

FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

NATIONAL ORGANIZATION OF SOCIAL SECURITY CLAIMANTS' REPRESENTATIVES PAC (NOSSCR PAC)

ADDRESS (number and street) 1025 Connecticut Ave NW
 (Check if address is changed) Suite 709
Washington DC 20036
CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS
 (Check if address is changed) stacy.cloyd@nosscr.org
Optional Second E-Mail Address
jkahl@wtplaw.com

COMMITTEE'S WEB PAGE ADDRESS (URL)
 (Check if address is changed)

2. DATE 09 / 23 / 2019

3. FEC IDENTIFICATION NUMBER C C00521039

4. IS THIS STATEMENT NEW (N) OR AMENDED (A)

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

Type or Print Name of Treasurer Polonsky, Alan, H., ,

Signature of Treasurer Polonsky, Alan, H., , [Electronically Filed] Date 09 / 23 / 2019

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

5. TYPE OF COMMITTEE

Candidate Committee:

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate _____

Candidate Party Affiliation Office Sought: House Senate President State
 District

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

Party Committee:

- (d) This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
 - Corporation Corporation w/o Capital Stock Labor Organization
 - Membership Organization Trade Association Cooperative
 - In addition, this committee is a Lobbyist/Registrant PAC.
- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
 - In addition, this committee is a Lobbyist/Registrant PAC.
 - In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. _____ FEC ID number
2. _____ FEC ID number
3. _____ FEC ID number
4. _____ FEC ID number

Write or Type Committee Name

NATIONAL ORGANIZATION OF SOCIAL SECURITY CLAIMANTS' REPRESENTATIVES PAC (NOSSCR PAC)

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

National Organization of Social Security Claimants' Representatives

Mailing Address

161 Airport Executive Park

Nanuet

NY

10954

CITY

STATE

ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name Cloyd, Stacy, , ,

Mailing Address 1025 Connecticut Avenue, NW

Suite 709

Washington

DC

20036

Title or Position

CITY

STATE

ZIP CODE

Custodian of Records

Telephone number 202 - 457 - 7775

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer Polonsky, Alan, H., ,

Mailing Address 18 Vanessa Ct

Cherry Hill

NJ

08003

CITY

STATE

ZIP CODE

Title or Position Treasurer

Telephone number 845 - 682 - 1880

Full Name of Designated Agent

Piemonte, George, , ,

Mailing Address

P. O. Box 669468

[Empty address line]

Charlotte

NC

28266

CITY

STATE

ZIP CODE

Title or Position

Assistant Treasurer

Telephone number

201

567

4228

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Bank of America

Mailing Address

208 Harristown Road

[Empty address line]

Glen Rock

NJ

07452

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

[Empty name line]

Mailing Address

[Empty address line]

[Empty address line]

[Empty address line]

CITY

STATE

ZIP CODE

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F1A
Transaction ID :

This filing reflects a new address for the committee.

Form/Schedule:
Transaction ID: