

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

(c) 12-Day

PRE-Election

Report for the:

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

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

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

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

01

01

2015

through

M M M /

D D D /

Y Y Y Y Y Y Y

06

30

2015

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

M M M /

D D D /

Y Y Y Y Y Y Y

07

27

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.

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

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

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

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
01 / 01 / 2015 To: M M / D D / Y Y Y Y Y Y
06 / 30 / 2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2015		147891.72
(b) Cash on Hand at Beginning of Reporting Period.....	147891.72	
(c) Total Receipts (from Line 19)	23031.32	23031.32
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	170923.04	170923.04
7. Total Disbursements (from Line 31)	26243.67	26243.67
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	144679.37	144679.37
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

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

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

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	1		2	0	1	5

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	5

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).....	19135.00	19135.00
(ii) Unitemized	3896.32	3896.32
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	23031.32	23031.32
(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)	23031.32	23031.32
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))	23031.32	23031.32
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	23031.32	23031.32

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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	743.67	743.67
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	743.67	743.67
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	25500.00	25500.00
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)) ..	26243.67	26243.67
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	26243.67	26243.67

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)	23031.32	23031.32
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	23031.32	23031.32
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	743.67	743.67
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	743.67	743.67

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 6 OF 32
(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			

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)

Full Name (Last, First, Middle Initial)

A. Ann J. Atkinson

Mailing Address 7960 S. Ireland Way

City	State	Zip Code
Aurora	CO	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 ▼

1250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	20	/	2015

Transaction ID : SA11AI.5256

Amount of Each Receipt this Period

1250.00

Full Name (Last, First, Middle Initial)

B. Jay Barnes

Mailing Address 1079 E Riverside Dr

City	State	Zip Code
St. George	UT	84790

FEC ID number of contributing
federal political committee.

C

Name of Employer

Dabney & Barnes

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
05	/	08	/	2015

Transaction ID : SA11AI.5332

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Michael A. BellMailing Address 64 Eastern Promenade
#4

City	State	Zip Code
Portland	ME	04101

FEC ID number of contributing
federal political committee.

C

Name of Employer

Law Office of Michael A Bell

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
05	/	07	/	2015

Transaction ID : SA11AI.5364

Amount of Each Receipt this Period

500.00

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

2250.00

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 7 OF 32

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

Full Name (Last, First, Middle Initial)

A. Cynthia C. Berger

Mailing Address 800 Waterfront Drive

City State Zip Code
Pittsburgh PA 15222

FEC ID number of contributing
federal political committee.

C

Name of Employer

Berger and Green, P.C.

Occupation

Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 07 / 2015

Transaction ID : SA11AI.5354

Amount of Each Receipt this Period

3000.00

Full Name (Last, First, Middle Initial)

B. Gary Bimberg

Mailing Address 100 Galleria Officecentre
#411

City State Zip Code
Southfield MI 48034

FEC ID number of contributing
federal political committee.

C

Name of Employer

Levine Benjamin

Occupation

Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 12 / 2015

Transaction ID : SA11AI.5251

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Russell R. Bowling

Mailing Address 331 Hemlock Hills Drive

City State Zip Code
Franklin NC 28734

FEC ID number of contributing
federal political committee.

C

Name of Employer

Law Office of Russell R. Bowli

Occupation

Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 07 / 2015

Transaction ID : SA11AI.5362

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

4250.00

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

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

FOR LINE NUMBER: PAGE 8 OF 32

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

Full Name (Last, First, Middle Initial)

A. Tim Cuddigan

Mailing Address 908 So 181st Ave

City State Zip Code
 Elkhorn NE 68022

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 ▼

1000.00

Date of Receipt

01 / 27 / 2015

Transaction ID : SA11AI.5209

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Tim Cuddigan

Mailing Address 908 So 181st Ave

City State Zip Code
 Elkhorn NE 68022

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 ▼

1250.00

Date of Receipt

06 / 06 / 2015

Transaction ID : SA11AI.5284

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Lorenzo A. D'Agostini

Mailing Address 4262 Pine Tree Trail

City State Zip Code
 Bloomfield Hills MI 48302

FEC ID number of contributing
federal political committee.

C

Name of Employer

Levine, Benjamin, P.C.

