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

CITY ▲ | STATE ▲ | ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER ▼** 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)
- ☐ 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 M M / D D / 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 / D D / Y Y Y Y in the State of

5. Covering Period 02 / 01 / 2014 through 02 / 28 / 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 Ms. Christine Kim

Signature of Treasurer *Ms. Christine Kim* ***[Electronically Filed]*** Date 03 / 18 / 2014

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

FE6AN026

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

FEC **Form 3X** (Rev. 02/2003)

Write or Type Committee Name

National Committee to Preserve Social Security & Medicare PAC

Report Covering the Period: From: 02 / 01 / 2014 To: 02 / 28 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2014		144692.84
(b) Cash on Hand at Beginning of Reporting Period	119064.01	
(c) Total Receipts (from Line 19)	1.97	4.42
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	119065.98	144697.26
7. Total Disbursements (from Line 31)	33475.44	59106.72
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	85590.54	85590.54
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)

Write or Type Committee Name

National Committee to Preserve Social Security & Medicare PAC

Report Covering the Period: From: 02/01/2014 To: 02/28/2014

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	0.00	0.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)) ▶	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 Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) ▶	0.00	0.00
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.)	1.97	4.42
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)) ▶	1.97	4.42
20. Total Federal Receipts (subtract Line 18(c) from Line 19) ▶	1.97	4.42

DETAILED SUMMARY PAGE
of Disbursements

FEC **Form 3X** (Rev. 02/2003)

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	23283.81	44915.09
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) ▶	23283.81	44915.09
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	9500.00	13500.00
24. Independent Expenditures (use Schedule E)	691.63	691.63
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))	33475.44	59106.72
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) ▶	33475.44	59106.72

DETAILED SUMMARY PAGE
of Disbursements

FEC **Form 3X** (Rev. 02/2003)

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	0.00	0.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	0.00	0.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	23283.81	44915.09
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ▶	23283.81	44915.09

Image# 14940748997

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

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

A. Full Name (Last, First, Middle Initial)
VOCUS

Mailing Address PO Box 417215

City: Boston | State: MA | Zip Code: 02241-7215

Purpose of Disbursement: 2014-2015 SOFTWARE RENEWAL

Candidate Name:

Category/Type: 001

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Date of Disbursement: 02 / 25 / 2014

Transaction ID : 21587150

Amount of Each Disbursement this Period: 18823.49

2014-2015 SOFTWARE RENEWAL

B. Full Name (Last, First, Middle Initial)
PERKINS COIE

Mailing Address CLIENT ACCOUNTING
1201 THIRD AVENUE, 40TH FLOOR

City: SEATTLE | State: WA | Zip Code: 98101-3099

Purpose of Disbursement: LEGAL FEES

Candidate Name:

Category/Type: 001

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Date of Disbursement: 02 / 25 / 2014

Transaction ID : 21587152

Amount of Each Disbursement this Period: 4080.00

LEGAL FEES

C. Full Name (Last, First, Middle Initial)
DC Treasurer

Mailing Address OFFICE OF TAX AND REVENUE
PO BOX 679

City: WASHINGTON | State: DC | Zip Code: 20044-0679

Purpose of Disbursement: Income Tax Fees

Candidate Name:

Category/Type: 001

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Date of Disbursement: 02 / 27 / 2014

Transaction ID : 21588191

Amount of Each Disbursement this Period: 250.00

Income Tax Fees

SUBTOTAL of Disbursements This Page (optional) ▶ 23153.49

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

Image# 14940748998

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

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

A.
Full Name (Last, First, Middle Initial)
Bank of America

Mailing Address 730 15th Street, NW
DC1-701-02-02, 2nd Floor

City: Washington | State: DC | Zip Code: 20005

Purpose of Disbursement: BANK FEES

Category/Type: 001

Candidate Name:

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

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

Date of Disbursement: M M 02 / D D 28 / Y Y Y Y 2014

Transaction ID : 21625505

Amount of Each Disbursement this Period: 130.32

BANK FEES

B.
Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/Type:

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

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

Date of Disbursement: M M / D D / Y Y Y Y

Amount of Each Disbursement this Period:

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

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/Type:

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

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

Date of Disbursement: M M / D D / Y Y Y Y

Amount of Each Disbursement this Period:

