09/16/2008 13:38

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## FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3X	For O	her Than An Autho	orized Commit	tee	Office Use	Only
NAME OF COMMITTEE (in full)		EC MAILING LABEL PE OR PRINT	Example:If typing over the lines	g, type		
National Committee to		al Security & Medicare PA	.C			
ADDRESS (number and street)  Check if different than previously reported. (ACC)	Suite	e 600 hington		I I D		002   4215
2. FEC IDENTIFICATIO	N NUMBER	▼ CITY	A	STA	TE <b>A</b> Z	IIPCODE A
C00172296			THIS X	NEW (N) OR	AMENDED (A)	
4. TYPE OF REPOR (Choose One)  (a) Quarterly Reports  April 15 Quarterly Re July 15 Quarterly Re October 15 Quarterly Re January 31 Quarterly Re July 31 Mid- Report(Non- Year Only) ( Termination (TER)	eport(Q1) eport(Q2) eport(Q3) eport(YE) Year election MY)	Monthly Report Due On: Mar 20  Apr 20  (c) 12-Day PRE-Election Report for the: Election Report for the:	O (M3) Primary (12 Convention on General (30	(12C)	Runoff (30R)	Nov 20 (M11) (Non-Election Year Only)  Dec 20 (M12) (Non-Election Year Only)  Jan 31 (YE)  Runoff (12R)  n the State of  Special (30S)
5. Covering Period	08	01 2008	through	0.8	31 2008	
I certify that I have examine Type or Print Name of Trea Signature of Treasurer		. Christine Kim		s true, correct and	0 9 1 6	2008
NOTE : Submission of fals Office Use	e, erroneous, o	r incomplete information n	nay subject the per	son signing this Re	FEC	of 2 U.S.C 437g.  FORM 3X 12/2004)

FE6AN026

## SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) OF RECEIPTS AND DISBURSEMENTS
Page 2

F	eport Covering the Period: From:	01 2008	To: 08 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1 Ž008 Y Y		450668.17
	(b) Cash on Hand at Begining of Reporting Period	757987.67	
	(c) Total Receipts (from Line 19)	5338.54	953248.82
	(d) Subtotal (add lines 6(b) and		
	6(c) for Column A and Lines 6(a) and 6(c) for Column B)	763326.21	1403916.99
<b>'</b> .	Total Disbursements (from Line 31)	22377.52	662968.30
١.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	740948.69	740948.69
).	Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
0.	Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

## For further information contact:

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

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

## DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

National Committee to Preserve Social Security & Medicare PAC

0 1 3<sup>D</sup>1 м м 8 0 м м 8 0 2008 2008 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 13580.00 0.00 (i) Itemized (use Schedule A) .......... 4676.50 935470.06 (ii) Unitemized ..... (iii) TOTAL (add 4676.50 949050.06 Lines 11(a)(i) and (ii) ...... 0.00 0.00 (b) Political Party Committees ..... Other Political Committees 0.00 0.00 (such as PACs) ..... Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 4676.50 949050.06 Totals to Line 33, page 5) ...... 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees ..... 0.00 0.00 13. All Loans Received ..... 0.00 0.00 14. Loan Repayments Received ..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5) ..... 16. Refunds of Contributions Made to Federal candidates and Other 0.00 0.00 Political Committees ..... 17. Other Federal Receipts 662.04 4198.76 (Dividends, Interest, etc.) ..... 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (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)).

5338.54

5338.54

953248.82

953248.82

19. Total Receipts (add Lines 11(d),

20. Total Federal Receipts

12, 13, 14, 15, 16, 17, and 18(c)) .....

(subtract Line 18(c) from Line 19) .....

## **DETAILED SUMMARY PAGE**

FEC Form 3X (Rev. 02/2003)

**II. DISBURSEMENTS** 

(a) Shared Federal/Non-Federal Activity (from Schedule H4)

(b) Other Federal Operating

22. Transfers to Affiliated/Other Party

Contributions to

24. Independent Expenditure

27. Loans Made..... 28. Refunds of Contributions To:

Individuals/Persons Other

(b) Political Party Committees (c) Other Political Committees

(d) Total Contribution Refunds

(a) Shared Federal Election Activity

(i) Federal Share .....

(ii) "Levin" Share .....

With Federal Funds ..... (c) Total Federal Election Activity (add

23, 24, 25, 26, 27, 28(d), 29 and 30(c))..

(subtract Line 21(a)(ii) and Line 30(a)(ii)

32. Total Federal Disbursements

from Line 31).....

