

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

Check if different than previously reported. (ACC) Suite 600

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) General (12G) Runoff (12R)

Convention (12C) Special (12S)

Election on 11 / 06 / 2012 in the State of

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

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

Election on / / in the State of

5. Covering Period 10 / 01 / 2012 through 10 / 17 / 2012

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 11 / 06 / 2012

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

National Committee to Preserve Social Security & Medicare PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>		91845.11
(b) Cash on Hand at Beginning of Reporting Period.....	376247.73	
(c) Total Receipts (from Line 19)	24948.10	1220499.82
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	401195.83	1312344.93
7. Total Disbursements (from Line 31).....	17652.99	928802.09
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	383542.84	383542.84
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)	2799.48	

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: / / To: / /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	1100.00	39016.00
(ii) Unitemized	23848.10	1181227.29
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	24948.10	1220243.29
(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)	24948.10	1220243.29
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	256.53
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))..... ▶	24948.10	1220499.82
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	24948.10	1220499.82

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	-355017.32	156255.05
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	-355017.32	156255.05
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	18943.31	413444.26
24. Independent Expenditures (use Schedule E)	353727.00	355800.50
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	3302.28
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)) ..	17652.99	928802.09
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	17652.99	928802.09

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)	24948.10	1220243.29
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	24948.10	1220243.29
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	-355017.32	156255.05
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	-355017.32	156255.05

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 19
<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 Committee to Preserve Social Security & Medicare PAC

A. Mr Ralph D Cohen
 Full Name (Last, First, Middle Initial)
 Mailing Address
 5110 San Felipe St Unit 312W
 City Houston State TX Zip Code 77056-3623
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 10 / 04 / 2012
Transaction ID : 20468572
 Amount of Each Receipt this Period
 100.00

B. Ms Billie Farmer
 Full Name (Last, First, Middle Initial)
 Mailing Address
 611 Osprey Lakes Cir
 City Chuluota State FL Zip Code 32766-6661
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 10 / 03 / 2012
Transaction ID : 20468725
 Amount of Each Receipt this Period
 100.00

C. Mrs Marion L Matthies-Newton
 Full Name (Last, First, Middle Initial)
 Mailing Address
 17401 El Molino St
 City Bloomington State CA Zip Code 92316
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt
 10 / 02 / 2012
Transaction ID : 20469109
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional).....▶	300.00
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: PAGE 7 OF 19
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Mr Melvin J Shure

Mailing Address
 PO Box 57

City State Zip Code
 Searsmont ME 04973-0057

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

Name of Employer Occupation
 Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 225.00

Date of Receipt
 10 / 02 / 2012
Transaction ID : 20469443

Amount of Each Receipt this Period
 75.00

Full Name (Last, First, Middle Initial)
B. Mr Abraham Simon

Mailing Address
 154 06 64th Ave

City State Zip Code
 Flushing NY 11367

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

Name of Employer Occupation
 Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 350.00

Date of Receipt
 10 / 02 / 2012
Transaction ID : 20469451

Amount of Each Receipt this Period
 350.00

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

Mailing Address
 981 Sawyer St

City State Zip Code
 Pensacola FL 32534

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

Name of Employer Occupation
 Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 10 / 08 / 2012
Transaction ID : 20469529

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 675.00

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: PAGE 8 OF 19
(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
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NAME OF COMMITTEE (In Full)
National Committee to Preserve Social Security & Medicare PAC

A. Mr David E Wayham
Full Name (Last, First, Middle Initial)

Mailing Address
6433 Dorado Beach NE

City Albuquerque State NM Zip Code 87111

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

Name of Employer Occupation Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
10 / 02 / 2012
Transaction ID : 20469599

Amount of Each Receipt this Period
125.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	125.00
TOTAL This Period (last page this line number only).....▶	1100.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Committee to Preserve Social Security & Medicare PAC

Full Name (Last, First, Middle Initial)

A. Michael Prucker

Mailing Address 4700 CONNECTICUT AVENUE, NW
APT. 502

City Washington State DC Zip Code 20008

Purpose of Disbursement
EVENT EXPENSE REIMBURSEMENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

003

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 09 / 2012

Transaction ID : 20407870

Amount of Each Disbursement this Period

1152.99

EVENT EXPENSE REIMBURSEMENT

Full Name (Last, First, Middle Initial)

B. NCPSSM

Mailing 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) ▼

011

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 04 / 2012

Transaction ID : 20460753

Amount of Each Disbursement this Period

-853.70

ADVANCE FOR FUTURE IN-KIND CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. NCPSSM

Mailing 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) ▼

011

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 10 / 2012

Transaction ID : 20461752

Amount of Each Disbursement this Period

-874.67

ADVANCE FOR FUTURE IN-KIND CONTRIBUTION

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

-575.38

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Committee to Preserve Social Security & Medicare PAC

Full Name (Last, First, Middle Initial)

A. NCPSSM

Mailing 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) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 09 / 2012

Transaction ID : 20461764

Amount of Each Disbursement this Period

-224.80

ADVANCE FOR FUTURE IN-KIND CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. NCPSSM

