	ior	1						
Senate President	Primary Other (spe	X General				Contribution										
State: CT District: 05	Other (spe	Giry) 🔻														
Full Name (Last, First, Middle Initial)							Trans	acti	ion	ID:	186	85	139			_
Perriello For Congress							Date	_	isbu			V	· V	· V ·	V	
Mailing Address PO Box 306							1 [™] 0	М	Ĺ	^D 1	4 /	Ľ	Ž	0 Ĭ ()	
,	State Zip Code VA 22945						Amount of Each Disbursement this Period									_
Ivy Purpose of Disbursement													3	31.54	ļ.	1
IN-KIND CONTRIBUTIONS				0	11				_	0	-					
Candidate Name Rep. Thomas Stuart Price Perriello					egory/											
	ment For:	2010		1	/pe									_		
Senate	Primary	X General					IN-KII	ND	CC	NT	RIBL	JTI	ON:	S		
President State: VA District: 05	Other (spe	cify)														
Full Name (Last, First, Middle Initial)							Trans			ın.	100	05	262	,		_
Bennet for Colorado							Date					00,	20 2			
Mailing Address 1900 GRANT STREET							1 ^M 0	М	′	^D 2	0 /	Y	ž	0 ť () ^Y	
Suite 1170																
•	State CO	Zip Code 80203					Amou	int o	f Ea	ach I	Disbu	rser		-		1
Purpose of Disbursement Contribution			Г	0	44		L.		-				15	00.00)	
Candidate Name				_	11 egory/											
Michael Bennet					/pe											
Office Sought: House Disburse	ment For: Primary	2010 X General					Contr	ibut	ior	1						
President	Other (spe															
State: CO District:																
SUBTOTAL of Disbursements This Page (optional) .					. •			·					433	31.54		
TOTAL This Period (last page this line number only)								•								

IT	CHEDULE B (FEC Form 3X)	Use separat	e schedule(s)		E NUMBER: PAGE 15 / 29
	EMIZED DISBURSEMENTS	for each cate Detailed Sun	egory of the ((check on 21b 27	ly one) 22 X 23 24 25 2 28a 28b 28c 29
	y Information copied from such Reports and Sta or commercial purposes, other than using the r				
	NAME OF COMMITTEE (In Full) National Committee to Preserve Social				
<u> </u>	Full Name (Last, First, Middle Initial) Carney For Congress		Transaction ID: 18688435 Date of Disbursement		
	Mailing Address P.O. Box A				10 25 / 2010
	City Clarks Summit		ip Code 18411		Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution Candidate Name		[011 Category/	1000.00
	Mr. Christopher Carney	ursement For:	2010	Type	
	Senate President State: PA District: 10	Primary Other (specify	X General y) ▼		Contribution
	Full Name (Last, First, Middle Initial) Perlmutter For Congress				Transaction ID: 18688452 Date of Disbursement
	Mailing Address 3440 Youngfield Stree #264	 et			M M M / D 2 5 / Y 2 0 1 0 Y
	City Wheat Ridge		Cip Code 30033		Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution			011	1000.00
	Candidate Name Mr. Edwin Perlmutter			Category/ Type	
	Office Sought: X House Disb	ursement For: Primary	2010 X General		Contribution
	President State: CO District: 07	Other (specify	y) ▼		
		_ '	y) ▼		Transaction ID: 18688454 Date of Disbursement
	State: CO District: 07 Full Name (Last, First, Middle Initial)	Other (specify	y) ▼		
	State: CO District: 07 Full Name (Last, First, Middle Initial) Scott Murphy For Congress	Other (specify 4 State Z	y) ▼ Cip Code 12065		Date of Disbursement M
	State: CO District: 07 Full Name (Last, First, Middle Initial) Scott Murphy For Congress Mailing Address 5 South Side Dr. #224 City Clifton Park Purpose of Disbursement Contribution	Other (specify 4 State Z	Cip Code 12065	011	Date of Disbursement M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	State: CO District: 07 Full Name (Last, First, Middle Initial) Scott Murphy For Congress Mailing Address 5 South Side Dr. #224 City Clifton Park Purpose of Disbursement Contribution Candidate Name Rep. Scott M. Murphy	Other (specify State Z NY 1	Cip Code 12065	011 Category/ Type	Date of Disbursement M
	State: CO District: 07 Full Name (Last, First, Middle Initial) Scott Murphy For Congress Mailing Address 5 South Side Dr. #224 City Clifton Park Purpose of Disbursement Contribution Candidate Name Rep. Scott M. Murphy	Other (specify 4 State Z	ip Code 12065 2010 X General	Category/	Date of Disbursement M

