

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
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

2. **FEC IDENTIFICATION NUMBER** 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 Quarterly 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 (12G)
Election on _____ 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 09 01 2008 through 09 30 2008

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 Electronically Filed by Ms. Christine Kim Date 10 20 2008

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)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
National Committee to Preserve Social Security & Medicare PAC

Report Covering the Period: From:

M	M
0	9

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		450668.17
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	740948.69									
(c) Total Receipts (from Line 19)	385360.52	1338609.34								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	1126309.21	1789277.51								
7. Total Disbursements (from Line 31)	340926.59	1003894.89								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	785382.62	785382.62								
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**

Write or Type Committee Name
National Committee to Preserve Social Security & Medicare PAC

Report Covering the Period: From:

M	M
0	9

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	8

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	15216.00	28796.00
(i) Itemized (use Schedule A)		
(ii) Unitemized	369422.07	1304892.13
(iii) TOTAL (add Lines 11(a)(i) and (ii)	384638.07	1333688.13
(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)	384638.07	1333688.13
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.)	722.45	4921.21
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 Transfer (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))	385360.52	1338609.34
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	385360.52	1338609.34

DETAILED SUMMARY PAGE

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared 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.....	257267.18	646383.53
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	257267.18	646383.53
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	83659.41	356511.36
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (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	1000.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared 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))..	340926.59	1003894.89
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	340926.59	1003894.89

DETAILED SUMMARY PAGE
of Disbursements

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	384638.07	1333688.13
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	384638.07	1333688.13
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	257267.18	646383.53
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	257267.18	646383.53

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

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

FOR LINE NUMBER: PAGE 6 / 69
(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

A. Full Name (Last, First, Middle Initial)
Mrs. Dorothy W. Parks

Mailing Address
3519 Cardinal Dr. SW

City Warren State OH Zip Code 44481-9208

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

Name of Employer Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 125.00

Date of Receipt 09 / 03 / 2008
Transaction ID: 15990061
Amount of Each Receipt this Period 25.00

B. Full Name (Last, First, Middle Initial)
Gerard Gary Pacropis

Mailing Address
320 Belmont Ave.

City Ambler State PA Zip Code 19002-4301

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

Name of Employer Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 238.00

Date of Receipt 09 / 29 / 2008
Transaction ID: 15990082
Amount of Each Receipt this Period 75.00

C. Full Name (Last, First, Middle Initial)
Mrs. Dorothy W. Parks

Mailing Address
3519 Cardinal Dr. SW

City Warren State OH Zip Code 44481-9208

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 09 / 03 / 2008
Transaction ID: 15990089
Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional) ► 200.00

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: (check only one)	PAGE 7 / 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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.	Full Name (Last, First, Middle Initial) Celia L. Aguilar		Date of Receipt
	Mailing Address 1831 Saddlecreek Dr.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 16 / 2008
	City	State	Zip Code
	Houston	TX	77090-2036
	FEC ID number of contributing federal political committee.		Transaction ID: 15990222
	C <input type="text"/>		Amount of Each Receipt this Period
Name of Employer		Occupation	
		Retired	
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/>	
<input type="checkbox"/> Other (specify) ▼		225.00	

B.	Full Name (Last, First, Middle Initial) Stanley E. Anderson		Date of Receipt
	Mailing Address 2556 S Camber Ave.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 03 / 2008
	City	State	Zip Code
	Springfield	MO	65809-3509
	FEC ID number of contributing federal political committee.		Transaction ID: 15990503
	C <input type="text"/>		Amount of Each Receipt this Period
Name of Employer		Occupation	
		Retired	
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/>	
<input type="checkbox"/> Other (specify) ▼		325.00	

C.	Full Name (Last, First, Middle Initial) Mr. Glenn Baker		Date of Receipt
	Mailing Address P.O. Box 13		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 08 / 2008
	City	State	Zip Code
	Ashville	PA	16613-0013
	FEC ID number of contributing federal political committee.		Transaction ID: 15990852
	C <input type="text"/>		Amount of Each Receipt this Period
Name of Employer		Occupation	
		Retired	
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/>	
<input type="checkbox"/> Other (specify) ▼		282.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/>	325.00
TOTAL This Period (last page this line number only)	<input type="text"/>	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 69
(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

A. Full Name (Last, First, Middle Initial)
Ms. Shirley J. Ballard

Mailing Address
120 S 5th St. Apt. 407

City State Zip Code
Douglas WY 82633-2453

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 09 / 29 / 2008
Transaction ID: 15990897

Amount of Each Receipt this Period 75.00

B. Full Name (Last, First, Middle Initial)
Mr. Joseph R. Barnes

Mailing Address
8 Pine in the Wood

City State Zip Code
Port Orange FL 32129-2346

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 413.00

Date of Receipt 09 / 16 / 2008
Transaction ID: 15991016

Amount of Each Receipt this Period 177.00

C. Full Name (Last, First, Middle Initial)
Ms. June M. Barrack

Mailing Address
71 Leafwood Lane Apt. 305

City State Zip Code
Groton CT 06340-6701

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 09 / 26 / 2008
Transaction ID: 15991049

Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional) 352.00

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 9 / 69
(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

A. Full Name (Last, First, Middle Initial)
Mr. J. H. Baughman, Jr.
 Mailing Address
8520 Dundee Ter.
 City State Zip Code
Miami Lakes FL 33016-1405
 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
MM / DD / YYYY
09 / 16 / 2008
Transaction ID: 15991157
 Amount of Each Receipt this Period
125.00

B. Full Name (Last, First, Middle Initial)
E. Bingaman
 Mailing Address
P.O. Box 237
 City State Zip Code
West Memphis AR 72303-0237
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00
 Date of Receipt
MM / DD / YYYY
09 / 26 / 2008
Transaction ID: 15991564
 Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Mr. Robert L. Bonnell
 Mailing Address
5136 Gay St.
 City State Zip Code
Muskegon MI 49441-5724
 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
MM / DD / YYYY
09 / 16 / 2008
Transaction ID: 15991832
 Amount of Each Receipt this Period
150.00

SUBTOTAL of Receipts This Page (optional) ► **375.00**
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 10 / 69

(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.

Full Name (Last, First, Middle Initial)

Mr. Bob Brewer

Mailing Address

502 Erna Dr.

City

Converse

State

TX

Zip Code

78109-1506

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

M M / D D / Y Y Y Y
09 / 18 / 2008

Transaction ID: 15992147

Amount of Each Receipt this Period

150.00

B.

Full Name (Last, First, Middle Initial)

Ms. Sadie Bridges

Mailing Address # 2B

111 Morningside Ave.

City

New York

State

NY

Zip Code

10027-4842

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

M M / D D / Y Y Y Y
09 / 16 / 2008

Transaction ID: 15992167

Amount of Each Receipt this Period

125.00

C.

Full Name (Last, First, Middle Initial)

Mrs. John Brownlow

Mailing Address

1444 Ariport Rdl

City

Union City

State

TN

Zip Code

38261

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 16 / 2008

Transaction ID: 15992380

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)

425.00

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: (check only one)	PAGE 11 / 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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.	Full Name (Last, First, Middle Initial) Ms. Margaret K. Bruce		Date of Receipt MM / DD / YYYY 09 / 05 / 2008		
	Mailing Address 58 Washburn Road		Transaction ID: 15992387		
	City Mount Kisco	State NY	Zip Code 10549-1314	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer	Occupation Retired			
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00			

B.	Full Name (Last, First, Middle Initial) Ella M. Campbell		Date of Receipt MM / DD / YYYY 09 / 09 / 2008		
	Mailing Address P.O. Box 101		Transaction ID: 15992815		
	City Cass Lake	State MN	Zip Code 56633-0101	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer	Occupation Retired			
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 265.00			

C.	Full Name (Last, First, Middle Initial) Dr. Alan B. Carter		Date of Receipt MM / DD / YYYY 09 / 17 / 2008		
	Mailing Address 5512 Edington Ln.		Transaction ID: 15992991		
	City Raleigh	State NC	Zip Code 27604-5944	Amount of Each Receipt this Period 225.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer	Occupation Retired			
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00			

SUBTOTAL of Receipts This Page (optional)	▶	425.00
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: (check only one)	PAGE 12 / 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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.	Full Name (Last, First, Middle Initial) Ms. Shirley Chamberlain		Date of Receipt
	Mailing Address 50 Churchill Ave. Apt. 433		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 26 / 2008
	City Cambridge	State MA	Zip Code 02140-1027
	FEC ID number of contributing federal political committee. C		Transaction ID: 15993172
	Name of Employer		Amount of Each Receipt this Period
	Occupation Retired		<input type="text"/> 75.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 210.00	

B.	Full Name (Last, First, Middle Initial) Joseph Teague Chandler		Date of Receipt
	Mailing Address 3514 Waverly Blvd.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 11 / 2008
	City Richmond	State VA	Zip Code 23222-3445
	FEC ID number of contributing federal political committee. C		Transaction ID: 15993195
	Name of Employer		Amount of Each Receipt this Period
	Occupation Retired		<input type="text"/> 75.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 450.00	

C.	Full Name (Last, First, Middle Initial) Ms. Priscilla T. Chandler		Date of Receipt
	Mailing Address 1083 Front St.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 12 / 2008
	City South Weymouth	State MA	Zip Code 02190-1719
	FEC ID number of contributing federal political committee. C		Transaction ID: 15993197
	Name of Employer		Amount of Each Receipt this Period
	Occupation Retired		<input type="text"/> 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 225.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 250.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 69
(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.