Occupation

Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

04 / 10 / 2015

Transaction ID : SA11AI.5264

Amount of Each Receipt this Period

650.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

1900.00

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 32

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

Full Name (Last, First, Middle Initial)

A. Angela Davis-Morris

Mailing Address P.O. Box 1553

City

Hattiesburg

State

MS

Zip Code

39403-1553

FEC ID number of contributing
federal political committee.

C

Name of Employer

Davis-Morris Law Firm, P.A.

Occupation

Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 15 / 2015

Transaction ID : SA11AI.5273

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Angela Davis-Morris

Mailing Address P.O. Box 1553

City

Hattiesburg

State

MS

Zip Code

39403-1553

FEC ID number of contributing
federal political committee.

C

Name of Employer

Davis-Morris Law Firm, P.A.

Occupation

Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 17 / 2015

Transaction ID : SA11AI.5292

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Clifford M. Farrell

Mailing Address 167 N High Street

City

Columbus

State

OH

Zip Code

43215

FEC ID number of contributing
federal political committee.

C

Name of Employer

Manring & Farrell

Occupation

Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 07 / 2015

Transaction ID : SA11AI.5371

Amount of Each Receipt this Period

250.00

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)..... ►

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

100.00

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 32

(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			

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)

Full Name (Last, First, Middle Initial)

A. Rodney Forbes

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

Seeger & Forbes

Occupation

Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		11		2015

Transaction ID : SA11AI.5269

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Rodney Forbes

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

Seeger & Forbes

Occupation

Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		06		2015

Transaction ID : SA11AI.5288

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Michael Hartup

Mailing Address PO Box 1386

City	State	Zip Code
Jackson	TN	38302

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 ▼

334.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02		27		2015

Transaction ID : SA11AI.5216

Amount of Each Receipt this Period

167.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

267.00

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 32

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

Full Name (Last, First, Middle Initial)

A. Michael Hartup

Mailing Address PO Box 1386

City

Jackson

State

TN

Zip Code

38302

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-employed

Occupation

Attorney

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

501.00

Date of Receipt

03 / 25 / 2015

Transaction ID : SA11AI.5252

Amount of Each Receipt this Period

167.00

Full Name (Last, First, Middle Initial)

B. Michael Hartup

Mailing Address PO Box 1386

City

Jackson

State

TN

Zip Code

38302

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-employed

Occupation

Attorney

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

668.00

Date of Receipt

04 / 16 / 2015

Transaction ID : SA11AI.5262

Amount of Each Receipt this Period

167.00

Full Name (Last, First, Middle Initial)

C. Michael Hartup

Mailing Address PO Box 1386

City

Jackson

State

TN

Zip Code

38302

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-employed

Occupation

Attorney

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

835.00

Date of Receipt

05 / 11 / 2015

Transaction ID : SA11AI.5271

Amount of Each Receipt this Period

167.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

501.00

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 32

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

Full Name (Last, First, Middle Initial)

A. Michael Hartup

Mailing Address PO Box 1386

City

Jackson

State

TN

Zip Code

38302

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-employed

Occupation

Attorney

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1002.00

Date of Receipt

06 / 17 / 2015

Transaction ID : SA11AI.5291

Amount of Each Receipt this Period

167.00

Full Name (Last, First, Middle Initial)

B. Joseph Houle

Mailing Address 3681 Deer Springs Dr

City

Rochester

State

MI

Zip Code

48306

FEC ID number of contributing
federal political committee.

C

Name of Employer

Levine Benjamin

Occupation

Lawyer

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

650.00

Date of Receipt

02 / 27 / 2015

Transaction ID : SA11AI.5244

Amount of Each Receipt this Period

650.00

Full Name (Last, First, Middle Initial)

C. Carol Lewis

Mailing Address 1126 Kilian Blvd

City

Saint Cloud

State

MN

Zip Code

56304

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self employed

Occupation

Attorney

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 06 / 2015

Transaction ID : SA11AI.5327

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

1067.00

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

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

FOR LINE NUMBER: PAGE 13 OF 32
(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 ORGANIZATION OF SOCIAL SECURITY CLAIMANTS' REPRESENTATIVES PAC (NOSSCR PAC)

Full Name (Last, First, Middle Initial)

A. Greg Liepshutz

Mailing Address 25305 Canterbury

City State Zip Code
Franklin MI 48025

FEC ID number of contributing
federal political committee.