SUBTOTAL of Disbursements This Page (optional) ▶ 130.32

TOTAL This Period (last page this line number only) ▶ 23283.81

Image# 14940748999

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

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

A. Full Name (Last, First, Middle Initial)
Progressive Action PAC

Mailing Address P.O. Box 70980

City: Washington | State: DC | Zip Code: 20024

Purpose of Disbursement: 2014 Calendar Year Contribution

Candidate Name:

Category/Type: 011

Office Sought: [ ] House [ ] Senate [ ] President

State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Date of Disbursement: M M 02 / D D 06 / Y Y Y Y 2014

Transaction ID : 21563885

Amount of Each Disbursement this Period: 500.00

2014 Calendar Year Contribution

B. Full Name (Last, First, Middle Initial)
Alison For Kentucky

Mailing Address 340 Democrat Drive

City: Frankfort | State: KY | Zip Code: 40601

Purpose of Disbursement: Contribution

Candidate Name: Alison Grimes

Category/Type: 011

Office Sought: [ ] House [X] Senate [ ] President

State: KY District:

Disbursement For: 2014 [X] Primary [ ] General [ ] Other (specify)

Date of Disbursement: M M 02 / D D 06 / Y Y Y Y 2014

Transaction ID : 21563886

Amount of Each Disbursement this Period: 1000.00

Contribution

C. Full Name (Last, First, Middle Initial)
Friends of Mary Landrieu

Mailing Address 10 G Street, NE
Suite 470

City: Washington | State: DC | Zip Code: 20002

Purpose of Disbursement: Contribution

Candidate Name: Mary Landrieu

Category/Type: 011

Office Sought: [ ] House [X] Senate [ ] President

State: LA District:

Disbursement For: 2014 [X] Primary [ ] General [ ] Other (specify)

Date of Disbursement: M M 02 / D D 06 / Y Y Y Y 2014

Transaction ID : 21565059

Amount of Each Disbursement this Period: 1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional) ▶ 2500.00

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

Image# 14940749000

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

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

A. Full Name (Last, First, Middle Initial)
Friends of Jim Clyburn

Mailing Address 499 South Capitol Street, SW
Suite 422

City: Washington | State: DC | Zip Code: 20003

Purpose of Disbursement: Contribution

Category/Type: 011

Candidate Name: James Clyburn

Office Sought: [X] House [ ] Senate [ ] President

State: SC District: 06

Disbursement For: 2014
[X] Primary [ ] General [ ] Other (specify)

Date of Disbursement: 02 / 21 / 2014

Transaction ID : 21582944

Amount of Each Disbursement this Period: 1000.00

Contribution

B. Full Name (Last, First, Middle Initial)
Bill Foster For Congress

Mailing Address P.O. Box 9104

City: Aurora | State: IL | Zip Code: 60598

Purpose of Disbursement: Contribution

Category/Type: 011

Candidate Name: Rep. Bill Foster

Office Sought: [X] House [ ] Senate [ ] President

State: IL District: 14

Disbursement For: 2014
[X] Primary [ ] General [ ] Other (specify)

Date of Disbursement: 02 / 21 / 2014

Transaction ID : 21582945

Amount of Each Disbursement this Period: 1000.00

Contribution

C. Full Name (Last, First, Middle Initial)
Schneider For Congress

Mailing Address PO Box 1318

City: Deerfield | State: IL | Zip Code: 60015

Purpose of Disbursement: Contribution

Category/Type: 011

Candidate Name: Rep. Brad Schneider

Office Sought: [X] House [ ] Senate [ ] President

State: IL District: 10

Disbursement For: 2014
[X] Primary [ ] General [ ] Other (specify)

Date of Disbursement: 02 / 21 / 2014

Transaction ID : 21582946

Amount of Each Disbursement this Period: 1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional) ▶ 3000.00

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

Image# 14940749001

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

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

A. Full Name (Last, First, Middle Initial)
Friends Of Cheri Bustos

Mailing Address P.O. Box 77

City: East Moline | State: IL | Zip Code: 61244

Purpose of Disbursement: Contribution

Category/Type: 011

Candidate Name: Rep. Cheri Bustos

Office Sought: [X] House [ ] Senate [ ] President

District: 17

Disbursement For: 2014 [X] Primary [ ] General [ ] Other (specify)

