

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>National Committee to Preserve Social Security &amp; Medicare PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> 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 <b>WHO DID THAT MEDIA LLC</b>		Date MM / DD / YYYY <b>10 / 05 / 2012</b>
Mailing Address <b>6284 CLAY PIPE COURT</b>		Amount <b>1500.00</b>
City <b>CENTREVILLE</b>	State <b>VA</b>	
Zip Code <b>20121</b>	<b>Transaction ID : 20405213</b>	
Purpose of Expenditure <b>RADIO AD, IE DISSEMINATION 10/8/12</b>	Category/Type <b>004</b>	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: <b>Mitt Romney</b>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>1500.00</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

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

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>353727.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures..... ▶	
(c) <b>TOTAL</b> 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**