

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

NATIONAL ORGANIZATION OF SOCIAL SECURITY CLAIMANTS' REPRESENTATIVES PAC (NOSSCR PAC)

ADDRESS (number and street) 560 SYLVAN AVENUE

Check if different than previously reported. (ACC) ENGLEWOOD CLIFFS NJ 07632

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00521039

3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

(b) Monthly Report Due On:

- Feb 20 (M2)
- Mar 20 (M3)
- Apr 20 (M4)
- May 20 (M5)
- Jun 20 (M6)
- Jul 20 (M7)
- Aug 20 (M8)
- Sep 20 (M9)
- Oct 20 (M10)
- Nov 20 (M11) (Non-Election Year Only)
- Dec 20 (M12) (Non-Election Year Only)
- Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

- Primary (12P)
- General (12G)
- Runoff (12R)
- Convention (12C)
- Special (12S)

Election on 11 / 04 / 2014 in the State of DC

(d) 30-Day POST-Election Report for the:

- General (30G)
- Runoff (30R)
- Special (30S)

Election on / / in the State of

5. Covering Period 10 / 01 / 2014 through 10 / 15 / 2014

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 Tim Cuddigan

Signature of Treasurer Tim Cuddigan [Electronically Filed] Date 01 / 30 / 2015

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

NATIONAL ORGANIZATION OF SOCIAL SECURITY CLAIMANTS' REPRESENTATIVES PAC (NOSSCR PAC)

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>		135607.90
(b) Cash on Hand at Beginning of Reporting Period.....	128209.76	
(c) Total Receipts (from Line 19) .....	11000.00	54713.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	139209.76	190320.90
7. Total Disbursements (from Line 31).....	1972.74	53083.88
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	137237.02	137237.02
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	878.37	

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 ORGANIZATION OF SOCIAL SECURITY CLAIMANTS' REPRESENTATIVES PAC (NOSSCR PAC)

Report Covering the Period: From:  /  /  To:  /  /

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).....	9550.00	49336.00
(ii) Unitemized .....	1450.00	5377.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	11000.00	54713.00
(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) .....	11000.00	54713.00
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	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
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 Transfers (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))..... ▶	11000.00	54713.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	11000.00	54713.00

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated 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 .....	94.37	2705.51
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	94.37	2705.51
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1878.37	50378.37
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (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	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated 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)) ..	1972.74	53083.88
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1972.74	53083.88

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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) .....	11000.00	54713.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	11000.00	54713.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ▶	94.37	2705.51
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....▶	94.37	2705.51

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

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

NAME OF COMMITTEE (In Full)  
**NATIONAL ORGANIZATION OF SOCIAL SECURITY CLAIMANTS' REPRESENTATIVES PAC (NOSSCR PAC)**

**A. Ann J. Atkinson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7960 S. Ireland Way  
 City Aurora State CO Zip Code 80016  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-employed Occupation Attorney  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **3750.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 09 / 2014  
**Transaction ID : SA11AI.5127**  
 Amount of Each Receipt this Period  
**1250.00**

**B. Russell R. Bowling**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 77 West Main Street  
 City Franklin State NC Zip Code 28734  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-employed Occupation Attorney  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **250.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 14 / 2014  
**Transaction ID : SA11AI.5117**  
 Amount of Each Receipt this Period  
**250.00**

**C. Mark Buchner**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7030 S. Yale Ave Ste 401  
 City Tulsa State OK Zip Code 74136  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mark E Buchner PLC Occupation Attorney  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **250.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 09 / 2014  
**Transaction ID : SA11AI.5098**  
 Amount of Each Receipt this Period  
**250.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1750.00</b>
<b>TOTAL</b> 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 7 OF 15
<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 ORGANIZATION OF SOCIAL SECURITY CLAIMANTS' REPRESENTATIVES PAC (NOSSCR PAC)**

**A. Mark Caldwell**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6161 W. Linda Ln  
 City Chandler State AZ Zip Code 85226  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Caldwell & Ober PLLC Occupation Attorney  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 10 / 09 / 2014  
**Transaction ID : SA11AI.5082**  
 Amount of Each Receipt this Period 250.00

**B. Tim Cuddigan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1005 South 107th Ave Ste 201  
 City Omaha State NE Zip Code 68114  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Cuddigan Law Occupation Attorney  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 10 / 14 / 2014  
**Transaction ID : SA11AI.5123**  
 Amount of Each Receipt this Period 500.00

**C. Daniel Emery**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 63 Deer Run Rd  
 City North Yarmouth State ME Zip Code 04097  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-employed Occupation Attorney  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 10 / 08 / 2014  
**Transaction ID : SA11AI.5078**  
 Amount of Each Receipt this Period 2500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 3250.00  
**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 OF 15
<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 ORGANIZATION OF SOCIAL SECURITY CLAIMANTS' REPRESENTATIVES PAC (NOSSCR PAC)**