	JLE B (FEC Form 3	y Use sepa	Use separate schedule(s) (check c				INE NUMBER: PAGE 16 / 29 only one)							
ITEMIZE	D DISBURSEMENT		category of the Summary Page		21b 27	22 28a	X 23 28b	24 28c	25 29					
	on copied from such Reports a													
NAME O	F COMMITTEE (In Full) I Committee to Preserve S	<u> </u>		0011111										
	e (Last, First, Middle Initial) Murphy For Congress						action ID: of Disbursem		5					
Mailing A	ddress P.O. Box 868					10	25	/ Y	2010					
City Levittov	/n	State PA	Zip Code 19058			Amoui	nt of Each D							
Purpose Contribut Candidat)11	L.	0 0	10	00.00							
Mr. Pat	ick Murphy	Diah	0010		egory/ ype									
Office Sc	Senate President	Disbursement For: Primary Other (spe	2010 X General ecify) ▼			Contri	bution							
State: P	A District: 08 e (Last, First, Middle Initial)					Trans	action ID:	1868845						
Klein Fo	or Congress					Date o	of Disbursem	ent	-					
Mailing A	ddress 21301 Powerline	e Road, Suite 204				1 0	2.5		ž 0 1 0 [°]					
City Boca R	aton	State FL	Zip Code 33433			Amoui	nt of Each D							
Contribut Candidat	e Name)11 tegory/			10	00.00					
Mr. Ror Office So	yught: X House Senate President	Disbursement For: Primary Other (spe	2010 X General ecify)	Т	уре	Contri	bution							
Full Nam	e (Last, First, Middle Initial) For Congress						action ID: of Disbursem		7					
Mailing A	ddress PO Box 306					1 ^M 0	25	/ Y	2010°					
City Ivy		State VA	Zip Code 22945			Amou	nt of Each D							
Contribut)11	L.		1(000.00					
Candidat Rep. Th	e Name omas Stuart Price Perriell -	0			egory/ ype									
Office Sc	Senate President	Disbursement For: Primary Other (spe	2010 X General ecify) V			Contri	bution							
State: V	A District: 05						• • •							
CHRICTAL	of Disbursements This Page	(optional)			▶			30	00.00					

В.

C.

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)		INE NUMBER: PAGE 17 / 29								
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	22 X 23 28a 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) Oliverio For Congress			Transaction ID: 18 Date of Disbursemen								
Mailing Address 1199 Van Voorhis Rd Su	ite 6		$\begin{array}{c ccccccccccccccccccccccccccccccccccc$								
•	State Zip Code WV 26505		Amount of Each Disk	oursement this Period							
Purpose of Disbursement Contribution		011		1000.00							
Candidate Name Mr. Michael Oliverio		Category/ Type									
Office Sought: X House Senate President State: WV District: 01	ment For: 2010 Primary X General Other (specify) ▼		Contribution								
Full Name (Last, First, Middle Initial) Giffords For Congress			Transaction ID: 18 Date of Disbursemer								
Mailing Address PO Box 12886			10 25	2010							
•	State Zip Code AZ 85732		Amount of Each Dist	oursement this Period							
Purpose of Disbursement Contribution		011		1000.00							
Candidate Name Ms. Gabrielle Giffords		Category/ Type									
Office Sought: X House Senate President State: AZ District: 08	ment For: 2010 Primary X General Other (specify)		Contribution								
Full Name (Last, First, Middle Initial) Lentz For Congress			Transaction ID: 18 Date of Disbursemen								
Mailing Address PO Box 1846			10 25	^Y ^Y ^Y ^O ^Y O ^Y O ^Y							
	State Zip Code PA 19064		Amount of Each Disk	oursement this Period							
Purpose of Disbursement Contribution		011		1000.00							
Candidate Name Mr. Bryan Lentz		Category/ Type									
Office Sought: X House Disburse Senate President State: PA District: 07	ment For: 2010 Primary X General Other (specify) ▼		Contribution								
SUBTOTAL of Disbursements This Page (optional) .				3000.00							
TOTAL This Period (last page this line number only)											