(from Schedule H6)

Than Political Committees .....

23.

(c) Total Operating Expenditures

21. Operating Expenditures:

of Disbursements Page 4 **COLUMN A COLUMN B Total This Period** Calendar Year-to-Date 0.00 0.00 (i) Federal Share..... 0.00 0.00 (ii) Non-Federal Share..... -474.43389116.35 Expenditures..... -474.43389116.35 (add 21(a)(i), (a)(ii) and (b))............ 0.00 0.00 Committees..... Federal Candidates/Committees.....and Other Political Committees..... 22851.95 272851.95 0.00 0.00 0.00 0.00 0.00 0.00 26. Loan Repayments Made..... 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 (such as PACs) ..... 0.00 0.00 (add Lines 28(a), (b), and (c)) ......... 0.00 1000.00 29. Other Disbursements..... 30. Federal Election Activity (2 U.S.C 431(20)) 0.00 0.00 0.00 0.00 (b) Federal Election Activity Paid Entirely 0.00 0.00 0.00 0.00 Lines 30(a)(i), 30(a)(ii) and 30(b)).... 31. Total Disbursements (add Lines 21(c), 22, 22377.52 662968.30

22377.52

662968.30

## **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Opera Expenditures	ting COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loan from Line 11(d), page 3)	'	949050.06
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
<ol> <li>Net Contributions (other than loans) (subtract Line 34 from Line 33)</li> </ol>	4676 EO	949050.06
36. Total Federal Operating Expenditur (add Line 21(a)(i) and Line 21(b))	_171 12	389116.35
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	-474.43	389116.35

FE6AN026

A.

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 16 (check only one)  11a 11b 11c 12 13 14 15 16 17 17
Any information copied from such Reports and Sta or for commercial purposes, other than using the results of the state of		
NAME OF COMMITTEE (In Full)  National Committee to Preserve Social	Security & Medicare PAC	
Full Name (Last, First, Middle Initial)  Bank of America  Mailing Address 730 15th Street, NW  DC1-701-02-02, 2nd Flo	oor	Date of Receipt  0 8 7 2 0 0 8
City	State Zip Code	Transaction ID: 15883192
Washington  FEC ID number of contributing federal political committee.	DC 20005	Amount of Each Receipt this Period 662.04
Name of Employer	Occupation	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 4198.76	Bank Interest

SUBTOTAL of Receipts This Page (optional)	<b>•</b>	662.04
TOTAL This Period (last page this line number only)	<u> </u>	662.04

ITE	EMIZED DISBU	IDCEMENT		Use separate schedule(s) for each category of the					E NUMBER: ly one)			PAGE 7/			
		_		Detailed S	Summary Page		À	21b 27	22 28a		8b	24 28c		25 29	
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	National Committe	e to Preserve S	ocial Sec	urity & Me	edicare PAC										
	Full Name (Last, First,	•									ı ID:		270		
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	City Stamford			State CT	Zip Code 06905				Amou	unt of E	ach Di	sburse	ment	this P	eriod
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	City Battle Creek			State VII	Zip Code 49016				Amou	unt of E	ach Di	sburse	ment	this P	erio
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	Contribution Candidate Name						01 ateg								
	Mr. Mark Schauer						ateg Typ								
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	Full Name (Last, First, Peters For Congres								Trans Date	saction of Disk	<b>ID:</b>	15771 ent	272		
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	Candidate Name Mr. Gary Peters						ateg Typ								
	Office Sought: X	House	Disburser	ment For:	2008		۹۲.		Cant	ibutic	n				
		Senate President		Primary Other (spec	General cify) ▼				Contr	ibutio	11				
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	JBTOTAL of Disburse	ments This Page	(ontional)					<b>•</b>					300	0.00	

	CHEDULE B (FEC FOIII 3X)	Use separate schedule(s	ile(s)   (check (				IMBER: e)			PAGE		
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		À	21b 27	22 28a	2	3 8b	24 280		25 29	
	y Information copied from such Reports and Stater for commercial purposes, other than using the nam											
$\rangle$	NAME OF COMMITTEE (In Full)  National Committee to Preserve Social Se	curity & Medicare PAC										
<u>/</u>	Full Name (Last, First, Middle Initial) SLATTERY FOR SENATE					Date		ourse				V
	Mailing Address P.O. BOX 4486					0 8		<sup>D</sup> 0	4	2	0 0 8	
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	Full Name (Last, First, Middle Initial) Darcy Burner For Congress					Date	of Disk	ourse				
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		ement For: 2008 Primary General Other (specify)	•			Contr	ibutio	n				
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## SCHEDULE B (FEC Form 3X)

