

**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 Committee to Preserve Social Security & Medicare PAC

ADDRESS (number and street) ▼

10 G St. NE

Suite 600

☐ Check if different than previously reported. (ACC)

Washington

DC

20002-4215

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00172296

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

through

M M M /

D D D /

Y Y Y Y Y Y Y

05

01

2016

05

31

2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Ms. Christine Kim

Signature of Treasurer

Ms. Christine Kim

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y

06

10

2016

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 Committee to Preserve Social Security & Medicare PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
05 / 01 / 2016 To: M M / D D / Y Y Y Y Y Y
05 / 31 / 2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2016		107346.84
(b) Cash on Hand at Beginning of Reporting Period.....	101902.37	
(c) Total Receipts (from Line 19)	936.53	239301.33
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	102838.90	346648.17
7. Total Disbursements (from Line 31)	3107.36	246916.63
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	99731.54	99731.54
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 Committee to Preserve Social Security & Medicare PAC

Report Covering the Period:

From:

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

To:

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

I. Receipts
COLUMN A
Total This Period
COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

0.00

5178.00

(ii) Unitemized

931.50

234102.13

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

931.50

239280.13

(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)

931.50

239280.13

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.).....

5.03

21.20

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))..... ▶

936.53

239301.33

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

936.53

239301.33

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	-769.69	203066.93
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	-769.69	203066.93
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	3877.05	43849.70
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)) ..	3107.36	246916.63
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3107.36	246916.63

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)	931.50	239280.13
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	931.50	239280.13
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	-769.69	203066.93
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	-769.69	203066.93

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

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 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 Committee to Preserve Social Security & Medicare PAC

Full Name (Last, First, Middle Initial)

A. NCPSSMMailing Address 10 G Street, NE
Suite 600

City Washington State DC Zip Code 20002

Purpose of Disbursement
ADVANCE FOR FUTURE IN-KIND CONTRIBUTION

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 Y Y
05 / 06 / 2016**Transaction ID : 23184150**

Amount of Each Disbursement this Period

-877.05

☐ Memo Item

ADVANCE FOR FUTURE IN-KIND CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. Bank of AmericaMailing Address 730 15th Street, NW
DC1-701-02-02, 2nd Floor

City Washington State DC Zip Code 20005

Purpose of Disbursement
BANK FEES

Candidate Name

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

Date of Disbursement

M M / D D / Y Y Y Y Y Y
05 / 31 / 2016**Transaction ID : 23227325**

Amount of Each Disbursement this Period

107.36

☐ Memo Item

BANK FEES

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

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 Y Y

Amount of Each Disbursement this Period

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

-769.69

-769.69

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

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

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NAME OF COMMITTEE (In Full)

National Committee to Preserve Social Security & Medicare PAC

Full Name (Last, First, Middle Initial)

A. Bill Foster For Congress

Mailing Address P.O. Box 9104

City Aurora	State IL	Zip Code 60598
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Purpose of Disbursement
Contribution

Candidate Name

Rep. Bill Foster PhDOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☐ Primary ☒ General
☐ Other (specify) ▼

State: IL District: 11

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		09		2016

Transaction ID : 23177730

Amount of Each Disbursement this Period

1000.00

☐ Memo Item
Contribution

Full Name (Last, First, Middle Initial)

B. Carol Shea-Porter For Congress

Mailing Address P.O. Box 453

City Rochester	State NH	Zip Code 03866
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Purpose of Disbursement
Uncashed check--original contribution 3/23/2016

Candidate Name

Rep. Carol Shea-PorterOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: NH District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		12		2016

Transaction ID : 23180844

Amount of Each Disbursement this Period

-1000.00

☐ Memo Item
Uncashed check--original contribution 3/23/2016

Full Name (Last, First, Middle Initial)

C. Carol Shea-Porter For Congress

Mailing Address P.O. Box 453

City Rochester	State NH	Zip Code 03866
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Purpose of Disbursement
Contribution

Candidate Name

Rep. Carol Shea-PorterOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: NH District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		16		2016

Transaction ID : 23181439

Amount of Each Disbursement this Period

1000.00

☐ Memo Item
Contribution**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1000.00

FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

Form/Schedule: SB23

Transaction ID : 23180844

Uncashed check from 2016 April Monthly

Form/Schedule:

Transaction ID:

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

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

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NAME OF COMMITTEE (In Full)

National Committee to Preserve Social Security & Medicare PAC

Full Name (Last, First, Middle Initial)

A. Maggie For Nh

Mailing Address PO Box 298

City	State	Zip Code
Concord	NH	03302

Purpose of Disbursement
Contribution

Candidate Name

Margaret Hassan

Office Sought:	☐ House
	☒ Senate
	☐ President

Disbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: NH District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		16		2016

Transaction ID : 23181440

Amount of Each Disbursement this Period

1000.00

☐ Memo Item
Contribution

Full Name (Last, First, Middle Initial)

B. Russ For Wisconsin

Mailing Address PO Box 620061

City	State	Zip Code
Middleton	WI	53562

Purpose of Disbursement
IN-KIND CONTRIBUTION

Candidate Name

Russell Feingold

Office Sought:	☐ House
	☒ Senate
	☐ President

Disbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: WI District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		06		2016

Transaction ID : 23184153

Amount of Each Disbursement this Period

877.05

☐ Memo Item
IN-KIND CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. Diana DeGette for Congress, Inc.

Mailing Address 38 Ivy Street, SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement
CONTRIBUTION

Candidate Name

Diana DeGette

Office Sought:	☒ House
	☐ Senate
	☐ President

Disbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: CO District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		19		2016

Transaction ID : 23184718

Amount of Each Disbursement this Period

1000.00

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

2877.05

3877.05