В.

C.

SCHEDULE B (FEC Form 3X)		arate schedule(s)			OR LIN		NUMBER: PAGE 18 / 29								
ITEMIZED DISBURSEMENTS		category of the Summary Page		È	21b 27	$\prod_{i=1}^{n}$	22 28a	X	23 28b	24 28c	F	25 29	26 30b		
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name													5		
NAME OF COMMITTEE (In Full)															
National Committee to Preserve Social Sec	curity & M	edicare PAC													
Full Name (Last, First, Middle Initial) Robin Carnahan For Senate						18692 ement	829)							
Mailing Address PO Box 50378						Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y									
,	State	Zip Code					Amou	nt of	f Each	Disburse	men	t this f	Period		
St Louis	МО	63105				4	Γ.				7	48.58			
Purpose of Disbursement IN-KIND CONTRIBUTIONS				٥	11		-	-				10.00			
Candidate Name Robin Carnahan			Ca	ate	egory/ ype										
Office Sought: House Disburse X Senate President State: MO District:	ment For: Primary Other (spe	2010 X General ecify) ▼				IN-KIND CONTRIBUTIONS						S			
Full Name (Last, First, Middle Initial)						+									
John Spratt for Congress							Date	of Di	sburse						
Mailing Address PO Box 636							1 ^M 0	M	^D 2	0 /	Ž	0 ť ()		
City Annandale	State Zip Code VA 22003						Amou	nt of	f Each	Disburse	men	t this f	Period		
Purpose of Disbursement IN-KIND CONTRIBUTION				0	11		L.	_			8	54.00)		
Candidate Name John Spratt					egory/ ype										
Office Sought: X House Disburse Senate President State: SC District: 05	ment For: Primary Other (spe	2010 X General ecify) ▼					IN-KII	ND :	CONT	ΓRIBUT	ION				
						+									
Full Name (Last, First, Middle Initial) Braley For Congress							Date of	of Di	sburse				_		
Mailing Address PO Box 390							1 ^M 0	M	1	9 /	Ž	0 Í ()		
,	State IA	Zip Code 50704					Amou	nt of	f Each	Disburse	men	t this f	Period		
Purpose of Disbursement IN-KIND CONTRIBUTION				0	11		L.				13	88.70)		
Candidate Name Mr. Bruce Braley															
Office Sought: X House Disburse Senate President	ment For: Primary Other (spe	2010 X General ecify) ▼					IN-KII	ND	CONT	ΓRIBUT	ION				
State: IA District: 01		-· •													
SUBTOTAL of Disbursements This Page (optional)					. •	'		-			29	91.28			

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X)