C

Name of Employer

Levine Benjamin

Occupation

Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 01 / 2015

Transaction ID : SA11AI.5246

Amount of Each Receipt this Period

650.00

Full Name (Last, First, Middle Initial)

B. Manring & Farrell

Mailing Address 167 N. High St

City State Zip Code
Columbus OH 43215

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 07 / 2015

Transaction ID : SA11AI.5368

Amount of Each Receipt this Period

250.00

See partnership attribution below

Full Name (Last, First, Middle Initial)

c. Charles L. Martin

Mailing Address 123 N McDonough St

City State Zip Code
Decatur GA 30030

FEC ID number of contributing
federal political committee.

C

Name of Employer

Martin and Jones

Occupation

Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 27 / 2015

Transaction ID : SA11AI.5275

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

1900.00

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 14 OF 32

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

Full Name (Last, First, Middle Initial)

A. Diane R. Newman

Mailing Address 411 Wolf Ledges Pkwy
Ste 400

City State Zip Code
Akron OH 44311

FEC ID number of contributing
federal political committee.

C

Name of Employer

Shifrin Newman Smith Inc

Occupation

Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 06 / 2015

Transaction ID : SA11AI.5212

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

B. Diane R. Newman

Mailing Address 411 Wolf Ledges Pkwy
Ste 400

City State Zip Code
Akron OH 44311

FEC ID number of contributing
federal political committee.

C

Name of Employer

Shifrin Newman Smith Inc

Occupation

Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 11 / 2015

Transaction ID : SA11AI.5250

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

C. Diane R. Newman

Mailing Address 411 Wolf Ledges Pkwy
Ste 400

City State Zip Code
Akron OH 44311

FEC ID number of contributing
federal political committee.

C

Name of Employer

Shifrin Newman Smith Inc

Occupation

Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 08 / 2015

Transaction ID : SA11AI.5259

Amount of Each Receipt this Period

75.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

225.00

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 15 OF 32

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

Full Name (Last, First, Middle Initial)

A. Diane R. Newman

Mailing Address 411 Wolf Ledges Pkwy
Ste 400

City State Zip Code
Akron OH 44311

FEC ID number of contributing
federal political committee.

C

Name of Employer

Shifrin Newman Smith Inc

Occupation

Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 11 / 2015

Transaction ID : SA11AI.5268

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

B. Diane R. Newman

Mailing Address 411 Wolf Ledges Pkwy
Ste 400

City State Zip Code
Akron OH 44311

FEC ID number of contributing
federal political committee.

C

Name of Employer

Shifrin Newman Smith Inc

Occupation

Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 06 / 2015

Transaction ID : SA11AI.5341

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

C. James Normand

Mailing Address 15 High Street

City State Zip Code
Manchester NH 03101

FEC ID number of contributing
federal political committee.

C

Name of Employer

Normand & Associates

Occupation

Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 28 / 2015

Transaction ID : SA11AI.5276

Amount of Each Receipt this Period

225.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

375.00

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 16 OF 32

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

Full Name (Last, First, Middle Initial)

A. Robert Petruzzelli

Mailing Address 15 Lamson Lane

City State Zip Code
Sewell NJ 08080

FEC ID number of contributing
federal political committee.

C

Name of Employer

Jacobs, Schwalbe & Petruzzelli

Occupation

Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 07 / 2015

Transaction ID : SA11AI.5358

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Michel Phillips

Mailing Address 123 N. McDonough St.

City State Zip Code
Decatur GA 30030

FEC ID number of contributing
federal political committee.

C

Name of Employer

Martin & Jones

Occupation

Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 06 / 2015

Transaction ID : SA11AI.5352

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Alan H. Polonsky

Mailing Address 18 Vanessa Ct

City State Zip Code
Cherry Hill NJ 08003

FEC ID number of contributing
federal political committee.

C

Name of Employer

Polonsky & Polonsky Attorneys

Occupation

Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 11 / 2015

Transaction ID : SA11AI.5249

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

600.00

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 17 OF 32

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

Full Name (Last, First, Middle Initial)

A. Alan H. Polonsky

Mailing Address 18 Vanessa Ct

City

Cherry Hill

State

NJ

Zip Code

08003

FEC ID number of contributing
federal political committee.