Full Name (Last, First, Middle Initial)
Arnold Chapman

Mailing Address
671 Pinyon Dr.

City State Zip Code
Fruita CO 81521-6405

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

Name of Employer Occupation
Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.00

Date of Receipt
MM / DD / YYYY
09 / 18 / 2008

Transaction ID: 15993232

Amount of Each Receipt this Period
150.00

B.

Full Name (Last, First, Middle Initial)
Mr. Joseph R. Clark

Mailing Address
1701 Linwood Drive

City State Zip Code
Bedford IN 47421-3919

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

Name of Employer Occupation
Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
325.00

Date of Receipt
MM / DD / YYYY
09 / 17 / 2008

Transaction ID: 15993560

Amount of Each Receipt this Period
100.00

C.

Full Name (Last, First, Middle Initial)
Ms. Marion Comeaux

Mailing Address
425 Westmoreland Dr.

City State Zip Code
Baton Rouge LA 70806-5164

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

Name of Employer Occupation
Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt
MM / DD / YYYY
09 / 29 / 2008

Transaction ID: 15993998

Amount of Each Receipt this Period
50.00

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 14 / 69
(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.

Full Name (Last, First, Middle Initial)
Buford Cooper

Mailing Address
822 Norbert at NW

City State Zip Code
Grand Rapids MI 49504-3025

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
MM / DD / YYYY
09 / 05 / 2008

Transaction ID: 15994084

Amount of Each Receipt this Period
150.00

B.

Full Name (Last, First, Middle Initial)
Mr. Edward Corlew

Mailing Address
2095 Whipple Rd.

City State Zip Code
Bates City MO 64011-8149

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
MM / DD / YYYY
09 / 15 / 2008

Transaction ID: 15994138

Amount of Each Receipt this Period
50.00

C.

Full Name (Last, First, Middle Initial)
Mr. & Mrs. Don Dazell

Mailing Address
3840 N Melrose Dr.

City State Zip Code
Portland OR 97227-1040

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 269.00

Date of Receipt
MM / DD / YYYY
09 / 15 / 2008

Transaction ID: 15994676

Amount of Each Receipt this Period
135.00

SUBTOTAL of Receipts This Page (optional) ► **335.00**

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 15 / 69
(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. Full Name (Last, First, Middle Initial)
Mr. Richard R. Dievendorf

Mailing Address
205 W Bush St.

City State Zip Code
Caro MI 48723-1511

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt
MM / DD / YYYY
09 / 05 / 2008

Transaction ID: 15995489

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Ms. Joyce L. Divoky

Mailing Address
3648 Skylark Ln. SE

City State Zip Code
Cedar Rapids IA 52403-4335

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
MM / DD / YYYY
09 / 03 / 2008

Transaction ID: 15995582

Amount of Each Receipt this Period
160.00

C. Full Name (Last, First, Middle Initial)
Ms. Ophelia Dorch

Mailing Address Apt. 6D
780 Concourse VIg W

City State Zip Code
Bronx NY 10451-3812

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
215.00

Date of Receipt
MM / DD / YYYY
09 / 17 / 2008

Transaction ID: 15995700

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► **360.00**

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 16 / 69
(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.

Full Name (Last, First, Middle Initial)
Ms. Deirdre D. Du Bose

Mailing Address
804 Washington St.

City State Zip Code
Beaufort SC 29902-4657

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
207.00

Date of Receipt
MM / DD / YYYY
09 / 19 / 2008

Transaction ID: 15995871

Amount of Each Receipt this Period
89.00

B.

Full Name (Last, First, Middle Initial)
Mrs. Helen Duck

Mailing Address
503 Ash St.

City State Zip Code
Osage IA 50461-1212

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
MM / DD / YYYY
09 / 08 / 2008

Transaction ID: 15995915

Amount of Each Receipt this Period
100.00

C.

Full Name (Last, First, Middle Initial)
Mr. Donald W. Ellery

Mailing Address
1110 Marshall Rd.

City State Zip Code
Greenwood SC 29646-4216

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
MM / DD / YYYY
09 / 26 / 2008

Transaction ID: 15996316

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► **289.00**

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 17 / 69

(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.	Full Name (Last, First, Middle Initial) Mr. James M. Fitzpatrick		Date of Receipt MM / DD / YYYY 09 / 17 / 2008		
	Mailing Address 2811 Oak Trail Court		Transaction ID: 15997005		
	City Arlington	State TX	Zip Code 76016-6008	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer	Occupation Retired			
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 213.00			

B.	Full Name (Last, First, Middle Initial) Mr. Orai Fortin		Date of Receipt MM / DD / YYYY 09 / 03 / 2008		
	Mailing Address 35700 Hunter Ave. Apt. 325		Transaction ID: 15997274		
	City Westland	State MI	Zip Code 48185-6668	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer	Occupation Retired			
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00			

C.	Full Name (Last, First, Middle Initial) Mr. & Mrs. Marvin Frankel		Date of Receipt MM / DD / YYYY 09 / 19 / 2008		
	Mailing Address 4435 El Carro Ln.		Transaction ID: 15997492		
	City Carpinteria	State CA	Zip Code 93013-1318	Amount of Each Receipt this Period 150.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer	Occupation Retired			
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00			

SUBTOTAL of Receipts This Page (optional)

350.00

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 18 / 69
(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.

Full Name (Last, First, Middle Initial)
W Robert Frizzell

Mailing Address
52 Laurel St.

City State Zip Code
Concord NH 03301-3651

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
MM / DD / YYYY
09 / 25 / 2008

Transaction ID: 15997741

Amount of Each Receipt this Period
205.00

B.

Full Name (Last, First, Middle Initial)
Sue A. Garretson

Mailing Address
1885 E Tumbleweed Ln.

City State Zip Code
Alexandria IN 46001-8016

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 213.00

Date of Receipt
MM / DD / YYYY
09 / 29 / 2008

Transaction ID: 15998268

Amount of Each Receipt this Period
138.00

C.

Full Name (Last, First, Middle Initial)
Mr. Wesley Grow

Mailing Address
248 Mineral St.

City State Zip Code
Pottstown PA 19464-3942

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 675.00

Date of Receipt
MM / DD / YYYY
09 / 17 / 2008

Transaction ID: 15999884

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 593.00

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 19 / 69
(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.

Full Name (Last, First, Middle Initial)
Mrs. Helen Halpern

Mailing Address
4027 Fairfax Rd.

City State Zip Code
Evansville IN 47710-3718

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt
MM / DD / YYYY
09 / 18 / 2008

Transaction ID: 16000121

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Ms. Grace Hansen

Mailing Address
26880 Havelock Dr.

City State Zip Code
Dearborn Heights MI 48127-3639

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
MM / DD / YYYY
09 / 16 / 2008

Transaction ID: 16000247

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Richard Harden

Mailing Address
12007 County Road 7690

City State Zip Code
Caulfield MO 65626-9241

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
203.00

Date of Receipt
MM / DD / YYYY
09 / 10 / 2008

Transaction ID: 16000287

Amount of Each Receipt this Period
75.00

SUBTOTAL of Receipts This Page (optional) ► **575.00**

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 20 / 69

(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.	Full Name (Last, First, Middle Initial) Mrs. Lillian Haselden		Date of Receipt MM / DD / YYYY 09 / 16 / 2008		
	Mailing Address 271 Fred Dalton Rd.		Transaction ID: 16000449		
	City Franklin	State NC	Zip Code 28734-7125	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer	Occupation Retired			
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00			

B.	Full Name (Last, First, Middle Initial) Miss Mildred L. Hollis		Date of Receipt MM / DD / YYYY 09 / 16 / 2008		
	Mailing Address 1208 S Brady St.		Transaction ID: 16001116		
	City Attica	State IN	Zip Code 47918-1722	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer	Occupation Retired			
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00			

C.	Full Name (Last, First, Middle Initial) Mr. Robert Hromadnik		Date of Receipt MM / DD / YYYY 09 / 02 / 2008		
	Mailing Address P.O. Box 562		Transaction ID: 16001361		
	City Osawatomie	State KS	Zip Code 66064-0562	Amount of Each Receipt this Period 125.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer	Occupation Retired			
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00			

SUBTOTAL of Receipts This Page (optional) ▶

725.00

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 21 / 69
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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

A.