	Use separate schedule(s	(check on	= NUMBER: PAGE 19 / 29 llv one)
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 28 28 28 29
Any Information copied from such Reports and Sta or for commercial purposes, other than using the n			
NAME OF COMMITTEE (In Full) National Committee to Preserve Social	Security & Medicare PAC		
Full Name (Last, First, Middle Initial) People for Patty Murray			Transaction ID: 18705320 Date of Disbursement
Mailing Address 122 Maryland Avenue	, NE		10 / 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Washington	State Zip Code DC 20002		Amount of Each Disbursement this Perio
Purpose of Disbursement (In-Kind) IN-KIND CONTRIBUTION		011	1184.34
Candidate Name Patty Murray		Category/ Type	
X Senate President	rrsement For: 2010 Primary X General Other (specify) ▼	1	(In-Kind) IN-KIND CONTRIB- UTION
State: WA District: Full Name (Last, First, Middle Initial) Earl Pomeroy for Congress			Transaction ID: 18706500
Mailing Address PO Box 75214			Date of Disbursement Date of Disbursement
City	State Zip Code		Amount of Each Disbursement this Perio
Washington Purpose of Disbursement IN-KIND CONTRIBUTION	DC 20013-5214		1176.67
Candidate Name Earl Pomeroy		011 Category/ Type	
Office Sought: X House Senate President State: ND District: 01	rsement For: 2010 Primary X General Other (specify)	1 "	IN-KIND CONTRIBUTION
Full Name (Last, First, Middle Initial) Boccieri For Congress			Transaction ID: 18706779 Date of Disbursement
Mailing Address 337 Third Street Nw			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
City Canton	State Zip Code OH 44702		Amount of Each Disbursement this Perio
Purpose of Disbursement IN-KIND CONTRIBUTION		011	891.97
Candidate Name Mr. John Boccieri		Category/ Type	
Office Sought: X House Senate President State: OH District: 16	rsement For: 2010 Primary X General Other (specify) ▼		IN-KIND CONTRIBUTION

В.

C.

SCHEDULE B (FEC Form 3X)	CHEDULE B (FEC Form 3X)				FOR LINE NUMBER: PAGE								GE	20 /	29					
ITEMIZED DISBURSEMENTS	Use sepa			check o			_	i	_			_		_						
		Summary Page		L	21b 27	L	22 28a	X	23			24 28c	Н	25 29	26 30b					
Any Information copied from such Reports and Staten	nents may no	ot be sold or used	d by a	<u>L</u> an		n for		ırpos			olici		ntrik							
or for commercial purposes, other than using the name																				
NAME OF COMMITTEE (In Full)																				
National Committee to Preserve Social Se	curity & Mo	edicare PAC																		
Full Name (Last, First, Middle Initial)	Full Name (Last, First, Middle Initial) Loebsack For Congress										Transaction ID: 18707715 Date of Disbursement									
							М	м	/ [/ Y	Y	0 1 (Y					
Mailing Address PO Box 2720						Amount of Each Disbursement this Period														
City Cedar Rapids	State IA	Zip Code 52406					Amou	int o	f E	ach	Dis	sburse	nen	t this I	Period					
Purpose of Disbursement IN-KIND CONTRIBUTION				0	11				_				9	01.24						
Candidate Name Rep. David Wayne Loebsack			Ca	ate	egory/ /pe															
	ement For:	2010		• :	/pc		INT 1/11	NΙΓ	~	\	וחי	IDLITI	ON.							
Senate	Primary	X General					IN-KIND CONTRIBUTION													
President State: IA District: 02	Other (spe	city)																		
Full Name (Last, First, Middle Initial)							Trans	acti	ion	ID:	1	8707	987	,						
Klein For Congress							Date	of D		urse	me									
Mailing Address 21301 Powerline Road, 9	Suite 204					10			ž	0 1 () ^Y									
City	State	Zip Code				+	Amou	ınt o	f E	ach	Dis	sburse	nen	t this I	Period					
Boca Raton	FL 33433						-		_		_		-							
Purpose of Disbursement IN-KIND CONTRIBUTION				0	11			-	_	-			4	82.40	2					
Candidate Name				-	egory/															
Mr. Ron Klein				T	/ре															
Office Sought: X House Disburse Senate	ement For: Primary	2010 X General					IN-KII	ND	CC	TNC	RI	IBUTI	NC							
President	Other (spe																			
State: FL District: 22																				
Full Name (Last, First, Middle Initial) DEFAZIO FOR CONGRESS							Trans Date					8708: ent	253							
						_		М	/	^D 2		/ Y	Y	0 1 (Y					
Mailing Address P.O. BOX 1316							10				,			010	,					
City SPRINGFIELD	State OR	Zip Code 97477					Amou	int o	f E	ach	Dis	sburse	nen	t this I	Period					
Purpose of Disbursement IN-KIND CONTRIBUTION				0	11			-	_	-			15	43.09)					
Candidate Name PETER DEFAZIO			Ca	ate	egory/															
	ement For:	2010		1	/pe	\dashv														
Senate Disburse	Primary	X General					IN-KII	ND	CC	TNC	RI	IBUTI	NC							
President State: OR District: 04	Other (spe	cify)																		
State: OR District: 04							_	_					_							
SUBTOTAL of Disbursements This Page (optional)					. •		<u></u>	_					292	26.73	3					
TOTAL This Period (last page this line number only))				•															