**A. Thomas Feldman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1120 Lincoln Street  
 #1306  
 City State Zip Code  
 Denver CO 80203  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Attorney  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 09 / 2014  
**Transaction ID : SA11AI.5096**  
 Amount of Each Receipt this Period  
 250.00

**B. Rick W. Fleming**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1910 Kirkwood Ridge Dr.  
 City State Zip Code  
 Raleigh NC 27612  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 James Scott Farrin, P.C. Attorney  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 14 / 2014  
**Transaction ID : SA11AI.5125**  
 Amount of Each Receipt this Period  
 250.00

**C. Rodney Forbes**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 106 North 9th Street  
 City State Zip Code  
 Lafayette IN 47901  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Seeger & Forbes Attorney  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 06 / 2014  
**Transaction ID : SA11AI.5113**  
 Amount of Each Receipt this Period  
 50.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	550.00
<b>TOTAL</b> 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 OF 15
	<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 ORGANIZATION OF SOCIAL SECURITY CLAIMANTS' REPRESENTATIVES PAC (NOSSCR PAC)**

**A. David Goch**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1747 Pennsylvania Ave, NW  
 Ste 1000  
 City Washington State DC Zip Code 20006  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Webster, Chamberlain & Bean LL Occupation Attorney  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **350.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 08 / 2014  
**Transaction ID : SA11AI.5076**  
 Amount of Each Receipt this Period  
**250.00**

**B. Heath Hixson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 30 Franklin Road SW  
 Ste 602  
 City Roanoke State VA Zip Code 24011  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Sprague & Hixson LLP Occupation Attorney  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 09 / 2014  
**Transaction ID : SA11AI.5106**  
 Amount of Each Receipt this Period  
**250.00**

**C. Andrew Koenig**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 199 Figueroa St.  
 City Ventura State CA Zip Code 93001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Attorney  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 09 / 2014  
**Transaction ID : SA11AI.5086**  
 Amount of Each Receipt this Period  
**500.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1000.00</b>
<b>TOTAL</b> 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 OF 15  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NATIONAL ORGANIZATION OF SOCIAL SECURITY CLAIMANTS' REPRESENTATIVES PAC (NOSSCR PAC)**

Full Name (Last, First, Middle Initial)  
**A. Edward Ober**

Mailing Address 7175 E Camelback Rd  
 Unit 301

City State Zip Code  
 Scottsdale AZ 85251

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

Name of Employer Occupation  
 Cadwell and Ober Attorney

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 09 / 2014

**Transaction ID : SA11AI.5081**

Amount of Each Receipt this Period  
 500.00

Full Name (Last, First, Middle Initial)  
**B. Jeremy Pekas**

Mailing Address 7791 East San Fernando Dr.

City State Zip Code  
 Scottsdale AZ 85255

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

Name of Employer Occupation  
 Caldwell & Ober Attorney

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 13 / 2014

**Transaction ID : SA11AI.5093**

Amount of Each Receipt this Period  
 500.00

Full Name (Last, First, Middle Initial)  
**C. John Phillips**

Mailing Address 185 High Chaparral

City State Zip Code  
 Prescott AZ 86303

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

Name of Employer Occupation  
 Self Attorney

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 09 / 2014

**Transaction ID : SA11AI.5103**

Amount of Each Receipt this Period  
 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1500.00

**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 11 OF 15
	<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 ORGANIZATION OF SOCIAL SECURITY CLAIMANTS' REPRESENTATIVES PAC (NOSSCR PAC)**

Full Name (Last, First, Middle Initial) <b>A. Alan H. Polonsky</b>		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>10</td> <td>/</td> <td>14</td> <td>/</td> <td>2014</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	10	/	14	/	2014
M M M	/	D D D	/	Y Y Y Y Y Y								
10	/	14	/	2014								
Mailing Address 512 S. Whitehorse Pike		<b>Transaction ID : SA11AI.5116</b>										
City Audubon	State NJ	Zip Code 08106										
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>											
Name of Employer Self	Occupation Attorney	Amount of Each Receipt this Period <input type="text" value="100.00"/>										
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="600.00"/>											

Full Name (Last, First, Middle Initial) <b>B. Lawrence Rohlifing</b>		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>10</td> <td>/</td> <td>09</td> <td>/</td> <td>2014</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	10	/	09	/	2014
M M M	/	D D D	/	Y Y Y Y Y Y								
10	/	09	/	2014								
Mailing Address 12631 E. Imperial Hwy Suite C115		<b>Transaction ID : SA11AI.5077</b>										
City Santa Fe Springs	State CA	Zip Code 90670										
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>											
Name of Employer Self-employed	Occupation Attorney	Amount of Each Receipt this Period <input type="text" value="500.00"/>										
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1000.00"/>											

