

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
National Committee to Preserve Social Security & Medicare PAC

Report Covering the Period: From:

M	M
0	8

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	8

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		253332.43
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	454127.21									
(c) Total Receipts (from Line 19)	40202.00	924589.10								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	494329.21	1177921.53								
7. Total Disbursements (from Line 31)	1132.36	684724.68								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	493196.85	493196.85								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

National Committee to Preserve Social Security & Medicare PAC

Report Covering the Period: From:

M	M
0	8

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	8

D	D
3	1

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	2111.00	17225.00
(ii) Unitemized	37992.83	902952.98
(iii) TOTAL (add Lines 11(a)(i) and (ii)	40103.83	920177.98
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	40103.83	920177.98
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	4000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	98.17	411.12
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	40202.00	924589.10
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	40202.00	924589.10

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	-7386.11	435284.52
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	-7386.11	435284.52
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	8518.47	247378.38
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	2061.78
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	1132.36	684724.68
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1132.36	684724.68

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

5 / 19

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	40103.83	920177.98
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	40103.83	920177.98
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	-7386.11	435284.52
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	-7386.11	435284.52

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

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

FOR LINE NUMBER: PAGE 6 / 19
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Committee to Preserve Social Security & Medicare PAC

A. Full Name (Last, First, Middle Initial)
Mr William Adams

Mailing Address
2113 N Meade Ave

City State Zip Code
Chicago IL 60639-2724

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 226.00

Date of Receipt
MM / DD / YYYY
08 / 27 / 2010

Transaction ID: 18551197

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Mrs Noelle R Arnoult

Mailing Address
2545 SW Terwilliger Blvd # 515

City State Zip Code
Portland OR 97201-6306

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
08 / 25 / 2010

Transaction ID: 18551240

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Mr Edward Corlew

Mailing Address
2095 Whipple Rd

City State Zip Code
Bates City MO 64011-8149

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
08 / 30 / 2010

Transaction ID: 18551587

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► 300.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 19
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
National Committee to Preserve Social Security & Medicare PAC

A. Full Name (Last, First, Middle Initial)
Mrs Kenneth E Davis

Mailing Address
12705 SE River Rd Apt 405S

City State Zip Code
Portland OR 97222-9770

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 08 / 30 / 2010
Transaction ID: 18551652

Amount of Each Receipt this Period 125.00

B. Full Name (Last, First, Middle Initial)
Ms Joyce L Divoky

Mailing Address
3648 Skylark Ln SE

City State Zip Code
Cedar Rapids IA 52403-4335

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 08 / 30 / 2010
Transaction ID: 18551694

Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Ms Carroll Estes, Phd

Mailing Address
1427 Leslie Rd

City State Zip Code
Healdsburg CA 95448-9502

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt 08 / 04 / 2010
Transaction ID: 18551769

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) 625.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 19
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
National Committee to Preserve Social Security & Medicare PAC

A.	Full Name (Last, First, Middle Initial) Mr John Grubisic		Date of Receipt MM / DD / YYYY 08 / 27 / 2010		
	Mailing Address 15406 Spring St		Transaction ID: 18551940		
	City Union Grove	State WI	Zip Code 53182-9698	Amount of Each Receipt this Period 75.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer	Occupation Retired			
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00			

B.	Full Name (Last, First, Middle Initial) Ms Ruth Hendershot		Date of Receipt MM / DD / YYYY 08 / 25 / 2010		
	Mailing Address 44635 Sunset Rd # 497		Transaction ID: 18552015		
	City Caldwell	State OH	Zip Code 43724-9258	Amount of Each Receipt this Period 200.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer	Occupation Retired			
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 460.00			

C.	Full Name (Last, First, Middle Initial) Miss Bernice Hill		Date of Receipt MM / DD / YYYY 08 / 12 / 2010		
	Mailing Address 4407 Williams St		Transaction ID: 18552045		
	City Ayden	State NC	Zip Code 28513-7172	Amount of Each Receipt this Period 233.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer	Occupation Retired			
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 233.00			

SUBTOTAL of Receipts This Page (optional)	508.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 19
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
National Committee to Preserve Social Security & Medicare PAC

A.