IT An	EMIZED DISBURSEMENTS y Information copied from such Reports and for commercial purposes, other than using the such such such such such such such such	for each Detailed		(check only 21b 27 by any person f	22 X 23 24 25 26 28a 28b 28c 29 30b for the purpose of soliciting contributions
\rangle	NAME OF COMMITTEE (In Full) National Committee to Preserve So	cial Security & M	edicare PAC		
	Full Name (Last, First, Middle Initial) Mike Honda For Congress Mailing Address P.O. Box 8180				Transaction ID: 18727538 Date of Disbursement 111
	City San Jose Purpose of Disbursement Void - Mike Honda For Congress Candidate Name Rep. Michael M. Honda	State CA	Zip Code 95155	011 Category/ Type	Amount of Each Disbursement this Period -1000.00
	Office Sought: X House Senate President State: CA District: 15	Disbursement For: Primary Other (spe	2010 X General ecify) ▼		Void - Mike Honda For Congress

SUBTOTAL of Disbursements This Page (optional)	•	-1000.00
TOTAL This Period (last page this line number only)		21502.53

SCHEDULE B (FEC Form 3X)

SCHEDOLL B (I LC I OHII 3X)	Use separate schedule(s) (check	only one)
ITEMIZED DISBURSEMENTS	Detailed Summary Page 218	22 23 24 25 28a 28b 28c X 29
Any Information copied from such Reports and Stat or for commercial purposes, other than using the na		
NAME OF COMMITTEE (In Full) National Committee to Preserve Social S	Security & Medicare PAC	
Full Name (Last, First, Middle Initial) Democratic Party of Wisconsin Unity Fu	nd	Transaction ID: 18697225 Date of Disbursement
Mailing Address P.O. Box 620062		10 M / D 2 9 / Y 2 0 1 0 Y
City Middleton	State Zip Code WI 53562	Amount of Each Disbursement this Period 2500.00
Purpose of Disbursement Contribution to recount, Candidate Russ Feingo Candidate Name		2500.00
	Category/ Type	
Senate President	Primary General Other (specify) ▼	Contribution to recount, Candidate Russ Feingold, Senate Wisconsin, General Election
State: District: Full Name (Last, First, Middle Initial) Bishop for Congress Election Protection		Transaction ID: 18724892 Date of Disbursement
Mailing Address c/o Bishop for Congres P.O. Box 37		
City Farmingville	State Zip Code NY 11738	Amount of Each Disbursement this Perio
Purpose of Disbursement Contribution to recount, Candidate Tim Bishop,		1000.00
Candidate Name Bishop for Congress Election Protection	71	
Office Sought: House Disbu Senate President State: District:	rsement For: Primary General Other (specify)	Contribution to recount, Candidate Tim Bishop, Hou- se NY-1, General Election
Full Name (Last, First, Middle Initial) New York Victory Fund 2010		Transaction ID: 18724894 Date of Disbursement
Mailing Address 10 G Street, NE Suite 570		111 / 10 / 2010
City Washington	State Zip Code DC 20002	Amount of Each Disbursement this Perio
Purpose of Disbursement Contribution to recount, Candidate Dan Maffei, Candidate Name	House NY-25, General Election 011 Category/	1000.00
Office Sought: House Disbu Senate President State: District:	rsement For: Primary General Other (specify)	Contribution to recount, Candidate Dan Maffei, Hou- se NY-25, General Election
		4500.00