Full Name (Last, First, Middle Initial) <b>C. Debra Shifrin</b>		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>10</td> <td>/</td> <td>06</td> <td>/</td> <td>2014</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	10	/	06	/	2014
M M M	/	D D D	/	Y Y Y Y Y Y								
10	/	06	/	2014								
Mailing Address 411 Wolf Ledges Pkwy Ste 400		<b>Transaction ID : SA11AI.5114</b>										
City Akron	State OH	Zip Code 44311										
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>											
Name of Employer Shifrin Newman Smith Inc	Occupation Attorney	Amount of Each Receipt this Period <input type="text" value="400.00"/>										
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="4000.00"/>											

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="1000.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 12 OF 15
	<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 ORGANIZATION OF SOCIAL SECURITY CLAIMANTS' REPRESENTATIVES PAC (NOSSCR PAC)

**A. Roger Stanfield**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 1547

City Jackson State TN Zip Code 38302

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

Name of Employer Self Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 09 / 2014

**Transaction ID : SA11AI.5131**

Amount of Each Receipt this Period  
 250.00

**B. Robertson Wendt**  
Full Name (Last, First, Middle Initial)

Mailing Address 3875 Faber Place Drive Suite 204

City North Charleston State SC Zip Code 29405

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

Name of Employer Law office of Robertson Wendt Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 09 / 2014

**Transaction ID : SA11AI.5101**

Amount of Each Receipt this Period  
 250.00

**C.**  
Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	9550.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**NATIONAL ORGANIZATION OF SOCIAL SECURITY CLAIMANTS' REPRESENTATIVES PAC (NOSSCR PAC)**

Full Name (Last, First, Middle Initial)

**A. Caesar's Entertainment**

Mailing Address 3570 Las Vegas Blvd

City Las Vegas State NV Zip Code 89109

Purpose of Disbursement  
In-kind contribution of fundraising expenses (see Line 23)

Candidate Name  
**STEVEN ALEXZANDER HORSFORD**

Office Sought:  House  Senate  President  
State: NV District: 04  
Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			09			2014			

**Transaction ID : SB21B.5192**

Amount of Each Disbursement this Period

878.37
--------

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B. Platinum Choice Bancard**

Mailing Address 31 White St

City West Orange State NJ Zip Code 07052

Purpose of Disbursement  
Credit card processing fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:  
Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			03			2014			

**Transaction ID : SB21B.5132**

Amount of Each Disbursement this Period

10.45
-------

Full Name (Last, First, Middle Initial)

**C. Platinum Choice Bancard**

Mailing Address 31 White St

City West Orange State NJ Zip Code 07052

Purpose of Disbursement  
Credit card processing fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:  
Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			03			2014			

**Transaction ID : SB21B.5158**

Amount of Each Disbursement this Period

83.92
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

94.37
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94.37
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**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 ORGANIZATION OF SOCIAL SECURITY CLAIMANTS' REPRESENTATIVES PAC (NOSSCR PAC)**

Full Name (Last, First, Middle Initial)

**A. AIMEE BELGARD FOR CONGRESS**

Mailing Address PO BOX 35

City WILLINGBORO State NJ Zip Code 08046

Purpose of Disbursement  
Contribution

011

Candidate Name

**AIMEE BELGARD**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NJ District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		02		2014

**Transaction ID : SB23.5112**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. HORSFORD FOR CONGRESS**

Mailing Address 6100 ELTON AVE, SUITE 1000

City LAS VEGAS State NV Zip Code 89107

Purpose of Disbursement  
In-kind contribution of fundraising event expenses (see Line 21(b))

007

Candidate Name

**STEVEN ALEXZANDER HORSFORD**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NV District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		09		2014

**Transaction ID : SB23.5193**

Amount of Each Disbursement this Period

878.37
--------

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y

Amount of Each Disbursement this Period

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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

1878.37
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1878.37
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**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 15 OF 15
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**NATIONAL ORGANIZATION OF SOCIAL SECURITY CLAIMANTS' REPRESENTATIVES PAC (NOSSCR PAC)**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Caesar's Entertainment</b>	Nature of Debt (Purpose): Room rental for Horsford fundraising event
Mailing Address 3570 Las Vegas Blvd	
City State Zip Code Las Vegas NV 89109	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : SD10.5167</b>	
Amount Incurred This Period 878.37	Payment This Period 0.00	Outstanding Balance at Close of This Period 878.37

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	878.37
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	878.37
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	878.37