Full Name (Last, First, Middle Initial)
Mr. & Mrs. Jerry Jones

Mailing Address
19 Las Positas Cir.

City State Zip Code
Sacramento CA 95831-3430

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
439.00

Date of Receipt
MM / DD / YYYY
09 / 05 / 2008

Transaction ID: 16002097

Amount of Each Receipt this Period
189.00

B.

Full Name (Last, First, Middle Initial)
Ms. Janet L. Keislar

Mailing Address
2718 Stratford Ct.

City State Zip Code
Hanford CA 93230-6826

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
MM / DD / YYYY
09 / 29 / 2008

Transaction ID: 16002390

Amount of Each Receipt this Period
350.00

C.

Full Name (Last, First, Middle Initial)
Mr. Edwin Klewer

Mailing Address
28283 Farm Rd. 1190

City State Zip Code
Eagle Rock MO 65641-7166

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
206.00

Date of Receipt
MM / DD / YYYY
09 / 19 / 2008

Transaction ID: 16002729

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► **639.00**

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: (check only one)	PAGE 22 / 69		
	<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

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

A.	Full Name (Last, First, Middle Initial) Victor Krasnickas		Date of Receipt MM / DD / YYYY 09 / 05 / 2008		
	Mailing Address 2724 Main St.		Transaction ID: 16002946		
	City Coventry	State CT	Zip Code 06238-1621	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer	Occupation Retired			
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00			

B.	Full Name (Last, First, Middle Initial) Mr. & Mrs. Abram R. Kulp		Date of Receipt MM / DD / YYYY 09 / 29 / 2008		
	Mailing Address 208 Woods Dr.		Transaction ID: 16003057		
	City Lansdale	State PA	Zip Code 19446-6233	Amount of Each Receipt this Period 114.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer	Occupation Retired			
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 228.00			

C.	Full Name (Last, First, Middle Initial) Msg Richard W. Langley, USA Ret		Date of Receipt MM / DD / YYYY 09 / 04 / 2008		
	Mailing Address 7 Pond Road		Transaction ID: 16003247		
	City Abbot	State ME	Zip Code 04406-3603	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer	Occupation Retired			
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 285.00			

SUBTOTAL of Receipts This Page (optional)	▶	464.00
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 23 / 69

(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.

Full Name (Last, First, Middle Initial)
Mr. Robert J. Lillie

Mailing Address
P.O. Box 125

City State Zip Code
Cornwall PA 17016-0125

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

Date of Receipt 09 / 15 / 2008

Transaction ID: 16003694

Amount of Each Receipt this Period 225.00

B.

Full Name (Last, First, Middle Initial)
Mr. Melvin V. Lobo

Mailing Address
832 W 23rd Street

City State Zip Code
Merced CA 95340-3612

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 09 / 26 / 2008

Transaction ID: 16003803

Amount of Each Receipt this Period 100.00

C.

Full Name (Last, First, Middle Initial)
Mr. Robert I. Long

Mailing Address
1073 Austin Way

City State Zip Code
Napa CA 94558-4223

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 09 / 12 / 2008

Transaction ID: 16003872

Amount of Each Receipt this Period 75.00

SUBTOTAL of Receipts This Page (optional) 400.00

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 24 / 69
(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
							17

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

A.

Full Name (Last, First, Middle Initial)
Mr. Jesse Burl Lowrey

Mailing Address
24502 Neptune Ave.

City State Zip Code
Carson CA 90745-6417

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

Name of Employer Occupation
Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
09 / 08 / 2008

Transaction ID: 16003978

Amount of Each Receipt this Period
300.00

B.

Full Name (Last, First, Middle Initial)
John Mannheim

Mailing Address
5 Chestnut St.

City State Zip Code
Concord MA 01742-2608

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

Name of Employer Occupation
Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
09 / 29 / 2008

Transaction ID: 16004361

Amount of Each Receipt this Period
100.00

C.

Full Name (Last, First, Middle Initial)
Mr. Emory C. Manning

Mailing Address
1439 Manning Rd.

City State Zip Code
Iva SC 29655-8770

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

Name of Employer Occupation
Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
MM / DD / YYYY
09 / 11 / 2008

Transaction ID: 16004366

Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional) ► **600.00**

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 25 / 69
(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

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.

Full Name (Last, First, Middle Initial)
Mr. Mario R. Martinez

Mailing Address
2702 Pomeroy Aveq

City State Zip Code
Los Angeles CA 90033-2037

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt
MM / DD / YYYY
09 / 12 / 2008

Transaction ID: 16004583

Amount of Each Receipt this Period
150.00

B.

Full Name (Last, First, Middle Initial)
Mr. Christian L. Mast

Mailing Address
5921 Private Rd. 633

City State Zip Code
Millersburg OH 44654-8207

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
MM / DD / YYYY
09 / 05 / 2008

Transaction ID: 16004640

Amount of Each Receipt this Period
200.00

C.

Full Name (Last, First, Middle Initial)
Flavian Mastrangelo

Mailing Address
12348 Carroll Dr.

City State Zip Code
Chardon OH 44024-9444

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
09 / 16 / 2008

Transaction ID: 16004646

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► **450.00**

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 26 / 69

(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.

Full Name (Last, First, Middle Initial)

Ruby Mc Caleb

Mailing Address

2809 W 4th Ave.

City

Corsicana

State

TX

Zip Code

75110-3909

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

MM / DD / YYYY
09 / 29 / 2008

Transaction ID: 16004796

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Myllin J. Misura

Mailing Address

535 57th Ave. NE

City

Minneapolis

State

MN

Zip Code

55432-5612

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

MM / DD / YYYY
09 / 08 / 2008

Transaction ID: 16005678

Amount of Each Receipt this Period

150.00

C.

Full Name (Last, First, Middle Initial)

Mr. Roger C. Moe

Mailing Address

2085 Upper Red Rock Lp Rd.

City

Sedona

State

AZ

Zip Code

86336

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
09 / 12 / 2008

Transaction ID: 16005730

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional) ▶

400.00

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 27 / 69

(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.

Full Name (Last, First, Middle Initial)

Ms. Laura R. Moody

Mailing Address

1812 N 23rd St.

City

Richmond

State

VA

Zip Code

23223-4442

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

MM / DD / YYYY
09 / 08 / 2008

Transaction ID: 16005804

Amount of Each Receipt this Period

156.00

B.

Full Name (Last, First, Middle Initial)

Mr. Herbert Neil

Mailing Address

1700 SE Johnson Ave.

City

Pullman

State

WA

Zip Code

99163-5541

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
09 / 17 / 2008

Transaction ID: 16006338

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Ms. Phyllis Nelson

Mailing Address

2443 Mahan Way

City

San Pablo

State

CA

Zip Code

94806-1632

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
09 / 05 / 2008

Transaction ID: 16006372

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

556.00

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 28 / 69
(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.

Full Name (Last, First, Middle Initial)
Mr. George A. Paquette

Mailing Address
300 School St.

City State Zip Code
Acton MA 01720-5415

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

Name of Employer Occupation
Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
205.00

Date of Receipt
MM / DD / YYYY
09 / 23 / 2008

Transaction ID: 16007061

Amount of Each Receipt this Period
80.00

B.

Full Name (Last, First, Middle Initial)
Mr. Andrew J. Peronick

Mailing Address
26 Andrew St. # 3

City State Zip Code
Everett MA 02149-1206

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

Name of Employer Occupation
Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt
MM / DD / YYYY
09 / 12 / 2008

Transaction ID: 16007389

Amount of Each Receipt this Period
100.00

C.

Full Name (Last, First, Middle Initial)
Mr. John Ponton, Jr.

Mailing Address
58 Patterson Rd.

City State Zip Code
Shirley MA 01464-2906

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
MM / DD / YYYY
09 / 18 / 2008

Transaction ID: 16007995

Amount of Each Receipt this Period
75.00

SUBTOTAL of Receipts This Page (optional) ► **255.00**

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 29 / 69
(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.