C

Name of Employer

Polonsky & Polonsky Attorneys

Occupation

Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 06 / 2015

Transaction ID : SA11AI.5375

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Lawrence Rohlfing

Mailing Address 12631 E. Imperial Hwy
Suite C115

City

Santa Fe Springs

State

CA

Zip Code

90670

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 07 / 2015

Transaction ID : SA11AI.5349

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Barry Schultz

Mailing Address 1601 Sherman Ave
#500

City

Evanston

State

IL

Zip Code

60022

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Law Offices of Barry Schul

Occupation

Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 07 / 2015

Transaction ID : SA11AI.5335

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

900.00

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 18 OF 32

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

Full Name (Last, First, Middle Initial)

A. Debra Shifrin

Mailing Address 411 Wolf Ledges Pkwy
Ste 400

City State Zip Code
Akron OH 44311

FEC ID number of contributing
federal political committee.

C

Name of Employer
Shifrin Newman Smith Inc

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 05 / 2015

Transaction ID : SA11AI.5203

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

B. Debra Shifrin

Mailing Address 411 Wolf Ledges Pkwy
Ste 400

City State Zip Code
Akron OH 44311

FEC ID number of contributing
federal political committee.

C

Name of Employer
Shifrin Newman Smith Inc

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 06 / 2015

Transaction ID : SA11AI.5214

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

C. Debra Shifrin

Mailing Address 411 Wolf Ledges Pkwy
Ste 400

City State Zip Code
Akron OH 44311

FEC ID number of contributing
federal political committee.

C

Name of Employer
Shifrin Newman Smith Inc

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 11 / 2015

Transaction ID : SA11AI.5248

Amount of Each Receipt this Period

400.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

1200.00

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 19 OF 32

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

Full Name (Last, First, Middle Initial)

A. Debra Shifrin

Mailing Address 411 Wolf Ledges Pkwy
Ste 400

City State Zip Code
Akron OH 44311

FEC ID number of contributing
federal political committee.

C

Name of Employer

Shifrin Newman Smith Inc

Occupation

Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 08 / 2015

Transaction ID : SA11AI.5261

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

B. Debra Shifrin

Mailing Address 411 Wolf Ledges Pkwy
Ste 400

City State Zip Code
Akron OH 44311

FEC ID number of contributing
federal political committee.

C

Name of Employer

Shifrin Newman Smith Inc

Occupation

Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 11 / 2015

Transaction ID : SA11AI.5270

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

C. Debra Shifrin

Mailing Address 411 Wolf Ledges Pkwy
Ste 400

City State Zip Code
Akron OH 44311

FEC ID number of contributing
federal political committee.

C

Name of Employer

Shifrin Newman Smith Inc

Occupation

Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 06 / 2015

Transaction ID : SA11AI.5290

Amount of Each Receipt this Period

400.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

1200.00

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

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

FOR LINE NUMBER: PAGE 20 OF 32
(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 ORGANIZATION OF SOCIAL SECURITY CLAIMANTS' REPRESENTATIVES PAC (NOSSCR PAC)

Full Name (Last, First, Middle Initial)

A. Scott F. Smith

Mailing Address 481 Regalstone Lane

City State Zip Code
Copley OH 44321

FEC ID number of contributing
federal political committee.

C

Name of Employer

Shifrin Newman Smith

Occupation

Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 25 / 2015

Transaction ID : SA11AI.5254

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

B. Scott F. Smith

Mailing Address 481 Regalstone Lane

City State Zip Code
Copley OH 44321

FEC ID number of contributing
federal political committee.

C

Name of Employer

Shifrin Newman Smith

Occupation

Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 16 / 2015

Transaction ID : SA11AI.5267

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

C. Scott F. Smith

Mailing Address 481 Regalstone Lane

City State Zip Code
Copley OH 44321

FEC ID number of contributing
federal political committee.

C

Name of Employer

Shifrin Newman Smith

Occupation

Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 15 / 2015

Transaction ID : SA11AI.5274

Amount of Each Receipt this Period

75.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

225.00

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 21 OF 32

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

Full Name (Last, First, Middle Initial)

A. Scott F. Smith

Mailing Address 481 Regalstone Lane

City State Zip Code
Copley OH 44321

FEC ID number of contributing
federal political committee.

C

Name of Employer

Shifrin Newman Smith

Occupation

Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

06 / 17 / 2015

Transaction ID : SA11AI.5293

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

B. Roger Stanfield

Mailing Address PO Box 1547

City State Zip Code
Jackson TN 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 ▼

250.00

Date of Receipt

05 / 07 / 2015

Transaction ID : SA11AI.5366

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Gilbert Stein

Mailing Address 245 West Laurel Drive

City State Zip Code
Salinas CA 93906

FEC ID number of contributing
federal political committee.