Full Name (Last, First, Middle Initial) Mr Myron E Knies		Date of Receipt MM / DD / YYYY 08 / 27 / 2010
Mailing Address 1391 Briarcliff Pkwy		Transaction ID: 18552227
City Jasper	State IN	Zip Code 47546-7924
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

B.

Full Name (Last, First, Middle Initial) Mr Noel Moyer		Date of Receipt MM / DD / YYYY 08 / 25 / 2010
Mailing Address Apt A 307 Hollywood Hts Rd		Transaction ID: 18552532
City Caseyville	State IL	Zip Code 62232-1109
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.

Full Name (Last, First, Middle Initial) Mr Arthur W Simpson		Date of Receipt MM / DD / YYYY 08 / 27 / 2010
Mailing Address 2082 W 89th St		Transaction ID: 18552939
City Cleveland	State OH	Zip Code 44102-3818
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 75.00
Name of Employer	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

SUBTOTAL of Receipts This Page (optional)	▶	275.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 19
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
National Committee to Preserve Social Security & Medicare PAC

A.

Full Name (Last, First, Middle Initial)
Mr Robert E Thomas

Mailing Address
922 E Eureka St

City State Zip Code
Greenville MI 48838-2907

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

Name of Employer Occupation
Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
08 / 25 / 2010

Transaction ID: 18553097

Amount of Each Receipt this Period
100.00

B.

Full Name (Last, First, Middle Initial)
Mr Calvin K Upp

Mailing Address
212 N Elm St

City State Zip Code
Wellington KS 67152-2937

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

Name of Employer Occupation
Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
289.00

Date of Receipt
MM / DD / YYYY
08 / 25 / 2010

Transaction ID: 18553149

Amount of Each Receipt this Period
50.00

C.

Full Name (Last, First, Middle Initial)
Ms Artis J Walton

Mailing Address
1830 8th St S Apt 2

City State Zip Code
Brookings SD 57006-3553

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

Name of Employer Occupation
Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
221.00

Date of Receipt
MM / DD / YYYY
08 / 27 / 2010

Transaction ID: 18553192

Amount of Each Receipt this Period
95.00

SUBTOTAL of Receipts This Page (optional) ► **245.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 11 / 19	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
National Committee to Preserve Social Security & Medicare PAC

A.	Full Name (Last, First, Middle Initial) Ms Eileen J White		Date of Receipt																					
	Mailing Address 25525 Lawn St Apt C236		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	7		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	8		2	7		2	0	1	0														
	City	State	Zip Code	Transaction ID: 18553239																				
	Roseville	MI	48066-4476	Amount of Each Receipt this Period																				
FEC ID number of contributing federal political committee.		C	158.00																					
Name of Employer		Occupation																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Retired																						
		Aggregate Year-to-Date ▼	291.00																					

SUBTOTAL of Receipts This Page (optional)	▶	158.00
TOTAL This Period (last page this line number only)	▶	2111.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 12 / 19	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
National Committee to Preserve Social Security & Medicare PAC

A.	Full Name (Last, First, Middle Initial) BANK OF AMERICA		Date of Receipt
	Mailing Address P.O.BOX 5665		<input type="text" value="08"/> / <input type="text" value="30"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	ORANGE	CA	92613
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
	Name of Employer		Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="411.12"/>	Transaction ID: 18565064 Amount of Each Receipt this Period <input type="text" value="98.17"/> BANK INTEREST

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="98.17"/>
TOTAL This Period (last page this line number only)	<input type="text" value="98.17"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
National Committee to Preserve Social Security & Medicare PAC