Full Name (Last, First, Middle Initial)
Mr. Gordon L. Rannigan

Mailing Address
619 Kenosha Ave.

City Norfolk State VA Zip Code 23509-1503

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

Name of Employer Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 09 / 10 / 2008

Transaction ID: 16008652

Amount of Each Receipt this Period: 100.00

B.

Full Name (Last, First, Middle Initial)
Maynard Reish

Mailing Address
51625 Knight Rd.

City Marcellus State MI Zip Code 49067-9404

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

Name of Employer Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 405.00

Date of Receipt: 09 / 05 / 2008

Transaction ID: 16008859

Amount of Each Receipt this Period: 215.00

C.

Full Name (Last, First, Middle Initial)
Mr. Charles L. Rosenthal

Mailing Address
375 Savage Farm Dr.

City Ithaca State NY Zip Code 14850-6517

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

Name of Employer Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 211.00

Date of Receipt: 09 / 17 / 2008

Transaction ID: 16009453

Amount of Each Receipt this Period: 125.00

SUBTOTAL of Receipts This Page (optional) ► 440.00

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 30 / 69
(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

A. Full Name (Last, First, Middle Initial)
Dr. Jane L. Ross

Mailing Address
7838 Somerset Court

City State Zip Code
Greenbelt MD 20770-3023

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
MM / DD / YYYY
09 / 05 / 2008

Transaction ID: 16009463

Amount of Each Receipt this Period
250.00

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

Mailing Address
5538 W 550 N

City State Zip Code
Rensselaer IN 47978-7512

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
285.00

Date of Receipt
MM / DD / YYYY
09 / 16 / 2008

Transaction ID: 16009976

Amount of Each Receipt this Period
150.00

C. Full Name (Last, First, Middle Initial)
Mr. Henry J. Schaefer

Mailing Address
4252 State Route 159

City State Zip Code
Red Bud IL 62278-2554

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
208.00

Date of Receipt
MM / DD / YYYY
09 / 15 / 2008

Transaction ID: 16009983

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► **500.00**

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 31 / 69
(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.

Full Name (Last, First, Middle Initial)
Mr. Joseph Schiavi

Mailing Address
24 Bedford Ave.

City: Lackawanna State: NY Zip Code: 14218-2903

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

Name of Employer: Occupation: Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
468.00

Date of Receipt
MM / DD / YYYY
09 / 25 / 2008

Transaction ID: 16010030

Amount of Each Receipt this Period
156.00

B.

Full Name (Last, First, Middle Initial)
Sandra Schmidt

Mailing Address
499 Schmidt Rd.

City: Harper State: TX Zip Code: 78631-5107

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

Name of Employer: Occupation: Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
235.00

Date of Receipt
MM / DD / YYYY
09 / 30 / 2008

Transaction ID: 16010083

Amount of Each Receipt this Period
100.00

C.

Full Name (Last, First, Middle Initial)
Mr. Harold E. Schoonover

Mailing Address
6530 Century Lane

City: Evansville State: IN Zip Code: 47725-7300

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

Name of Employer: Occupation: Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
330.00

Date of Receipt
MM / DD / YYYY
09 / 17 / 2008

Transaction ID: 16010126

Amount of Each Receipt this Period
225.00

SUBTOTAL of Receipts This Page (optional) ► **481.00**

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: (check only one)	PAGE 32 / 69
	<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.	Full Name (Last, First, Middle Initial) Mr. Thaddeus T. Scott	Date of Receipt MM / DD / YYYY 09 / 11 / 2008
	Mailing Address 10068 Allen Pointe Dr. # 3	Transaction ID: 16010269
	City State Zip Code Allen Park MI 48101-1785	Amount of Each Receipt this Period 125.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Retired	
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 275.00	

B.	Full Name (Last, First, Middle Initial) Claudia Shanks	Date of Receipt MM / DD / YYYY 09 / 15 / 2008
	Mailing Address 4215 Harding Rd. Apt. 310	Transaction ID: 16010438
	City State Zip Code Nashville TN 37205-2026	Amount of Each Receipt this Period 750.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Retired	
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1600.00	

C.	Full Name (Last, First, Middle Initial) Mr. & Ms. Barry Shiffman	Date of Receipt MM / DD / YYYY 09 / 26 / 2008
	Mailing Address 1597 Rockdale Loop	Transaction ID: 16010558
	City State Zip Code Heathrow FL 32746-5332	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Retired	
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 325.00	

SUBTOTAL of Receipts This Page (optional)	1025.00
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 33 / 69
(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

A. Full Name (Last, First, Middle Initial)
Mrs. Leota Snyder Martin

Mailing Address P.O. Box 198
1555 N Main St.

City State Zip Code
Frankfort IN 46041-1167

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

Name of Employer Occupation
Retired

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 08 / 2008

Transaction ID: 16011124

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Ms. Shirley Stadler

Mailing Address
9930 Orchard Avenue

City State Zip Code
Yakima WA 98908-8401

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
M M / D D / Y Y Y Y Y
09 / 12 / 2008

Transaction ID: 16011351

Amount of Each Receipt this Period
75.00

C. Full Name (Last, First, Middle Initial)
Dr. Elwin E. Stanfield

Mailing Address
1213 Clipper Ln.

City State Zip Code
Wilmington NC 28405-4146

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
M M / D D / Y Y Y Y Y
09 / 16 / 2008

Transaction ID: 16011392

Amount of Each Receipt this Period
125.00

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 34 / 69
(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.

Full Name (Last, First, Middle Initial)
Mr. John B. Stearns

Mailing Address
73 Margin St. Apt. T1

City State Zip Code
Peabody MA 01960-1882

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
MM / DD / YYYY
09 / 15 / 2008

Transaction ID: 16011437

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Evan L. Stroud

Mailing Address
315 Rogers St.

City State Zip Code
Decatur MI 49045-1001

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
MM / DD / YYYY
09 / 08 / 2008

Transaction ID: 16011736

Amount of Each Receipt this Period
100.00

C.

Full Name (Last, First, Middle Initial)
Mrs. Clarine Sutherland

Mailing Address
16102 Lisco St.

City State Zip Code
Whittier CA 90603-2819

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
09 / 08 / 2008

Transaction ID: 16011844

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► **450.00**

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 35 / 69

(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.	Full Name (Last, First, Middle Initial) Julia Syrell		Date of Receipt MM / DD / YYYY 09 / 05 / 2008		
	Mailing Address 157 City Line Rd.		Transaction ID: 16011944		
	City Oswego	State NY	Zip Code 13126-2912	Amount of Each Receipt this Period 350.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer	Occupation Retired			
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00			

B.	Full Name (Last, First, Middle Initial) Mr. Roland L. Taylor		Date of Receipt MM / DD / YYYY 09 / 16 / 2008		
	Mailing Address 11821 Waples Mill Rd.		Transaction ID: 16012097		
	City Oakton	State VA	Zip Code 22124-2113	Amount of Each Receipt this Period 102.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer	Occupation Retired			
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00			

C.	Full Name (Last, First, Middle Initial) Mrs. Mary C. Tedesco		Date of Receipt MM / DD / YYYY 09 / 03 / 2008		
	Mailing Address 27 Westover St.		Transaction ID: 16012108		
	City Everett	State MA	Zip Code 02149-3135	Amount of Each Receipt this Period 225.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer	Occupation Retired			
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 475.00			

SUBTOTAL of Receipts This Page (optional)

677.00

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 36 / 69
(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

A. Full Name (Last, First, Middle Initial)
Mr. Marvin D. Trent

Mailing Address
7 N Main St.

City State Zip Code
Whitestown IN 46075-9406

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
MM / DD / YYYY
09 / 09 / 2008

Transaction ID: 16012577

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Mr. Buford Wade

Mailing Address
7046 Sunnyhill Dr.

City State Zip Code
Mechanicville VA 23111-3439

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
09 / 16 / 2008

Transaction ID: 16013084

Amount of Each Receipt this Period
150.00

C. Full Name (Last, First, Middle Initial)
Mr. James H. Wallace

Mailing Address
787 Bent Hickory Rd.

City State Zip Code
Charleston SC 29414-9079

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
MM / DD / YYYY
09 / 09 / 2008

Transaction ID: 16013200

Amount of Each Receipt this Period
125.00

SUBTOTAL of Receipts This Page (optional) ► **375.00**

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 37 / 69
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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

A.

Full Name (Last, First, Middle Initial)
Mr. Kenneth H. Webb

Mailing Address
3061 Crater Dr.