Mailing 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) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 17 / 2012

Transaction ID : 20468362

Amount of Each Disbursement this Period

-1144.63

ADVANCE FOR FUTURE IN-KIND CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. METRICS MEDIA

Mailing Address 24 QUAKER LANE
ATTN: BARBARA CASSIDY

City DOVER State NH Zip Code 03820

Purpose of Disbursement
RADIO AD, IE DISSEMINATION 10/8/12

Candidate Name

Mitt Romney

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

004
Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 08 / 2012

Transaction ID : 20472853

Amount of Each Disbursement this Period

-352227.00

RADIO AD, IE DISSEMINATION 10/8/12

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

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

-353596.43

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Committee to Preserve Social Security & Medicare PAC

Full Name (Last, First, Middle Initial)

A. NCPSSM

Mailing 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) ▼

011
Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 07 / 2012

Transaction ID : 20484203

Amount of Each Disbursement this Period

-845.51

ADVANCE FOR FUTURE IN-KIND CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y 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

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

-845.51

-355017.32

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Committee to Preserve Social Security & Medicare PAC

Full Name (Last, First, Middle Initial)

A. Menendez For Senate

Mailing Address PO Box 32248

City Newark State NJ Zip Code 07102

Purpose of Disbursement
Contribution

011

Candidate Name

Sen. Robert Menendez

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: NJ District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			03			2012			

Transaction ID : 20400456

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Montgomery County Democratic Central Committee

Mailing Address 3720 Farragut Avenue, #303

City Kensington State MD Zip Code 20895

Purpose of Disbursement
2012 CALENDAR YEAR CONTRIBUTION

011

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			09			2012			

Transaction ID : 20407871

Amount of Each Disbursement this Period

2000.00

2012 CALENDAR YEAR CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. Stabenow For Us Senate

Mailing Address P.O. Box 4945

City East Lansing State MI Zip Code 48826

Purpose of Disbursement
Contribution

011

Candidate Name

Sen. Debbie Stabenow

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MI District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			09			2012			

Transaction ID : 20408282

Amount of Each Disbursement this Period

1000.00

Contribution

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

4000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Committee to Preserve Social Security & Medicare PAC

Full Name (Last, First, Middle Initial)

A. Carmona For Arizona

Mailing Address PO Box 12339

City Tucson State AZ Zip Code 85732

Purpose of Disbursement
Contribution

011

Candidate Name

Mr. Richard Carmona

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: AZ District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			09			2012			

Transaction ID : 20424599

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Friends Of Charlie Wilson

Mailing Address P.O. Box 334

City Bridgeport State OH Zip Code 43912

Purpose of Disbursement
Contribution

011

Candidate Name

Mr. Charles Wilson

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: OH District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			09			2012			

Transaction ID : 20424602

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Cardin for Senate

Mailing Address 38 Ivy Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Contribution

011

Candidate Name

Ben Cardin

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MD District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			11			2012			

Transaction ID : 20428058

Amount of Each Disbursement this Period

1000.00

Contribution

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

4000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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. Kathy Hochul For Congress

Mailing Address PO Box 64

City Buffalo State NY Zip Code 14231

Purpose of Disbursement
Contribution

011

Candidate Name

Ms. Kathleen Hochul

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: NY District: 26

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			11			2012			

Transaction ID : 20428059

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Louise Slaughter Re-Election Committee

Mailing Address P.O. Box 730

City Honeoye State NY Zip Code 14471

Purpose of Disbursement
Contribution

011

Candidate Name

Louise M. Slaughter

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: NY District: 28

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			11			2012			

Transaction ID : 20428060

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Friends Of Dan Maffei

Mailing Address PO Box 230

City Syracuse State NY Zip Code 13201

Purpose of Disbursement
CONTRIBUTION

011

Candidate Name

Mr. Daniel Maffei

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: NY District: 24

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			16			2012			

Transaction ID : 20442583

Amount of Each Disbursement this Period

3000.00

CONTRIBUTION

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

5000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Committee to Preserve Social Security & Medicare PAC

Full Name (Last, First, Middle Initial)

A. KEEP NICK RAHALL IN CONGRESS COMMITTEE

Mailing Address P.O. BOX 75214

City WASHINGTON State DC Zip Code 20013

Purpose of Disbursement
CONTRIBUTION

011

Category/
Type

Candidate Name

NICK RAHALL

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: WV District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			16			2012			

Transaction ID : 20442584

Amount of Each Disbursement this Period

2000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. Langevin for Congress

Mailing Address 181-A Knight Street

City Warwick State RI Zip Code 02886

Purpose of Disbursement
IN-KIND CONTRIBUTION

011

Category/
Type

Candidate Name

James Langevin

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: RI District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			04			2012			

Transaction ID : 20460754

Amount of Each Disbursement this Period

853.70

IN-KIND CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. Louise Slaughter Re-Election Committee