Date of Disbursement: 02 / 21 / 2014

Transaction ID : 21582947

Amount of Each Disbursement this Period: 1000.00

Contribution

B. Full Name (Last, First, Middle Initial)
Ann Callis For Congress

Mailing Address 517 Chapman St

City: Edwardsville | State: IL | Zip Code: 62025

Purpose of Disbursement: Contribution

Category/Type: 011

Candidate Name: Ann Callis

Office Sought: [X] House [ ] Senate [ ] President

District: 13

Disbursement For: 2014 [X] Primary [ ] General [ ] Other (specify)

Date of Disbursement: 02 / 21 / 2014

Transaction ID : 21582948

Amount of Each Disbursement this Period: 1000.00

Contribution

C. Full Name (Last, First, Middle Initial)
Erin Bilbray For Congress

Mailing Address 9101 W Sahara Ave Ste 105 B20

City: Las Vegas | State: NV | Zip Code: 89117

Purpose of Disbursement: Contribution

Category/Type: 011

Candidate Name: Erin Kohn

Office Sought: [X] House [ ] Senate [ ] President

District: 03

Disbursement For: 2014 [X] Primary [ ] General [ ] Other (specify)

Date of Disbursement: 02 / 21 / 2014

Transaction ID : 21582949

Amount of Each Disbursement this Period: 1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional) ▶ 3000.00

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

Image# 14940749002

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

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

A.
Full Name (Last, First, Middle Initial)
Peters For Michigan
Mailing Address PO Box 226
City: Bloomfield Hills State: MI Zip Code: 48303
Purpose of Disbursement: Contribution
Category/Type: 011
Candidate Name: Gary Peters
Office Sought: [ ] House [X] Senate [ ] President
State: MI District:
Disbursement For: 2014 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 02 / 28 / 2014
Transaction ID : 21590506
Amount of Each Disbursement this Period: 1000.00
Contribution

B.
Full Name (Last, First, Middle Initial)
Mailing Address
City State Zip Code
Purpose of Disbursement
Candidate Name
Category/Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M / D D / Y Y Y Y
Amount of Each Disbursement this Period

C.
Full Name (Last, First, Middle Initial)
Mailing Address
City State Zip Code
Purpose of Disbursement
Candidate Name
Category/Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M / D D / Y Y Y Y
Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) ▶ 1000.00

TOTAL This Period (last page this line number only) ▶ 9500.00

Image# 14940749003

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

FEC IDENTIFICATION NUMBER ▼
C C00172296

Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y

Full Name of Payee
NCPSSM

Mailing Address 10 G Street, NE
Suite 600

City Washington | State DC | Zip Code 20002

Purpose of Expenditure
COPIES;DISSEMINATE 2/11/14;Spec-Gen 14

Category/ Type 001

Date of Public Distribution/Dissemination
M M / D D / Y Y Y Y

Amount
24.55

Transaction ID : 21577888

Date of Disbursement or Obligation
02 / 27 / 2014

Name of Federal Candidate
Alex Sink

☒ Support ☐ Oppose

Office Sought: ☒ House ☐ President ☐ Senate District: 13 State: FL

Calendar Year-To-Date Per Election for Office Sought 691.63

Disbursement For: ☐ Primary ☐ General
2014 ☒ Other (specify) ▶ Special-General

Full Name of Payee
NCPSSM

Mailing Address 10 G Street, NE
Suite 600

City Washington | State DC | Zip Code 20002

Purpose of Expenditure
POSTAGE;DISSEMINATE 2/11/14;Spec-Gen 14

Category/ Type 001

Date of Public Distribution/Dissemination
M M / D D / Y Y Y Y

Amount
667.08

Transaction ID : 21577891

Date of Disbursement or Obligation
02 / 27 / 2014

Name of Federal Candidate
Alex Sink

☒ Support ☐ Oppose

Office Sought: ☒ House ☐ President ☐ Senate District: 13 State: FL

Calendar Year-To-Date Per Election for Office Sought 691.63

Disbursement For: ☐ Primary ☐ General
2014 ☒ Other (specify) ▶ Special-General

(a) SUBTOTAL of Itemized Independent Expenditures ▶	691.63
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures ▶	691.63

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Christine Kim

[Electronically Filed]

Signature

Date 03 / 18 / 2014