City State Zip Code
Lake Havasu City AZ 86404-1487

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
MM / DD / YYYY
09 / 17 / 2008

Transaction ID: 16013442

Amount of Each Receipt this Period
100.00

B.

Full Name (Last, First, Middle Initial)
James E. Weiss

Mailing Address
820 Chula Vista St.

City State Zip Code
Karnes City TX 78118-4108

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
MM / DD / YYYY
09 / 29 / 2008

Transaction ID: 16013563

Amount of Each Receipt this Period
150.00

C.

Full Name (Last, First, Middle Initial)
Mrs. Earlene M. Whiting

Mailing Address
152 Lake Washington Rd.

City State Zip Code
Parkersburg WV 26101-7629

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt
MM / DD / YYYY
09 / 05 / 2008

Transaction ID: 16013926

Amount of Each Receipt this Period
125.00

SUBTOTAL of Receipts This Page (optional) ► 375.00

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 38 / 69
(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
							17

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

A.

Full Name (Last, First, Middle Initial)
Ms. Ardice Williamson

Mailing Address
3025 E Viking Rd.

City State Zip Code
Las Vegas NV 89121-4313

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

Name of Employer Occupation
Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
214.00

Date of Receipt
MM / DD / YYYY
09 / 29 / 2008

Transaction ID: 16014183

Amount of Each Receipt this Period
100.00

B.

Full Name (Last, First, Middle Initial)
Mr. Glenn Wonders

Mailing Address
4502 6th St. SE Apt. 312

City State Zip Code
Puyallup WA 98374-5773

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

Name of Employer Occupation
Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
09 / 15 / 2008

Transaction ID: 16014485

Amount of Each Receipt this Period
200.00

C.

Full Name (Last, First, Middle Initial)
Mr. William H. Woodcock, Jr.

Mailing Address
116 Farnum St.

City State Zip Code
East Providence RI 02914-4142

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

Name of Employer Occupation
Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.00

Date of Receipt
MM / DD / YYYY
09 / 25 / 2008

Transaction ID: 16014529

Amount of Each Receipt this Period
175.00

SUBTOTAL of Receipts This Page (optional) ► **475.00**

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 39 / 69
(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

A. Full Name (Last, First, Middle Initial)
Mr. Wilbert T. Woodson, Jr.

Mailing Address
2445 Stonecrop Rd.

City State Zip Code
Wilson WY 83014-9683

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 16 / 2008

Transaction ID: 16014545

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Miss Yvonne Wylie

Mailing Address
7029 Mill Creek Blvd.

City State Zip Code
Youngstown OH 44512-4114

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 03 / 2008

Transaction ID: 16014670

Amount of Each Receipt this Period
200.00

C. Full Name (Last, First, Middle Initial)
Mr. Frank Zamecki

Mailing Address
207 Homevale Rd.

City State Zip Code
Reisterstown MD 21136-2109

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 09 / 2008

Transaction ID: 16014840

Amount of Each Receipt this Period
175.00

SUBTOTAL of Receipts This Page (optional) ► 475.00

TOTAL This Period (last page this line number only) ► 15216.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 40 / 69
(check only one)

<input 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 checked="" type="checkbox"/> 16

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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 State Zip Code
Washington DC 20005

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4921.21

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 30 / 2008

Transaction ID: 15991732

Amount of Each Receipt this Period
722.45

Bank Interest

SUBTOTAL of Receipts This Page (optional)	▶	722.45
TOTAL This Period (last page this line number only)	▶	722.45

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

<p>A. Full Name (Last, First, Middle Initial) People for English</p> <p>Mailing Address PO Box 1940</p> <p>City Erie State PA Zip Code 16507</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name Philip English</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: PA District: 03</p>	<p>Transaction ID: 15872552 Date of Disbursement: 09 / 05 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Friends of Carolyn McCarthy</p> <p>Mailing Address P.O. Box 190</p> <p>City Mineola State NY Zip Code 11501</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name Carolyn McCarthy</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NY District: 04</p>	<p>Transaction ID: 15872553 Date of Disbursement: 09 / 05 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Melissa Bean For Congress</p> <p>Mailing Address PO Box 3068</p> <p>City Barrington State IL Zip Code 60010</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name Rep. Melissa L. Bean</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IL District: 08</p>	<p>Transaction ID: 15872555 Date of Disbursement: 09 / 05 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>

SUBTOTAL of Disbursements This Page (optional) ▶

4500.00

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

<p>A. Full Name (Last, First, Middle Initial) Friends of Congressman George Miller</p> <p>Mailing Address 301 4th Street NE Ste 202</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Contribution Candidate Name George Miller Category/Type 011</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: CA District: 07</p>	<p>Transaction ID: 15873226 Date of Disbursement: 09 / 05 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Cazayoux For Congress</p> <p>Mailing Address Pob 3172</p> <p>City Baton Rouge State LA Zip Code 70821</p> <p>Purpose of Disbursement Contribution Candidate Name Mr. Donald Cazayoux Category/Type 011</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: LA District: 06</p>	<p>Transaction ID: 15873227 Date of Disbursement: 09 / 05 / 2008</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Al Franken For Senate</p> <p>Mailing Address PO Box 583144</p> <p>City Minneapolis State MN Zip Code 55458</p> <p>Purpose of Disbursement Contribution Candidate Name Mr. Al Franken Category/Type 011</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: MN District:</p>	<p>Transaction ID: 15876962 Date of Disbursement: 09 / 09 / 2008</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>Contribution</p>

SUBTOTAL of Disbursements This Page (optional) ▶

5000.00

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

<p>A. Full Name (Last, First, Middle Initial) Langevin for Congress</p> <p>Mailing Address 181-A Knight Street</p> <p>City Warwick State RI Zip Code 02886</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name James Langevin</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: RI District: 02</p>	<p>Transaction ID: 15884305</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p> <p>Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) John D. Dingell for Congress Committee</p> <p>Mailing Address PO Box 75214</p> <p>City Washington State DC Zip Code 20013</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name John Dingell</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: MI District: 15</p>	<p>Transaction ID: 15884306</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2000.00"/></p> <p>Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Kirkpatrick For Arizona</p> <p>Mailing Address PO Box 993</p> <p>City Prescott State AZ Zip Code 86302</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Ann Kirkpatrick</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: AZ District: 01</p>	<p>Transaction ID: 15884308</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2000.00"/></p> <p>Contribution</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="5000.00"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text" value=""/></p>

**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

A.	Full Name (Last, First, Middle Initial) Pete Stark Re-Election Committee	Transaction ID: 15884313 Date of Disbursement
	Mailing Address PO Box 75214	<input type="text" value="09"/> / <input type="text" value="12"/> / <input type="text" value="2008"/>
	City Washington State DC Zip Code 20013	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name Pete Stark	011 Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 13	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Contribution

B.	Full Name (Last, First, Middle Initial) Allyson Schwartz For Congress	Transaction ID: 15884315 Date of Disbursement
	Mailing Address P.O. Box 2232	<input type="text" value="09"/> / <input type="text" value="12"/> / <input type="text" value="2008"/>
	City Jenkintown State PA Zip Code 19046	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name Allyson Schwartz	011 Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 13	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Contribution

C.	Full Name (Last, First, Middle Initial) Jennings 2008	Transaction ID: 15884318 Date of Disbursement
	Mailing Address PO Box 49136	<input type="text" value="09"/> / <input type="text" value="12"/> / <input type="text" value="2008"/>
	City Sarasota State FL Zip Code 34230	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name Christine Jennings	011 Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 13	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Contribution

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="3000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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)

PAGE 45 / 69

<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

<p>A. Full Name (Last, First, Middle Initial) Berkowitz For Congress</p> <p>Mailing Address PO Box 91365</p> <p>City Anchorage State AK Zip Code 99509</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Mr. Ethan Berkowitz</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AK District: 01</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 15884319</p> <p>Date of Disbursement 09 / 12 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) FRIENDS OF CHRIS DODD</p> <p>Mailing Address PO Box 270701</p> <p>City West Hartford State CT Zip Code 06127</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name CHRISTOPHER DODD</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CT District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 15884323</p> <p>Date of Disbursement 09 / 12 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Andre Carson For Congress</p> <p>Mailing Address One North Capitol Street #211</p> <p>City Indianapolis State IN Zip Code 46204</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Andre Carson</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 07</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 15884325</p> <p>Date of Disbursement 09 / 12 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>

SUBTOTAL of Disbursements This Page (optional)	3000.00
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)

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<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