CCHEDIII E D /EEC Earm 2V)												
SCHEDULE B (FEC Form 3X)	Use separate schedule(s)		NUMBER: PAGE 23/29									
ITEMIZED DISBURSEMENTS	for each category of the	(check only	/ one)									
II LIMIZED DIODONOLIMENTO	Detailed Summary Page	21b	22 23 24 25 26									
	, ,	27	28a 28b 28c X 29 30b									
Any Information copied from such Reports and Statem	ents may not be sold or used by	any person f	or 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 Sec	curity & Medicare PAC											
Full Name (Last, First, Middle Initial)			Transaction ID: 18734860									
New York Victory Fund 2010			Date of Disbursement									
			11 1 9 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y									
Mailing Address 10 G Street, NE Suite 570			11 19 2010									
City	State Zip Code		Amount of Each Disbursement this Period									
Washington	DC 20002											
Purpose of Disbursement			1500.00									
Contribution to recount, Candidate Dan Maffei, Hou	use NY-25, General Election	011										
Candidate Name	C	ategory/										
		Туре										
Office Sought: House Disburse	ment For:		Contribution to recount									
Senate	Primary General		Contribution to recount, Candidate Dan Maffei. Hou-									
President	Other (specify)		Candidate Dan Maffei, Hou- se NY-25, General Election									
State: District:												

SUBTOTAL of Disbursements This Page (optional)	•	1500.00
TOTAL This Period (last page this line number only)		6000.00

TEMIZED INDEPENDENT EX	PENDITURI	ES		PAGE 24 / 29 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				
National Committee to Preserve Social Security Medicare PAC	/ &			C C00172296
Check if 24-hour notice 48-	hour notice			
Full Name (Last, First, Middle, Initial) of Pay METRICS MEDIA	/ee		Date	D D / Y Y Y Y Y Y Y 18 2010
Mailing Address 24 QUAKER LANE ATTN: BARBARA CASSIDY			Amount	36310.00
City DOVER	State NH	Zip Code 03820	Office Sough	on ID: 18665322 ht: House State: <u>CT</u>
Purpose of Expenditure RADIO AD, IE DISSEMI- NATION DATE: 10/18/2		Category/ Type 004		X Senate District: Presidential
Name of Federal Candidate supported or C	pposed by expend	liture:	Check One:	X Support Oppose
Calendar Year-To-Date Per Election for Office Sought		36310.00	Disbursemen Oth 2010	nt For: Primary X General Primary Primary X Reneral Primary Primary X Reneral Primary
Full Name (Last, First, Middle, Initial) of Pay	/ee		Date M M /	D D / Y Y Y Y Y Y 2 0 1 0
Mailing Address PO BOX 870			Amount	7623.63
City FOREST	State VA	Zip Code 24551	Office Sough	on ID: 18683854 ht: House State: <u>CT</u>
Purpose of Expenditure IE Mailing, Postage, estimated amount		Category/ Type 001		X Senate District: Presidential
Name of Federal Candidate supported or C Mr. Richard Blumenthal	pposed by expend	iture:	Check One: Disbursemen	X Support Oppose The For: Primary X General
Calendar Year-To-Date Per Election for Office Sought		43933.63	Oth	er (specify) :
(a) SUBTOTAL of Itemized Independent Expe	enditures			43933.63
(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 o committee) any political party committee or its age	r authorized commit			
Ms. Christine Kim Signature		Date 12		Y Y Y Y Y Y 2 0 1 0