Mailing Address P.O. Box 730

City Honeoye State NY Zip Code 14471

Purpose of Disbursement
IN-KIND CONTRIBUTION

011

Category/
Type

Candidate Name

Louise M. Slaughter

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: NY District: 28

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			10			2012			

Transaction ID : 20461763

Amount of Each Disbursement this Period

874.67

IN-KIND CONTRIBUTION

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

3728.37

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

--

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Committee to Preserve Social Security & Medicare PAC

Full Name (Last, First, Middle Initial)

A. Kathy Hochul For Congress

Mailing Address PO Box 64

City Buffalo State NY Zip Code 14231

Purpose of Disbursement
IN-KIND CONTRIBUTION

011

Candidate Name

Ms. Kathleen Hochul

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: NY District: 26

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			09			2012			

Transaction ID : 20461770

Amount of Each Disbursement this Period

224.80

IN-KIND CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. Bill Foster For Congress Committee

Mailing Address P.O. Box 9104

City Aurora State IL Zip Code 60598

Purpose of Disbursement
IN-KIND CONTRIBUTION

011

Candidate Name

Bill Foster

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: IL District: 11

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			17			2012			

Transaction ID : 20468364

Amount of Each Disbursement this Period

1144.63

IN-KIND CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. Friends Of Patrick Murphy

Mailing Address 4521 Pga Blvd. #412

City Palm Beach Gardens State FL Zip Code 33418

Purpose of Disbursement
IN-KIND CONTRIBUTION

011

Candidate Name

Mr. Patrick Murphy

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: FL District: 18

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			07			2012			

Transaction ID : 20484204

Amount of Each Disbursement this Period

845.51

IN-KIND CONTRIBUTION

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

2214.94

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

18943.31

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 17 OF 19
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor NCPSSM	Nature of Debt (Purpose): POSTAGE, IE DESSEMINATION 10/15/12
Mailing Address 10 G STREET, NE, SUITE 600	
City State Zip Code WASHINGTON DC 20002	

Outstanding Balance Beginning This Period 0.00	Transaction ID : 20485768	
Amount Incurred This Period 2151.84	Payment This Period 0.00	Outstanding Balance at Close of This Period 2151.84

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor NCPSSM	Nature of Debt (Purpose): POSTAGE, IE DESSEMINATION 10/16/12
Mailing Address 10 G STREET, NE, SUITE 600	
City State Zip Code WASHINGTON DC 20002	

Outstanding Balance Beginning This Period 0.00	Transaction ID : 20485769	
Amount Incurred This Period 647.64	Payment This Period 0.00	Outstanding Balance at Close of This Period 647.64

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

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

1) SUBTOTALS This Period This Page (optional)..... ▶	2799.48
2) TOTALS This Period (last page this line number only)..... ▶	2799.48
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	2799.48

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 <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee WHO DID THAT MEDIA LLC		Date MM / DD / YYYY 10 / 05 / 2012
Mailing Address 6284 CLAY PIPE COURT		Amount 1500.00
City CENTREVILLE	State VA	
Zip Code 20121	Transaction ID : 20405213	
Purpose of Expenditure RADIO AD, IE DISSEMINATION 10/8/12	Category/Type 004	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 1500.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee METRICS MEDIA		Date MM / DD / YYYY 10 / 08 / 2012
Mailing Address 24 QUAKER LANE ATTN: BARBARA CASSIDY		Amount 352227.00
City DOVER	State NH	
Zip Code 03820	Transaction ID : 20470561	
Purpose of Expenditure RADIO AD, IE DISSEMINATION 10/8/12	Category/Type 004	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 353727.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	353727.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

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

Signature _____ [Electronically Filed] Date MM / DD / YYYY **11 / 06 / 2012**

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 <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee NCPSSM		Date MM / DD / YYYY 10 / 15 / 2012
[MEMO ITEM] POSTAGE- DISSEMINATION 10/15/2012		Amount 2151.84
Mailing Address 10 G Street, NE Suite 600		
City Washington	State DC	Zip Code 20002
Purpose of Expenditure POSTAGE- DISSEMINATION 10/15/2012	Category/ Type 001	Transaction ID : 20469842
Name of Federal Candidate Supported or Opposed by Expenditure: Ms. Mazie Hirono		Office Sought: <input type="checkbox"/> House State: <u>HI</u> <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 2151.84		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee NCPSSM		Date MM / DD / YYYY 10 / 16 / 2012
[MEMO ITEM] POSTAGE- DISSEMINATION 10/16/2012		Amount 647.64
Mailing Address 10 G Street, NE Suite 600		
City Washington	State DC	Zip Code 20002
Purpose of Expenditure POSTAGE- DISSEMINATION 10/16/2012	Category/ Type 001	Transaction ID : 20469840
Name of Federal Candidate Supported or Opposed by Expenditure: Ms. Kathleen Hochul		Office Sought: <input checked="" type="checkbox"/> House State: <u>NY</u> <input type="checkbox"/> Senate District: <u>26</u> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 647.64		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	353727.00

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
Signature _____ [Electronically Filed] Date MM / DD / YYYY **11 / 06 / 2012**