A.	Full Name (Last, First, Middle Initial) ROLL CALL <hr/> Mailing Address 50 F STREET, NW 7TH FLOOR <hr/> City WASHINGTON State DC Zip Code 20001 <hr/> Purpose of Disbursement ROLL CALL SUBSCRIPTION Candidate Name _____	Transaction ID: 18478906 Date of Disbursement M M / D D / Y Y Y Y 08 / 04 / 2010	Amount of Each Disbursement this Period 550.00
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		ROLL CALL SUBSCRIPTION Category/Type: 001
B.	Full Name (Last, First, Middle Initial) NCPSSM <hr/> Mailing Address 10 G Street, NE Suite 600 <hr/> City Washington State DC Zip Code 20002 <hr/> Purpose of Disbursement ADVANCE FOR FUTURE IN-KIND CONTRIBUTION Candidate Name _____	Transaction ID: 18545206 Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2010	Amount of Each Disbursement this Period -1605.56
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		ADVANCE FOR FUTURE IN-KIND CONTRIBUTION Category/Type: 011
C.	Full Name (Last, First, Middle Initial) NCPSSM <hr/> Mailing Address 10 G Street, NE Suite 600 <hr/> City Washington State DC Zip Code 20002 <hr/> Purpose of Disbursement ADVANCE FOR FUTURE IN-KIND CONTRIBUTION Candidate Name _____	Transaction ID: 18545215 Date of Disbursement M M / D D / Y Y Y Y 08 / 10 / 2010	Amount of Each Disbursement this Period -1233.78
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		ADVANCE FOR FUTURE IN-KIND CONTRIBUTION Category/Type: 011

SUBTOTAL of Disbursements This Page (optional)	-2289.34
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
National Committee to Preserve Social Security & Medicare PAC

<p>A.</p> <p>Full Name (Last, First, Middle Initial) NCPSSM</p> <p>Mailing Address 10 G Street, NE Suite 600</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement ADVANCE FOR FUTURE IN-KIND CONTRIBUTIONS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18565023</p> <p>Date of Disbursement 08 / 19 / 2010</p> <p>Amount of Each Disbursement this Period -1106.94</p> <p>011 Category/ Type</p> <p>ADVANCE FOR FUTURE IN-KIND CONTRIBUTIONS</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) NCPSSM</p> <p>Mailing Address 10 G Street, NE Suite 600</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement ADVANCE FOR FUTURE IN-KIND CONTRIBUTIONS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18565041</p> <p>Date of Disbursement 08 / 16 / 2010</p> <p>Amount of Each Disbursement this Period -1158.59</p> <p>011 Category/ Type</p> <p>ADVANCE FOR FUTURE IN-KIND CONTRIBUTIONS</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) NCPSSM</p> <p>Mailing Address 10 G Street, NE Suite 600</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement ADVANCE FOR FUTURE IN-KIND CONTRIBUTIONS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18565051</p> <p>Date of Disbursement 08 / 14 / 2010</p> <p>Amount of Each Disbursement this Period -1057.62</p> <p>011 Category/ Type</p> <p>ADVANCE FOR FUTURE IN-KIND CONTRIBUTIONS</p>

SUBTOTAL of Disbursements This Page (optional) ▶

-3323.15

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
National Committee to Preserve Social Security & Medicare PAC

A. Full Name (Last, First, Middle Initial) NCPSSM Mailing Address 10 G Street, NE Suite 600 City Washington State DC Zip Code 20002 Purpose of Disbursement ADVANCE FOR FUTURE IN-KIND CONTRIBUTIONS Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 18565054 Date of Disbursement 08 / 13 / 2010
	Amount of Each Disbursement this Period -888.82 ADVANCE FOR FUTURE IN-KIND CONTRIBUTIONS

B. Full Name (Last, First, Middle Initial) NCPSSM Mailing Address 10 G Street, NE Suite 600 City Washington State DC Zip Code 20002 Purpose of Disbursement ADVANCE FOR FUTURE IN-KIND CONTRIBUTIONS Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 18565058 Date of Disbursement 08 / 17 / 2010
	Amount of Each Disbursement this Period -187.00 ADVANCE FOR FUTURE IN-KIND CONTRIBUTIONS

C. Full Name (Last, First, Middle Initial) Bank of America Mailing Address 730 15th Street, NW DC1-701-02-02, 2nd Floor City Washington State DC Zip Code 20005 Purpose of Disbursement BANK FEES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 18565066 Date of Disbursement 08 / 30 / 2010
	Amount of Each Disbursement this Period 582.36 BANK FEES

SUBTOTAL of Disbursements This Page (optional) ▶	-493.46
TOTAL This Period (last page this line number only) ▶	(Empty box)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

PAGE 16 / 19

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
National Committee to Preserve Social Security & Medicare PAC