<p>A. Full Name (Last, First, Middle Initial) Chandler for Congress</p> <p>Mailing Address P.O. Box 12678</p> <p>City Lexington State KY Zip Code 40583</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Ben Chandler</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 06</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 15884327</p> <p>Date of Disbursement 09 / 12 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Bob Etheridge for Congress</p> <p>Mailing Address PO Box 28001</p> <p>City Raleigh State NC Zip Code 27611</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Bob Etheridge</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 02</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 15884330</p> <p>Date of Disbursement 09 / 12 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Moore for Congress</p> <p>Mailing Address PO Box 75214</p> <p>City Washington State DC Zip Code 20013-5214</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Dennis Moore</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: 03</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 15884332</p> <p>Date of Disbursement 09 / 12 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

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

Use separate schedule(s)
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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

A.	Full Name (Last, First, Middle Initial) Mcnerney For Congress	Transaction ID: 15884334 Date of Disbursement 09 / 12 / 2008
	Mailing Address 6520 Village Parkway Second Floor	Amount of Each Disbursement this Period 1500.00
	City Dublin State CA Zip Code 94568	
	Purpose of Disbursement Contribution Candidate Name Rep. Jerry Mcnerney	011 Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 11	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Contribution

B.	Full Name (Last, First, Middle Initial) John Spratt for Congress	Transaction ID: 15884336 Date of Disbursement 09 / 12 / 2008
	Mailing Address PO Box 636	Amount of Each Disbursement this Period 1500.00
	City Annandale State VA Zip Code 22003	
	Purpose of Disbursement Contribution Candidate Name John Spratt	011 Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 05	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Contribution

C.	Full Name (Last, First, Middle Initial) Kilpatrick For United States Congress	Transaction ID: 15884338 Date of Disbursement 09 / 12 / 2008
	Mailing Address PO Box 32175	Amount of Each Disbursement this Period 1000.00
	City Detroit State MI Zip Code 48232	
	Purpose of Disbursement Contribution Candidate Name Rep. Carolyn Cheeks Kilpatrick	011 Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 13	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Contribution

SUBTOTAL of Disbursements This Page (optional)	4000.00
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

<p>A. Full Name (Last, First, Middle Initial) Jeanne Shaheen For Senate</p> <p>Mailing Address PO Box 1510</p> <p>City Manchester State NH Zip Code 03105</p> <p>Purpose of Disbursement Contribution Candidate Name Jeanne Shaheen Category/Type <input type="text" value="011"/></p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NH District:</p>	<p>Transaction ID: 15884341 Date of Disbursement: 09 / 12 / 2008</p> <p>Amount of Each Disbursement this Period <input type="text" value="2500.00"/></p> <p>Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Friends of Max Baucus</p> <p>Mailing Address 301 Fourth Street, NE 2nd Floor</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Contribution Candidate Name Max Baucus Category/Type <input type="text" value="011"/></p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MT District:</p>	<p>Transaction ID: 15884344 Date of Disbursement: 09 / 12 / 2008</p> <p>Amount of Each Disbursement this Period <input type="text" value="2500.00"/></p> <p>Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Barney Frank for Congress</p> <p>Mailing Address 38 Ivy Street, SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Contribution Candidate Name BARNEY FRANK Category/Type <input type="text" value="011"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MA District: 04</p>	<p>Transaction ID: 15884345 Date of Disbursement: 09 / 12 / 2008</p> <p>Amount of Each Disbursement this Period <input type="text" value="1000.00"/></p> <p>Contribution</p>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="6000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

<p>A. Full Name (Last, First, Middle Initial) Engel for Congress</p> <p>Mailing Address 38 Ivy Street SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Eliot Engel</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: NY District: 17</p>	<p>Transaction ID: 15884348</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p> <p>Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Congressman Waxman Campaign Committee</p> <p>Mailing Address 6380 Wilshire Boulevard Suite 1612</p> <p>City Los Angeles State CA Zip Code 90048</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Henry A. Waxman</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: CA District: 30</p>	<p>Transaction ID: 15884349</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p> <p>Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Friends of Jim Clyburn</p> <p>Mailing Address 499 South Capitol Street, SW Suite 604</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name James Clyburn</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: SC District: 06</p>	<p>Transaction ID: 15884350</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p> <p>Contribution</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="3000.00"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text" value=""/></p>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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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

A.	Full Name (Last, First, Middle Initial) Anna Eshoo for Congress Mailing Address PO Box 636 City Annandale State VA Zip Code 22003 Purpose of Disbursement Contribution Candidate Name Anna Eshoo Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 14 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 15884351 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 2 / 2 0 0 8	Amount of Each Disbursement this Period 1000.00 Contribution
B.	Full Name (Last, First, Middle Initial) Barbara Lee for Congress Mailing Address 1736 Franklin Street City Oakland State CA Zip Code 94612 Purpose of Disbursement Contribution Candidate Name Barbara Lee Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 09 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 15884352 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 2 / 2 0 0 8	Amount of Each Disbursement this Period 1000.00 Contribution
C.	Full Name (Last, First, Middle Initial) UDALL FOR US ALL Mailing Address 308 E Capitol St, NE, #7 City Washington State DC Zip Code 20003 Purpose of Disbursement Contribution Candidate Name TOM UDALL Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NM District: 03 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 15884354 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 2 / 2 0 0 8	Amount of Each Disbursement this Period 2000.00 Contribution

SUBTOTAL of Disbursements This Page (optional)	4000.00
TOTAL This Period (last page this line number only)	

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

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<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

A.	Full Name (Last, First, Middle Initial) Schauer For Congress	Transaction ID: 15884356 Date of Disbursement 09 / 12 / 2008
	Mailing Address PO Box 100	Amount of Each Disbursement this Period 659.41
	City Battle Creek State MI Zip Code 49016	
	Purpose of Disbursement Contribution Candidate Name Mr. Mark Schauer Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 07	011 Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Contribution

B.	Full Name (Last, First, Middle Initial) Richard E. Neal for Congress Committee	Transaction ID: 15884357 Date of Disbursement 09 / 12 / 2008
	Mailing Address PO Box 15906	Amount of Each Disbursement this Period 2500.00
	City Chevy Chase State MD Zip Code 20825	
	Purpose of Disbursement Contribution Candidate Name Richard E. Neal Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 02	011 Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Contribution

C.	Full Name (Last, First, Middle Initial) Richard E. Neal for Congress Committee	Transaction ID: 15885593 Date of Disbursement 09 / 15 / 2008
	Mailing Address PO Box 15906	Amount of Each Disbursement this Period 2500.00
	City Chevy Chase State MD Zip Code 20825	
	Purpose of Disbursement Contribution Candidate Name Richard E. Neal Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 02	011 Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Contribution

SUBTOTAL of Disbursements This Page (optional)	5659.41
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)

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<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

A. Full Name (Last, First, Middle Initial)
Richard E. Neal for Congress Committee

Mailing Address PO Box 15906

City State Zip Code
Chevy Chase MD 20825

Purpose of Disbursement
Void - Richard E. Neal for Congress Committee

Candidate Name
Richard E. Neal

Category/
Type

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼

State: MA District: 02

Transaction ID: 15885595
Date of Disbursement

/

Amount of Each Disbursement this Period

Void - Richard E. Neal for Congress Committee

B. Full Name (Last, First, Middle Initial)
Friends of Farr

Mailing Address 729 15th Street, NW
Suite 300

City State Zip Code
Washington DC 20005

Purpose of Disbursement
Contribution

Candidate Name
Sam Farr

Category/
Type

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼

State: CA District: 17

Transaction ID: 15908355
Date of Disbursement

/

Amount of Each Disbursement this Period

Contribution

C. Full Name (Last, First, Middle Initial)
Stephanie Herseth Sandlin For South Dakota

Mailing Address PO Box 2009

City State Zip Code
Sioux Falls SD 57101

Purpose of Disbursement
Contribution

Candidate Name
Rep. Stephanie Herseth Sandlin

Category/
Type

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼

State: SD District: 01

Transaction ID: 15911168
Date of Disbursement

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Amount of Each Disbursement this Period

Contribution

SUBTOTAL of Disbursements This Page (optional) ►

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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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) NCPSSM</p> <p>Mailing Address 10 G Street, NE Suite 600</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement InKind</p> <p>Candidate Name Mr. Mark Schauer</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 07</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 15911570</p> <p>Date of Disbursement 09 / 08 / 2008</p> <p>Amount of Each Disbursement this Period 659.41</p> <p>InKind</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) A Lot of People for Dave Obey</p> <p>Mailing Address PO Box 75214</p> <p>City Washington State DC Zip Code 20013</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Dave Obey</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 07</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 15922835</p> <p>Date of Disbursement 09 / 22 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Earl Blumenauer for Congress</p> <p>Mailing Address 1341 East Capitol Street SE Suite 301</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Earl Blumenauer</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 03</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 15922836</p> <p>Date of Disbursement 09 / 22 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>