ITEMIZED INDEPENDENT EX	PENDITURES			PAGE 25 / 29 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	I.			
National Committee to Preserve Social Securit Medicare PAC	y &		l r	C C00172296
Check if 24-hour notice 48-	hour notice			
Full Name (Last, First, Middle, Initial) of Pa	yee		Date	
FOCUS DIRECT	•		M M /	D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address			Amount	
PO BOX 870				1452.12
City	State Zip	Code	Transaction	ID: 18687545
FOREST	-	551	Office Sought:	
Purpose of Expenditure IE Mailing, Postage, estimated amount	Category Type			Senate District: 01 Presidential
Name of Federal Candidate supported or C	Opposed by expenditure:		Check One:	X Support Oppose
Earl Pomeroy			D	- Da: Wa .
			Disbursement I	•
Calendar Year-To-Date Per Election	1/	152.12	2010 Other	(specify) :
for Office Sought		102.12		
Full Name (Last, First, Middle, Initial) of Pa	yee		Date	
FOCUS DIRECT			M M /	D D / 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
City	State Zip	Code		ID : 18687547
FOREST	VA 24	551	Office Sought:	House State: NV
Purpose of Expenditure	Category	// 001		X Senate District:
IE Mailing, Postage, estimated amount	Туре			
Name of Federal Candidate supported or C	Opposed by expenditure:		Check One:	X Support Oppose
HARRY REID			Disbursement I	For: Primary X General
-				(specify):
Calendar Year-To-Date Per Election for Office Sought	30)25.25	2010	(эроону) :
(a) SUBTOTAL of Itemized Independent Expo	enditures			4477.37
(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 Signature		Date 12		0 1 0

ITEMIZED INDEPENDENT EXPENDITURES	PAGE 26 / 29
NAME OF COMMITTEE (In Full)	FOR LINE 24 OF FORM 3X
National Committee to Preserve Social Security &	FEC IDENTIFICATION NUMBER
Medicare PAC	C C00172296
Check if 24-hour notice 48-hour notice	
Full Name (Last, First, Middle, Initial) of Payee	Date
FOCUS DIRECT	M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address	Amount
PO BOX 870	-163.82
City State Zip Code	Transaction ID: 18779341
FOREST VA 24551	Office Sought: House State: NV
Purpose of Expenditure REFUND OF POSTAGE Category/ Type 001	X Senate District: Presidential
Type Type	d Shark Care To Care to Care to To Care
Name of Federal Candidate supported or Opposed by expenditure: HARRY REID	Check One: X Support Oppose
···········	Disbursement For: Primary X General
Calendar Year-To-Date Per Election	Other (specify) :
for Office Sought	2010
Full Name (Last, First, Middle, Initial) of Payee	Date
FOCUS DIRECT	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
Mailing Address	Amount
PO BOX 870	-204.22
City State Zip Code	Transaction ID: 18779344
FOREST VA 24551	Office Sought: X House State: ND
Purpose of Expenditure Category/ Category/	Senate District: 01 Presidential
REFUND OF POSTAGE OV- ERPAYMENT Category Type 001	
Name of Federal Candidate supported or Opposed by expenditure:	Check One: X Support Oppose
Earl Pomeroy	Disbursement For: Primary X General
	Other (specify) :
Calendar Year-To-Date Per Election 1247.90 for Office Sought	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 or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if th committee) any political party committee or its agent.	
M · M	D D Y Y Y Y
Ms. Christine Kim Date 12	02 2010
Signature	

TEMIZED INDEPENDENT EXP	PENDITURES	PAGE 27 / 29 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER
National Committee to Preserve Social Security & Medicare PAC	&	C C00172296
	our notice	G 500172233
Full Name (Last, First, Middle, Initial) of Paye	ee	Date
FOCUS DIRECT		$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
Mailing Address		Amount
PO BOX 870		-600.14
City	State Zip Code	Transaction ID: 18779347
FOREST	VA 24551	Office Sought: House State: CT
Purpose of Expenditure REFUND OF POSTAGE OV- ERPAYMENT	Category/ Type 001	X Senate District: Presidential
Name of Federal Candidate supported or Op	posed by expenditure:	Check One: X Support Oppose
Mr. Richard Blumenthal		
		Disbursement For: Primary X General
Calendar Year-To-Date Per Election	43333.49	Other (specify) :
for Office Sought	40000.40	
Full Name (Last, First, Middle, Initial) of Paye	ee	Date
FOCUS DIRECT		$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
Mailing Address		Amount
PO BOX 870		458.19
	7. 0.1	Transaction ID: 18687475
City FOREST	State Zip Code VA 24551	Office Sought: X House State: ND
Purpose of Expenditure		Senate District: 01
PRINTING, IE DISSEMI- NATION 10/22/10	Category/ Type 004	Presidential
Name of Federal Candidate supported or Op	posed by expenditure:	Check One: X Support Oppose
Earl Pomeroy		Disbursement For: Primary X General
Calendar Year-To-Date Per Election	1706.09	Other (specify) : 2010
for Office Sought		
(a) SUBTOTAL of Itemized Independent Expen	ditures	-141.95
. ,		
(b) SUBTOTAL of Unitemized Independent Exp	penditures	
(c) TOTAL Independent Expenditures		
Under penalty of perjury I certify that the independer or at the request or suggestion of, any candidate or a committee) any political party committee or its agent	authorized committee or agent of either, or	
	М	M D ° D Y ° Y ° Y ° Y
Ms. Christine Kim	Date 12	
Signature		