A.	Full Name (Last, First, Middle Initial) NCPSSM	Transaction ID: 18566472 Date of Disbursement 08 / 30 / 2010
	Mailing Address 10 G Street, NE Suite 600	Amount of Each Disbursement this Period -191.21
	City Washington State DC Zip Code 20002	
	Purpose of Disbursement ADVANCE FOR FUTURE IN-KIND CONTRIBUTION	011 Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		ADVANCE FOR FUTURE IN-KIND CONTRIBUTION

B.	Full Name (Last, First, Middle Initial) NCPSSM	Transaction ID: 18568198 Date of Disbursement 08 / 31 / 2010
	Mailing Address 10 G Street, NE Suite 600	Amount of Each Disbursement this Period -1088.95
	City Washington State DC Zip Code 20002	
	Purpose of Disbursement ADVANCE FOR FUTURE IN-KIND CONTRIBUTIONS	011 Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		ADVANCE FOR FUTURE IN-KIND CONTRIBUTIONS

SUBTOTAL of Disbursements This Page (optional)	-1280.16
TOTAL This Period (last page this line number only)	-7386.11

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
National Committee to Preserve Social Security & Medicare PAC

<p>A. Full Name (Last, First, Middle Initial) Joe Donnelly For Congress</p> <p>Mailing Address PO Box 1961</p> <p>City South Bend State IN Zip Code 46634</p> <p>Purpose of Disbursement IN-KIND CONTRIBUTIONS</p> <p>Candidate Name Mr. Joseph Donnelly</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 02</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18565046 Date of Disbursement 08 / 16 / 2010</p> <p>Amount of Each Disbursement this Period 1158.59</p> <p>011 Category/ Type</p> <p>IN-KIND CONTRIBUTIONS</p>
<p>B. Full Name (Last, First, Middle Initial) Schauer For Congress</p> <p>Mailing Address PO Box 100</p> <p>City Battle Creek State MI Zip Code 49016</p> <p>Purpose of Disbursement IN-KIND CONTRIBUTIONS</p> <p>Candidate Name Mr. Mark Schauer</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 07</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18565052 Date of Disbursement 08 / 14 / 2010</p> <p>Amount of Each Disbursement this Period 1057.62</p> <p>011 Category/ Type</p> <p>IN-KIND CONTRIBUTIONS</p>
<p>C. Full Name (Last, First, Middle Initial) Feingold Senate Committee</p> <p>Mailing Address PO Box 620062</p> <p>City Middleton State WI Zip Code 53562</p> <p>Purpose of Disbursement IN-KIND CONTRIBUTIONS</p> <p>Candidate Name Russ Feingold</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WI District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18565056 Date of Disbursement 08 / 13 / 2010</p> <p>Amount of Each Disbursement this Period 888.82</p> <p>011 Category/ Type</p> <p>IN-KIND CONTRIBUTIONS</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3105.03

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 19 / 19

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
National Committee to Preserve Social Security & Medicare PAC

A.	Full Name (Last, First, Middle Initial) Lentz For Congress Mailing Address PO Box 1846 City Media State PA Zip Code 19064 Purpose of Disbursement IN-KIND CONTRIBUTIONS Candidate Name Mr. Bryan Lentz Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 07 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 18565060 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 7 / 2 0 1 0	Amount of Each Disbursement this Period 187.00 IN-KIND CONTRIBUTIONS
B.	Full Name (Last, First, Middle Initial) Shelley Berkley for Congress Mailing Address P.O. Box 636 City Annandale State VA Zip Code 22003 Purpose of Disbursement IN-KIND CONTRIBUTIONS Candidate Name Shelley Berkley Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 01 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 18566477 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 1 0	Amount of Each Disbursement this Period 191.21 IN-KIND CONTRIBUTIONS
C.	Full Name (Last, First, Middle Initial) Halvorson For Congress Mailing Address PO Box 176 City Crete State IL Zip Code 60417 Purpose of Disbursement IN-KIND CONTRIBUTIONS Candidate Name Ms. Deborah Halvorson Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 11 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 18568202 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 1 0	Amount of Each Disbursement this Period 1088.95 IN-KIND CONTRIBUTIONS

SUBTOTAL of Disbursements This Page (optional)	1467.16
TOTAL This Period (last page this line number only)	8518.47