SUBTOTAL of Disbursements This Page (optional) ▶

2659.41

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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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

<p>A. Full Name (Last, First, Middle Initial) Kagen 4 Congress</p> <p>Mailing Address 100 W. College Ave. 50 D</p> <p>City Appleton State WI Zip Code 54911</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name Rep. Steve Kagen</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 08</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 15922838 Date of Disbursement: 09 / 22 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Richardson For Congress</p> <p>Mailing Address 1212 S Victory Blvd</p> <p>City Burbank State CA Zip Code 91502</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name Laura Richardson</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 37</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 15922840 Date of Disbursement: 09 / 22 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Martin Heinrich</p> <p>Mailing Address 2118 Central Avenue Se #71</p> <p>City Albuquerque State NM Zip Code 87106</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name Mr. Martin Heinrich</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NM District: 01</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 15922842 Date of Disbursement: 09 / 22 / 2008</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>Contribution</p>

SUBTOTAL of Disbursements This Page (optional)	4000.00
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

<p>A. Full Name (Last, First, Middle Initial) Minnick For Congress</p> <p>Mailing Address 8150 W Emerald Street Suite 170</p> <p>City Boise State ID Zip Code 83704</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name Mr. Walter Minnick</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: ID District: 01</p>	<p>Transaction ID: 15922844 Date of Disbursement: 09 / 22 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Al Franken For Senate</p> <p>Mailing Address PO Box 583144</p> <p>City Minneapolis State MN Zip Code 55458</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name Mr. Al Franken</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MN District:</p>	<p>Transaction ID: 15922845 Date of Disbursement: 09 / 22 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Cardoza for Congress</p> <p>Mailing Address PO Box 75214</p> <p>City Washington State DC Zip Code 20013-5214</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name Dennis Cardoza</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 18</p>	<p>Transaction ID: 15922847 Date of Disbursement: 09 / 22 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>

SUBTOTAL of Disbursements This Page (optional)	3000.00
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

<p>A. Full Name (Last, First, Middle Initial) Nadler for Congress</p> <p>Mailing Address 18 East 16th Street Suite 401</p> <p>City New York State NY Zip Code 10003</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Jerrold Nadler</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 08</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 15922849</p> <p>Date of Disbursement 09 / 22 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) McIntyre for Congress</p> <p>Mailing Address PO Box 1</p> <p>City Lumberton State NC Zip Code 28359</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Mike McIntyre</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 07</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 15922855</p> <p>Date of Disbursement 09 / 22 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Pennsylvania for Kanjorski</p> <p>Mailing Address 126 South Franklin</p> <p>City Wilkes-Barre State PA Zip Code 18701</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Paul Kanjorski</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 11</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 15922856</p> <p>Date of Disbursement 09 / 22 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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FOR LINE NUMBER: (check only one)

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<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

<p>A. Full Name (Last, First, Middle Initial) Levin for Congress</p> <p>Mailing Address P.O. Box 37</p> <p>City Roseville State MI Zip Code 48066-0037</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Sander Levin</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: MI District: 12</p>	<p>Transaction ID: 15922857</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p> <p>Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Louise Slaughter Re-Election Committee</p> <p>Mailing Address Six E Street, SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Louise M. Slaughter</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: NY District: 28</p>	<p>Transaction ID: 15922859</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p> <p>Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Woolsey for Congress</p> <p>Mailing Address Po Box 750176</p> <p>City Petaluma State CA Zip Code 94975-0176</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Lynn Woolsey</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: CA District: 06</p>	<p>Transaction ID: 15922861</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p> <p>Contribution</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="3000.00"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text" value=""/></p>

**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

A.	Full Name (Last, First, Middle Initial) Kissell For Congress	Transaction ID: 15922862 Date of Disbursement 09 / 22 / 2008
	Mailing Address P.O. Box 1530	
	City Biscoe State NC Zip Code 27209	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contribution Candidate Name Mr. Larry Kissell Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 08 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Contribution 011 Category/Type

B.	Full Name (Last, First, Middle Initial) Linda Stender For Congress	Transaction ID: 15922865 Date of Disbursement 09 / 22 / 2008
	Mailing Address P.O. Box 730	
	City Scotch Plains State NJ Zip Code 07076	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contributions Candidate Name Linda Stender Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 07 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Contributions 011 Category/Type

C.	Full Name (Last, First, Middle Initial) Alaskans For Begich	Transaction ID: 15922867 Date of Disbursement 09 / 22 / 2008
	Mailing Address PO Box 240287	
	City Anchorage State AK Zip Code 99524	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement Contributions Candidate Name Mr. Mark Begich Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AK District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Contributions 011 Category/Type

SUBTOTAL of Disbursements This Page (optional)	4500.00
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

<p>A. Full Name (Last, First, Middle Initial) Mark Udall for Colorado</p> <p>Mailing Address 236 Massachusetts Avenue, NE Suite 508</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Contributions Candidate Name Mark Udall</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CO District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 15922962 Date of Disbursement: 09 / 22 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>Contributions</p>
<p>B. Full Name (Last, First, Middle Initial) Musgrove For U S Senate</p> <p>Mailing Address PO Box 24477 1076 Highland Colony Parkway</p> <p>City Jackson State MS Zip Code 39225</p> <p>Purpose of Disbursement Contributions Candidate Name David Musgrove</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MS District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 15922963 Date of Disbursement: 09 / 22 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contributions</p>
<p>C. Full Name (Last, First, Middle Initial) Carney For Congress</p> <p>Mailing Address P.O. Box A</p> <p>City Clarks Summit State PA Zip Code 18411</p> <p>Purpose of Disbursement Contributions Candidate Name Mr. Christopher Carney</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 10</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 15922969 Date of Disbursement: 09 / 22 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contributions</p>

SUBTOTAL of Disbursements This Page (optional) ▶

4500.00

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

<p>A. Full Name (Last, First, Middle Initial) Halvorson For Congress</p> <p>Mailing Address PO Box 176</p> <p>City State Zip Code Crete IL 60417</p> <p>Purpose of Disbursement Contributions</p> <p>Candidate Name Deborah Halvorson</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: IL District: 11</p>	<p>Transaction ID: 15922975</p> <p>Date of Disbursement 09 / 22 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Contributions</p>
<p>B. Full Name (Last, First, Middle Initial) John Bocchieri For Congress</p> <p>Mailing Address PO Box 3016</p> <p>City State Zip Code Alliance OH 44601</p> <p>Purpose of Disbursement Contributions</p> <p>Candidate Name Mr. John Bocchieri</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: OH District: 16</p>	<p>Transaction ID: 15922977</p> <p>Date of Disbursement 09 / 22 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Contributions</p>
<p>C. Full Name (Last, First, Middle Initial) Friends of Gordon Smith</p> <p>Mailing Address 228 South Washington Street Suite 115</p> <p>City State Zip Code Alexandria VA 22314</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Gordon Smith</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: OR District:</p>	<p>Transaction ID: 15922979</p> <p>Date of Disbursement 09 / 22 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Contribution</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

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

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(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

A.	Full Name (Last, First, Middle Initial) Nancy Pelosi for Congress	Transaction ID: 15922986 Date of Disbursement 09 / 22 / 2008
	Mailing Address 430 South Capitol Street, SE First Floor	Amount of Each Disbursement this Period 1000.00
	City Washington State DC Zip Code 20003	
	Purpose of Disbursement Bank of America Candidate Name Nancy Pelosi 011 Category/Type	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 08 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Bank of America

B.	Full Name (Last, First, Middle Initial) Musgrove For U S Senate	Transaction ID: 15925372 Date of Disbursement 09 / 24 / 2008
	Mailing Address PO Box 24477 1076 Highland Colony Parkway	Amount of Each Disbursement this Period 1000.00
	City Jackson State MS Zip Code 39225	
	Purpose of Disbursement Contribution Candidate Name David Musgrove 011 Category/Type	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MS District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Contribution

C.	Full Name (Last, First, Middle Initial) Citizens for Harkin	Transaction ID: 15925373 Date of Disbursement 09 / 24 / 2008
	Mailing Address 700 13 Street, NW #400	Amount of Each Disbursement this Period 2000.00
	City Washington State DC Zip Code 20005	
	Purpose of Disbursement Contribution Candidate Name Tom Harkin 011 Category/Type	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Contribution