C

Name of Employer

Rucka O'Boyle Lombardo & McKen

Occupation

Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 08 / 2015

Transaction ID : SA11AI.5329

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

575.00

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 22 OF 32

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

Full Name (Last, First, Middle Initial)

A. Martin Taller

Mailing Address 16242 Typhoon Ln

City State Zip Code
Huntington Beach CA 92649

FEC ID number of contributing
federal political committee.

C

Name of Employer

Martin Taller A Law Corp

Occupation

Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 06 / 2015

Transaction ID : SA11AI.5326

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Gregory E. Tuite

Mailing Address 119 N. Church St.
#407

City State Zip Code
Rockford IL 61101

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 18 / 2015

Transaction ID : SA11AI.5280

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Robertson Wendt

Mailing Address 3875 Faber Place Drive
Suite 204

City State Zip Code
North Charleston SC 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 / D D / Y Y Y Y Y Y
05 / 07 / 2015

Transaction ID : SA11AI.5369

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

1050.00

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 23 OF 32

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

Full Name (Last, First, Middle Initial)

A. Sarah White

Mailing Address 942 Dogwood Circle

City

Macon

State

GA

Zip Code

31210

FEC ID number of contributing
federal political committee.

C

Name of Employer

Westmorland, Patterson Moseby

Occupation

Attorney

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 07 / 2015

Transaction ID : SA11AI.5363

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Winona Zimmerlin

Mailing Address 2 Congress St

City

Hartford

State

CT

Zip Code

06114

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-employed

Occupation

Attorney

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 10 / 2015

Transaction ID : SA11AI.5294

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

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

550.00

19135.00

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

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

A. Platinum Choice Bancard

Mailing Address 31 White St

City	State	Zip Code
West Orange	NJ	07052

Purpose of Disbursement	Credit card processing fee
-------------------------	----------------------------

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

Transaction ID : SB21B.5381

Amount of Each Disbursement this Period

86.38

Full Name (Last, First, Middle Initial)

B. Platinum Choice Bancard

Mailing Address 31 White St

City	State	Zip Code
West Orange	NJ	07052

Purpose of Disbursement
Credit card processing fee

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement



Transaction ID : SB21B.5382

Amount of Each Disbursement this Period

87.03

Full Name (Last, First, Middle Initial)

C. Platinum Choice Bancard

Mailing Address 31 White St

City	State	Zip Code
West Orange	NJ	07052

Purpose of Disbursement
Credit card processing fee

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement



Transaction ID : SB21B.5383

Amount of Each Disbursement this Period

Age Group	Percentage
18-24	10.60
25-34	10.60
35-44	10.60
45-54	10.60
55-64	10.60
65-74	10.60
75-84	10.60
85+	10.60

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

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

184.01

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 25 OF 32

<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

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)

Full Name (Last, First, Middle Initial)

A. Platinum Choice Bancard

Mailing Address 31 White St

City
West OrangeState
NJZip Code
07052Purpose of Disbursement
Credit card processing fee

003

Candidate Name

Category/
Type
 Office Sought: ☐ House
☐ Senate
☐ President
 State: District:

 Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		02		2015

Transaction ID : SB21B.5384

Amount of Each Disbursement this Period

85.57

Full Name (Last, First, Middle Initial)

B. Platinum Choice Bancard

Mailing Address 31 White St

City
West OrangeState
NJZip Code
07052Purpose of Disbursement
Credit card processing fee

003

Candidate Name

Category/
Type
 Office Sought: ☐ House
☐ Senate
☐ President
 State: District:

 Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		02		2015

Transaction ID : SB21B.5385

Amount of Each Disbursement this Period

10.35

Full Name (Last, First, Middle Initial)

C. Platinum Choice Bancard

Mailing Address 31 White St

City
West OrangeState
NJZip Code
07052Purpose of Disbursement
Credit card processing fee

003

Candidate Name

Category/
Type
 Office Sought: ☐ House
☐ Senate
☐ President
 State: District:

 Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		04		2015

Transaction ID : SB21B.5386

Amount of Each Disbursement this Period

95.52

SUBTOTAL of Disbursements This Page (optional)..... ►

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

191.44

<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

FEC Schedule B (Form 3X) Rev. 02/2003

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 27 OF 32

<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

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)