TEMIZED INDEPENDENT EX	PENDITURES	6		PAGE 28 / 29 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER
National Committee to Preserve Social Securit Medicare PAC	y &			C C00172296
	hour notice			0 000172200
Full Name (Last, First, Middle, Initial) of Pa	yee		Date	
FOCUS DIRECT	•		M M /	D D / Y Y Y Y Y Y Y 2 0 1 0
Mailing Address PO BOX 870			Amount	0005.00
			<u> </u>	2035.99
City FOREST	State VA	Zip Code 24551	Office Sought	n ID: 18687477 t: House State: <u>CT</u>
Purpose of Expenditure PRINTING, IE DISSEMI- NATION 10/22/10		Category/ Type 004		X Senate District: Presidential
Name of Federal Candidate supported or C	pposed by expenditur	re:	Check One:	X Support Oppose
Mr. Richard Blumenthal			Disbursemen	t For: Primary X General
Calendar Year-To-Date Per Election		45369.48	Othe 2010	er (specify) :
for Office Sought	L	43303.40	2010	
Full Name (Last, First, Middle, Initial) of Pa	yee		Date	
FOCUS DIRECT			M M /	29 / Y Y Y Y Y Y Y
Mailing Address PO BOX 870			Amount	
			Transaction	885.65 n ID: 18687480
City FOREST	State VA	Zip Code 24551	Office Sought	
Purpose of Expenditure			_	X Senate District:
PRINTING, IE DISSEMI- NATION 10/22/10		Type 004		Presidential
Name of Federal Candidate supported or C	pposed by expenditur	re:	Check One:	X Support Oppose
HARRY REID			Disbursemen	t For: Primary X General
Calendar Year-To-Date Per Election		3747.08	Othe 2010	er (specify) :
for Office Sought		3747.00	2010	
(a) SUBTOTAL of Itemized Independent Exp	enditures			2921.64
(,				
(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			
		ММ		YYYY
Ms. Christine Kim Signature		Date 12		2010
Signatur 0				

remized independent exp	ENDITURES	PAGE 29 / 29
		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER
National Committee to Preserve Social Security & Medicare PAC	i	C C00172296
Check if 24-hour notice 48-hou	ur notice	
Full Name (Last, First, Middle, Initial) of Payee	9	Date
CLARK PARK PRODUCTIONS, INC.		M M / D D / Y Y Y Y Y Y
Mailing Address		Amount
400 NORTH CAPITOL STREET, NW,	SUIT	295.00
City	State Zip Code	Transaction ID: 18708887
WASHINGTON	DC 20001	Office Sought: House State: CT
Purpose of Expenditure RADIO AD,IE DISSEMIN- ATION 10-12-10	Category/ Type 004	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
Calendar Year-To-Date Per Election for Office Sought	45664.48	Other (specify) :
		<u> </u>

(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 he or at the request or suggestion of, any candidate or authorized committee or agreement any political party committee or its agent.	•	
Ms. Christine Kim Signature	Date 1 2 0	2 2 0 1 0