

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

[Electronically Filed] Date **11 / 06 / 2012**

Signature _____