Full Name (Last, First, Middle Initial)

A. BECERRA FOR CONGRESS

Mailing Address P.O. BOX 71584

City	State	Zip Code
LOS ANGELES	CA	90071

Purpose of Disbursement
Contribution

Candidate Name

XAVIER BECERRA

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: CA District: 34

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		04		2015

Transaction ID : SB23.5222

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. CARTWRIGHT FOR CONGRESS

Mailing Address PO BOX 1805

City	State	Zip Code
PLAINS	PA	18705

Purpose of Disbursement
Contribution

Candidate Name

MATT MR CARTWRIGHT

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: PA District: 17

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		18		2015

Transaction ID : SB23.5229

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. COMMITTEE TO RE-ELECT LINDA SANCHEZMailing Address 410 1ST ST SE
SUITE 310

City	State	Zip Code
WASHINGTON	DC	20003

Purpose of Disbursement
Contribution

Candidate Name

LINDA SANCHEZ

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: CA District: 38

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		22		2015

Transaction ID : SB23.5238

Amount of Each Disbursement this Period

1000.00

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

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

7000.00

--

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 29 OF 32

<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

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)

Full Name (Last, First, Middle Initial)

A. DUCKWORTH FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		04		2015

Mailing Address P.O. BOX 59568

City	State	Zip Code
SCHAUMBURG	IL	60159

Transaction ID : SB23.5223Purpose of Disbursement
Contribution

011

Amount of Each Disbursement this Period

Candidate Name

L. TAMMY DUCKWORTHCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: IL District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		18		2015

B. FIRST STATE PAC

Mailing Address P.O. BOX 3006

City	State	Zip Code
WILMINGTON	DE	19804

Transaction ID : SB23.5228Purpose of Disbursement
Contribution

011

Amount of Each Disbursement this Period

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		24		2015

C. FRIENDS OF MICHELLE

Mailing Address P.O. BOX 25422

City	State	Zip Code
ALBUQUERQUE	NM	87125

Transaction ID : SB23.5230Purpose of Disbursement
Contribution

011

Amount of Each Disbursement this Period

Candidate Name

MICHELLE LUJAN GRISHAMCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: NM District: 01

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

3000.00

1000.00

1000.00

	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

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

011

Category/
Type

1000.00

Disbursement For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

011

Category/
Type

4000.00

Disbursement For: 2016

☐ Primary ☒ General

☐ Other (specify) ▼

011

Category/
Type

1000.00

Disbursement For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

6000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 31 OF 32

<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

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)

Full Name (Last, First, Middle Initial)

A. LARSON FOR CONGRESS

Mailing Address PO BOX 479

City	State	Zip Code
GLASTONBURY	CT	06033

Purpose of Disbursement
Contribution

Candidate Name

JOHN B LARSON

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: CT District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	18	/	2015

Transaction ID : SB23.5224

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. PEOPLE FOR BEN

Mailing Address PO BOX 31129

City	State	Zip Code
SANTA FE	NM	87594

Purpose of Disbursement
Contribution

Candidate Name

BEN R MR. LUJAN

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: NM District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	24	/	2015

Transaction ID : SB23.5234

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. RON JOHNSON FOR SENATE INCMailing Address 219 E WASHINGTON AVE
SUITE 101

City	State	Zip Code
OSHKOSH	WI	54901

Purpose of Disbursement
Contribution

Candidate Name

RONALD HAROLD JOHNSON

Office Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: WI District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	04	/	2015

Transaction ID : SB23.5227

Amount of Each Disbursement this Period

1000.00

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

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

3500.00

--

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 32 OF 32

<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

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)

Full Name (Last, First, Middle Initial)

A. VICTORY IN NOVEMBER ELECTION PAC (VINEPAC)

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2015

Mailing Address 700 13TH STREET, NW SUITE 600

City	State	Zip Code
WASHINGTON	DC	20005

Transaction ID : SB23.5346

Purpose of Disbursement

011

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

1000.00

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

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

Mailing Address

City	State	Zip Code

Purpose of Disbursement

Category/
Type

Amount of Each Disbursement this Period

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

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

Mailing Address

City	State	Zip Code

Purpose of Disbursement

Category/
Type

Amount of Each Disbursement this Period

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

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

1000.00

25500.00