SUBTOTAL of Disbursements This Page (optional)	4000.00
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

A. Full Name (Last, First, Middle Initial) Levin for Congress <hr/> Mailing Address P.O. Box 37 <hr/> City Roseville State MI Zip Code 48066-0037 Purpose of Disbursement Void - Levin for Congress Candidate Name Sander Levin Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 12 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 15925881 Date of Disbursement 09 / 24 / 2008 <hr/> Amount of Each Disbursement this Period -1000.00 <hr/> Void - Levin for Congress
	Category/ Type 011

B. Full Name (Last, First, Middle Initial) Kissell For Congress <hr/> Mailing Address P.O. Box 1530 <hr/> City Biscoe State NC Zip Code 27209 Purpose of Disbursement Void - Kissell For Congress Candidate Name Mr. Larry Kissell Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 08 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 15925882 Date of Disbursement 09 / 24 / 2008 <hr/> Amount of Each Disbursement this Period -1000.00 <hr/> Void - Kissell For Congress
	Category/ Type 011

C. Full Name (Last, First, Middle Initial) Citizens For Altmire <hr/> Mailing Address P.O. Box 1776 <hr/> City Freedom State PA Zip Code 15042 Purpose of Disbursement Contribution Candidate Name Mr. Jason Altmire Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 04 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 15944373 Date of Disbursement 09 / 30 / 2008 <hr/> Amount of Each Disbursement this Period 1000.00 <hr/> Contribution
	Category/ Type 011

SUBTOTAL of Disbursements This Page (optional) ▶	-1000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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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

A.	Full Name (Last, First, Middle Initial) Anne Barth For Congress Mailing Address Post Office Box 2151 City Charleston State WV Zip Code 25328 Purpose of Disbursement Contribution Candidate Name Anne Barth Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WV District: 02 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 15944375 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 0 8	Amount of Each Disbursement this Period 1000.00 Contribution
B.	Full Name (Last, First, Middle Initial) Bright For Congress.Com Mailing Address P.O.Box 2106 City Montgomery State AL Zip Code 36102 Purpose of Disbursement Contribution Candidate Name Mr. Bobby Bright Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 02 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 15944376 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 0 8	Amount of Each Disbursement this Period 1000.00 Contribution
C.	Full Name (Last, First, Middle Initial) Donald Cravins Jr For Congress Mailing Address PO Box 2507 City Opelousas State LA Zip Code 70570 Purpose of Disbursement Contribution Candidate Name Mr. Donald Cravins Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 07 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 15944378 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 0 8	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)	

**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

<p>A. Full Name (Last, First, Middle Initial) Jim Himes For Congress</p> <p>Mailing Address 65 High Ridge Road Box 456 Box 456</p> <p>City Stamford State CT Zip Code 06905</p> <p>Purpose of Disbursement Contribution Candidate Name Mr. Jim Himes</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 04</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 15944379 Date of Disbursement 09 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Adler For Congress</p> <p>Mailing Address 14 Knightswood Drive</p> <p>City Marlton State NJ Zip Code 08053</p> <p>Purpose of Disbursement Contribution Candidate Name Mr. John Adler</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 03</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 15944380 Date of Disbursement 09 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Judy Feder For Congress</p> <p>Mailing Address 1514 Hardwood Lane</p> <p>City Mclean State VA Zip Code 22101</p> <p>Purpose of Disbursement Contribution Candidate Name Judy Feder</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 10</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 15944381 Date of Disbursement 09 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

<p>A. Full Name (Last, First, Middle Initial) Schauer For Congress</p> <p>Mailing Address PO Box 100</p> <p>City Battle Creek State MI Zip Code 49016</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Mr. Mark Schauer</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 07</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 15944382 Date of Disbursement 09 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Kosmas For Congress</p> <p>Mailing Address PO Box 1547</p> <p>City New Smyrna Beach State FL Zip Code 32170</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Suzanne Kosmas</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 24</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 15944384 Date of Disbursement 09 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Schauer For Congress</p> <p>Mailing Address PO Box 100</p> <p>City Battle Creek State MI Zip Code 49016</p> <p>Purpose of Disbursement Void - Schauer For Congress</p> <p>Candidate Name Mr. Mark Schauer</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 07</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 16025231 Date of Disbursement 09 / 12 / 2008</p> <p>Amount of Each Disbursement this Period -659.41</p> <p>Void - Schauer For Congress</p>

SUBTOTAL of Disbursements This Page (optional) ►

1340.59

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

83659.41

**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

A.	Full Name (Last, First, Middle Initial) NCPSSM	Transaction ID: 15911571 Date of Disbursement 09 / 08 / 2008
	Mailing Address 10 G Street, NE Suite 600	Amount of Each Disbursement this Period -659.41
	City Washington State DC Zip Code 20002	
	Purpose of Disbursement Inkind Candidate Name	011 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Inkind

B.	Full Name (Last, First, Middle Initial) MOORE WALLACE RESPONSE MARKETING SERVICES	Transaction ID: 15919921 Date of Disbursement 09 / 18 / 2008
	Mailing Address PO Box 93514	Amount of Each Disbursement this Period 130857.58
	City CHICAGO State IL Zip Code 60673-3514	
	Purpose of Disbursement Printing for Direct Mail Solicitation (No Express Advocacy) Job-01088003 Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Printing for Direct Mail Solicitation (No Express Advocacy) Job-01088003

C.	Full Name (Last, First, Middle Initial) NCPSSM	Transaction ID: 15919925 Date of Disbursement 09 / 18 / 2008
	Mailing Address 10 G Street, NE Suite 600	Amount of Each Disbursement this Period 21469.95
	City Washington State DC Zip Code 20002	
	Purpose of Disbursement July 08 - Sept 08 Salary & Benefit Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		July 08 - Sept 08 Salary & Benefit

SUBTOTAL of Disbursements This Page (optional)	151668.12
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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) NCPSSM</p> <p>Mailing Address 10 G Street, NE Suite 600</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Caging Expenses (Job 01088001)</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 15919931</p> <p>Date of Disbursement MM / DD / YYYY 09 / 18 / 2008</p> <p>Amount of Each Disbursement this Period 9125.19</p> <p>Caging Expenses (Job 0108-8001)</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) NCPSSM</p> <p>Mailing Address 10 G Street, NE Suite 600</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Office Equipment</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 15919934</p> <p>Date of Disbursement MM / DD / YYYY 09 / 18 / 2008</p> <p>Amount of Each Disbursement this Period 528.74</p> <p>Office Equipment</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) NCPSSM</p> <p>Mailing Address 10 G Street, NE Suite 600</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Photocopy Reimbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 15919935</p> <p>Date of Disbursement MM / DD / YYYY 09 / 18 / 2008</p> <p>Amount of Each Disbursement this Period 8.81</p> <p>Photocopy Reimbursement</p>

SUBTOTAL of Disbursements This Page (optional) ▶

9662.74

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

A.	Full Name (Last, First, Middle Initial) NCPSSM Mailing Address 10 G Street, NE Suite 600 City Washington State DC Zip Code 20002 Purpose of Disbursement Postage Reimbursement (01088002) Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 15919937 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 8 / 2 0 0 8	Amount of Each Disbursement this Period 69863.84 Postage Reimbursement (01-088002)
B.	Full Name (Last, First, Middle Initial) NCPSSM Mailing Address 10 G Street, NE Suite 600 City Washington State DC Zip Code 20002 Purpose of Disbursement UPS Shipping Reimbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 15919938 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 8 / 2 0 0 8	Amount of Each Disbursement this Period 16.87 UPS Shipping Reimbursement
C.	Full Name (Last, First, Middle Initial) NCPSSM Mailing Address 10 G Street, NE Suite 600 City Washington State DC Zip Code 20002 Purpose of Disbursement Travel Expense Reimbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 15919939 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 8 / 2 0 0 8	Amount of Each Disbursement this Period 15981.61 Travel Expense Reimbursement

SUBTOTAL of Disbursements This Page (optional) ▶	85862.32
TOTAL This Period (last page this line number only) ▶	[Empty Box]

**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)

PAGE 69 / 69

<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

A.

Full Name (Last, First, Middle Initial)

NCPSSM

Mailing Address 10 G Street, NE
Suite 600

City Washington State DC Zip Code 20002

Purpose of Disbursement
Advance for Future In-Kind

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 15919941

Date of Disbursement

09 / 18 / 2008

Amount of Each Disbursement this Period

10000.00

Advance for Future In-Kind

SUBTOTAL of Disbursements This Page (optional)

10000.00

TOTAL This Period (last page this line number only)

257193.18