

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) USE FEC MAILING LABEL OR TYPE OR PRINT Example: If typing, type over the lines National Committee to Preserve Social Security & Medicare PAC

ADDRESS (number and street) 10 G St. NE Suite 600 Washington DC 20002 4215 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C00172296 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day Post -Election Report for the: General, Runoff, Special

5. Covering Period 06 01 2011 through 06 30 2011

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 07 14 2011

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

Office Use Only FEC FORM 3X (Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

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

Report Covering the Period: From:

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>X</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	X	Y	Y	Y	2	0	1	1		511328.33
X	Y	Y	Y							
2	0	1	1							
(b) Cash on Hand at Beginning of Reporting Period	355870.73									
(c) Total Receipts (from Line 19)	25.50	108786.58								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	355896.23	620114.91								
7. Total Disbursements (from Line 31)	128865.33	393084.01								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	227030.90	227030.90								
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	6

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	1

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)	0.00	0.00
(ii) Unitemized	0.00	441.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	441.00
(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)	0.00	441.00
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	108124.74
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	25.50	220.84
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))	25.50	108786.58
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	25.50	108786.58

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.....	-5539.34	93158.33
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	-5539.34	93158.33
22. Transfers to Affiliated/Other Party Committees.....	107923.26	107923.26
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	25938.35	180959.36
24. Independent Expenditure (use Schedule E)	543.06	10543.06
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	500.00
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))..	128865.33	393084.01
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	128865.33	393084.01

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)	0.00	441.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	0.00	441.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	-5539.34	93158.33
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	108124.74
38. Net Operating Expenditures (subtract Line 37 from Line 36)	-5539.34	-14966.41

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)			
<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

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

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

A.

Full Name (Last, First, Middle Initial) Bank of America		Date of Receipt
Mailing Address 730 15th Street, NW DC1-701-02-02, 2nd Floor		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2011"/>
City	State	Zip Code
Washington	DC	20005
FEC ID number of contributing federal political committee.		Transaction ID: 19242822
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="25.50"/>
Name of Employer	Occupation	BANK INTEREST
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="220.84"/>	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="25.50"/>
TOTAL This Period (last page this line number only)	<input type="text" value="25.50"/>

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) Montanans For Tester</p> <p>Mailing Address PO Box 1135</p> <p>City Helena State MT Zip Code 59624</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name Mr. Jon Tester</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MT District:</p>	<p>Transaction ID: 19142726 Date of Disbursement: 06 / 06 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Carper for Senate</p> <p>Mailing Address 426 C Street, NE</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name Thomas R. Carper</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: DE District:</p>	<p>Transaction ID: 19179428 Date of Disbursement: 06 / 10 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Friends of Jim Clyburn</p> <p>Mailing Address 499 South Capitol Street, SW Suite 604</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name James Clyburn</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: SC District: 06</p>	<p>Transaction ID: 19179455 Date of Disbursement: 06 / 10 / 2011</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>Contribution</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3500.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Paul Tonko For Congress Mailing Address 911 Central Avenue PO Box 221 City Albany State NY Zip Code 12206 Purpose of Disbursement Contribution Candidate Name Rep. Paul David Tonko Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 21 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 19179456 Date of Disbursement 06 / 10 / 2011	Amount of Each Disbursement this Period 1000.00 Contribution
B.	Full Name (Last, First, Middle Initial) Van Hollen For Congress Mailing Address 10537 St. Paul St. City Kensington State MD Zip Code 20895 Purpose of Disbursement Contribution Candidate Name Rep. Chris Van Hollen Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 08 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 19179457 Date of Disbursement 06 / 10 / 2011	Amount of Each Disbursement this Period 1000.00 Contribution
C.	Full Name (Last, First, Middle Initial) Congressman Waxman Campaign Committee Mailing Address 6380 Wilshire Boulevard Suite 1612 City Los Angeles State CA Zip Code 90048 Purpose of Disbursement Contribution Candidate Name Henry A. Waxman Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 30 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 19179458 Date of Disbursement 06 / 10 / 2011	Amount of Each Disbursement this Period 1500.00 Contribution

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

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Boswell for Congress Mailing Address 301 4th Street, NE Suite 202 City Washington State DC Zip Code 20002 Purpose of Disbursement Contribution Candidate Name Leonard Boswell Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 03 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 19179459 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 0 / 2 0 1 1	Amount of Each Disbursement this Period 1000.00 Contribution
B.	Full Name (Last, First, Middle Initial) Becerra for Congress Committee Mailing Address PO Box 116 City Hyattsville State MD Zip Code 20781-0116 Purpose of Disbursement Contribution Candidate Name Xavier Becerra Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 31 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 19179601 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 0 / 2 0 1 1	Amount of Each Disbursement this Period 1000.00 Contribution
C.	Full Name (Last, First, Middle Initial) People For Ben Mailing Address PO Box 31129 City Santa Fe State NM Zip Code 87594 Purpose of Disbursement Contribution Candidate Name Rep. Ben Ray Lujan, Jr. Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NM District: 03 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 19179602 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 0 / 2 0 1 1	Amount of Each Disbursement this Period 1000.00 Contribution