	B (FEC Form 3X)	Use sepa	arate schedule(s)		_		R LINE NUMBER: PAGE 9/16 eck only one) 21b  22  23  24  25  2						
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•	urposes, other than using the n	ame and addre	ss of any political	con	nmıtt	ee to so	olicit contr	ibutio	ons tro	om sucn	comi	nittee	
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,	t, First, Middle Initial)						Trans	actio	n ID:	1578	9623	}	
Joan Fitz-Ge	rald For Congress Commit	tee					Date of						
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Full Name (Las	t, First, Middle Initial)						Trans	actio	n ID:	1578	9624	ļ	
Jeanne Shah	een For Senate						Date of	of Dis	sburse	ement			
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SCF	HEDULE B (FEC Form 3X)	' Use separate schedule					OR LINE NUMBER: PAGE 10 / 1							
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Ma	ailing Address 10 G Street, NE Suite 470					0 <sup>M</sup> 8	M /	0	7 /	ž	8 ö́ 0	Y		
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5	CHEDULE E	(FEC Form 3	SX)	Use sepa	arate schedule(s)		_		NUMBE	ER:		PA	GE	11 / 16	6
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<u>/</u>		nittee to Preserve S	Social Sec	urity & M	edicare PAC										
	Full Name (Last, I Friends Of Phil	First, Middle Initial) Hare							1	saction of Disb			354		
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	City Rock Island			State L	Zip Code 61204				Amo	unt of E	ach Dis	sburse			erio
	Purpose of Disbur Contribution	rsement				Г	011		<u> </u>				100	0.00	-
	Candidate Name Mr. Philip Hare						atego Type	-							
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	Candidate Name Christine Jenni	ngs					atego Type								
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A.

В.

C.

SCHEDULE B (FEC Form 3X)	arate schedule(s)			FOR LIN		-	R:			РА	GE	12 /	16		
ITEMIZED DISBURSEMENTS		category of the Summary Page		F	21b 27	H	22 28a	X	23 28b		24 28c		25 29	20	6 0b
Any Information copied from such Reports and States or for commercial purposes, other than using the name														5	
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Purpose of Disbursement In-Kind Contribution				_	)11				•				81.7	1	_
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SUBTOTAL of Disbursements This Page (optional)					▶	•						9	81.7	1	]

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

В.

C.

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	Full Name (Last, NCPSSM	First, Middle Initial)										on ID:		15883 ent	190	١		
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	Candidate Name Mr. Daniel Sea	ls				Ca	at	egory/ ype										
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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS  Any Information copied from such Reports and State	or each category of the Detailed Summary Page (check of 21b)	28a 28b 28c 29 30b
or for commercial purposes, other than using the nar	, , , ,	· ' ·
NAME OF COMMITTEE (In Full)  National Committee to Preserve Social S	ecurity & Medicare PAC	
Full Name (Last, First, Middle Initial)  NCPSSM  Mailing Address 10 G Street, NE Suite 600		Transaction ID: 15883207 Date of Disbursement  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Washington Purpose of Disbursement	State Zip Code DC 20002	Amount of Each Disbursement this Period 981.71
Inkind 8/22/08  Candidate Name Christine Jennings	011 Category/ Type	
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SUBTOTAL of Disbursements This Page (optional)	<b>•</b>	981.71
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National Committee to Preserve Social Sec	curity & Me	edicare PAC															
Full Name (Last, First, Middle Initial) Susan Miller								ion ID:	15808	823	3						
Mailing Address 1807 Sherwood Road						0 <sup>M</sup> 8	М	/ D 1	D / Y	ž	0 0 8	3 Y					
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Silver Spring Purpose of Disbursement	MD	20902								10	080.08	0					
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Full Name (Last, First, Middle Initial) Bank of America								isburse		143	3						
Mailing Address 730 15th Street, NW DC1-701-02-02, 2nd Floo	r					0 <sup>M</sup> 8	М	<sup>/</sup> 1	5 / Y	ž	οδε	B Y					
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Full Name (Last, First, Middle Initial) NCPSSM								ion ID:	15882	243	3						
Mailing Address 10 G Street, NE Suite 600								<sup>/</sup> D <sub>2</sub>		ž	οŏε	B Y					
City	State DC	Zip Code 20002				Amo	unt c	f Each	Disburse	men	t this F	Period					
Purpose of Disbursement Inkind Contribution Christine Jennings						L.				-6	981.7	1					
Candidate Name			Cat														
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