SUBTOTAL of Disbursements This Page (optional)	3000.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A. Full Name (Last, First, Middle Initial)
Richard E. Neal for Congress Committee

Mailing Address PO Box 15906

City Chevy Chase State MD Zip Code 20825

Purpose of Disbursement
Contribution

Candidate Name
Richard E. Neal

011
Category/
Type

Office Sought: House
 Senate
 President
State: MA District: 02

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Transaction ID: 19179603
Date of Disbursement

06 / 10 / 2011

Amount of Each Disbursement this Period

1000.00

Contribution

B. Full Name (Last, First, Middle Initial)
John Lewis For Congress

Mailing Address P.O. Box 636

City Annandale State VA Zip Code 22003

Purpose of Disbursement
Contribution

Candidate Name
JOHN LEWIS

011
Category/
Type

Office Sought: House
 Senate
 President
State: GA District: 05

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Transaction ID: 19190091
Date of Disbursement

06 / 20 / 2011

Amount of Each Disbursement this Period

1000.00

Contribution

C. Full Name (Last, First, Middle Initial)
Christie Vilsack For Iowa

Mailing Address PO Box 641

City Ames State IA Zip Code 50010

Purpose of Disbursement
Contribution

Candidate Name
Ms. Christie Vilsack

011
Category/
Type

Office Sought: House
 Senate
 President
State: IA District: 04

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Transaction ID: 19190093
Date of Disbursement

06 / 20 / 2011

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: (check only one)

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

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

A.

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

Mailing Address 8665 WILSHIRE BLVD. #220

City BEVERLY HILLS State CA Zip Code 90211

Purpose of Disbursement
Contribution

Candidate Name
JANICE HAHN

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2011
 Primary General
 Other (specify) ▼
Special-General2011

State: CA District: 36

Transaction ID: 19190095
Date of Disbursement

06 / 20 / 2011

Amount of Each Disbursement this Period

1000.00

Contribution

B.

Full Name (Last, First, Middle Initial)
Friends of Congressman George Miller

Mailing Address 301 4th Street NE Ste 202

City Washington State DC Zip Code 20002

Purpose of Disbursement
Contribution

Candidate Name
George Miller

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: CA District: 07

Transaction ID: 19190097
Date of Disbursement

06 / 20 / 2011

Amount of Each Disbursement this Period

1000.00

Contribution

C.

Full Name (Last, First, Middle Initial)
Meeks For Congress

Mailing Address 1831 Bay Street Se
219-10 South Conduit Avenue

City Washington State DC Zip Code 20003

Purpose of Disbursement
Contribution

Candidate Name
Rep. Gregory W. Meeks

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: NY District: 06

Transaction ID: 19190098
Date of Disbursement

06 / 20 / 2011

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) JOHN TIERNEY FOR CONGRESS	Transaction ID: 19190100 Date of Disbursement
	Mailing Address 600 PENNSYLVANIA AVENUE, SE SUITE 200	<input type="text" value="06"/> / <input type="text" value="20"/> / <input type="text" value="2011"/>
	City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name JOHN TIERNEY	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 06	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Contribution

B.	Full Name (Last, First, Middle Initial) Barbara Lee for Congress	Transaction ID: 19190102 Date of Disbursement
	Mailing Address 1736 Franklin Street	<input type="text" value="06"/> / <input type="text" value="20"/> / <input type="text" value="2011"/>
	City Oakland State CA Zip Code 94612	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name Barbara Lee	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 09	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Contribution

C.	Full Name (Last, First, Middle Initial) Louise Slaughter Re-Election Committee	Transaction ID: 19190104 Date of Disbursement
	Mailing Address 300-1/2 F Street, NE	<input type="text" value="06"/> / <input type="text" value="20"/> / <input type="text" value="2011"/>
	City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name Louise M. Slaughter	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 28	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Contribution

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="3000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

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

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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) Betty Sutton For Congress</p> <p>Mailing Address 1700 W Market St #155</p> <p>City Akron State OH Zip Code 44313</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Ms. Betty Sutton</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 13</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 19190105 Date of Disbursement 06 / 20 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Christie Vilsack For Iowa</p> <p>Mailing Address PO Box 641</p> <p>City Ames State IA Zip Code 50010</p> <p>Purpose of Disbursement Void - Christie Vilsack For Iowa</p> <p>Candidate Name Ms. Christie Vilsack</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 04</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 19194598 Date of Disbursement 06 / 24 / 2011</p> <p>Amount of Each Disbursement this Period -1000.00</p> <p>Void - Christie Vilsack For Iowa</p>
<p>C. Full Name (Last, First, Middle Initial) Whitehouse For Senate</p> <p>Mailing Address P.O. Box 40280</p> <p>City Providence State RI Zip Code 02940</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Mr. Sheldon Whitehouse</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: RI District:</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 19195796 Date of Disbursement 06 / 27 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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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) Bera For Congress</p> <p>Mailing Address Post Office Box 582496</p> <p>City Elk Grove State CA Zip Code 95758</p> <p>Purpose of Disbursement IN-KIND CONTRIBUTION</p> <p>Candidate Name Amerish Bera</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 03</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 19200585 Date of Disbursement 06 / 20 / 2011</p> <p>Amount of Each Disbursement this Period 2254.06</p> <p>011 Category/ Type</p> <p>IN-KIND CONTRIBUTION</p>
<p>B. Full Name (Last, First, Middle Initial) Friends Of Tarryl Clark</p> <p>Mailing Address PO Box 489</p> <p>City St Cloud State MN Zip Code 56302</p> <p>Purpose of Disbursement IN-KIND CONTRIBUTION</p> <p>Candidate Name Tarryl Clark</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 06</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 19200595 Date of Disbursement 06 / 22 / 2011</p> <p>Amount of Each Disbursement this Period 1771.97</p> <p>011 Category/ Type</p> <p>IN-KIND CONTRIBUTION</p>
<p>C. Full Name (Last, First, Middle Initial) Kirkpatrick For Arizona</p> <p>Mailing Address PO Box 12011</p> <p>City Casa Grande State AZ Zip Code 85130</p> <p>Purpose of Disbursement IN-KIND CONTRIBUTION</p> <p>Candidate Name Ms. Ann Kirkpatrick</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 01</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 19237898 Date of Disbursement 06 / 28 / 2011</p> <p>Amount of Each Disbursement this Period 1912.32</p> <p>011 Category/ Type</p> <p>IN-KIND CONTRIBUTION</p>

SUBTOTAL of Disbursements This Page (optional) ►

5938.35

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

25938.35

**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)

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<input type="checkbox"/> 21b	<input checked="" 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: 19178927

Date of Disbursement

Mailing Address 10 G STREET NE
SUITE 600

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	9		2	0	1	1

City WASHINGTON State DC Zip Code 20002-4215

Amount of Each Disbursement this Period

107923.26

Purpose of Disbursement
Refund of Advanced Administrative Expenses

001
Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

Refund of Advanced Administrative Expenses

State: District:

SUBTOTAL of Disbursements This Page (optional) ►

107923.26

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

107923.26

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: 19200579</p> <p>Date of Disbursement 06 / 20 / 2011</p> <p>Amount of Each Disbursement this Period -2254.06</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: 19200594</p> <p>Date of Disbursement 06 / 22 / 2011</p> <p>Amount of Each Disbursement this Period -1771.97</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 REIMBURSEMENT OF SHIPPING EXPENSES</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: 19230899</p> <p>Date of Disbursement 06 / 30 / 2011</p> <p>Amount of Each Disbursement this Period 8.20</p> <p>001 Category/ Type</p> <p>REIMBURSEMENT OF SHIPPING EXPENSES</p>

SUBTOTAL of Disbursements This Page (optional) ▶

-4017.83

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 17 / 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 <hr/> Mailing Address 10 G Street, NE Suite 600 <hr/> City Washington State DC Zip Code 20002 <hr/> Purpose of Disbursement REIMBURSEMENT OF TRAVEL EXPENSES Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 19230901 Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2011
	Amount of Each Disbursement this Period 330.28 REIMBURSEMENT OF TRAVEL EXPENSES
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 CONTRIBUTIONS Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 19237897 Date of Disbursement M M / D D / Y Y Y Y 06 / 28 / 2011
	Amount of Each Disbursement this Period -1912.32 ADVANCE FOR FUTURE IN-KIND CONTRIBUTIONS

SUBTOTAL of Disbursements This Page (optional) ►

-1582.04

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

-5599.87

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 18 / 19	
	FOR LINE NUMBER: (check only one)	<input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor NCPSSM			Nature of Debt (Purpose): PRINT,IE DISSEMI. 5/19/11
Mailing Address 10 G STREET, NE, SUITE 600			
City WASHINGTON	State DC	ZIP Code 20002	

Outstanding Balance Beginning This Period		Transaction ID: 19250433	
543.06			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	543.06	0.00	

1) SUBTOTALS This Period This Page (optional).....	▶	0.00
2) TOTALS This Period (last page this line number only).....	▶	0.00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	▶	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	0.00

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) National Committee to Preserve Social Security & Medicare PAC		FEC IDENTIFICATION NUMBER C C00172296	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee NCPSSM		Date M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 1 1	
Mailing Address 10 G Street, NE Suite 600		Amount 543.06	
City State Zip Code Washington DC 20002		Transaction ID: 19230893	
Purpose of Expenditure PRINT, IE DISSEMI. 5/- 19/11		Office Sought: <input checked="" type="checkbox"/> House State: NY <input type="checkbox"/> Senate District: 26 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Ms. Kathleen Hochul		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : <u>Special-General</u> 2011	
		11086.12	

(a) SUBTOTAL of Itemized Independent Expenditures	543.06
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	543.06
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Ms. Christine Kim Signature	Date M M / D D / Y Y Y Y 0 7 / 1 4 / 2 0 1 1