

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 National Committee to Preserve Social Security & Medicare PAC

ADDRESS (number and street) 10 G St. NE Suite 600 Washington DC 20002-4215 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C C00172296 3. IS THIS REPORT NEW (N) OR AMENDED (A) X

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day POST-Election Report for the: General, Runoff, Special

5. Covering Period 08 / 01 / 2012 through 08 / 31 / 2012

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Ms. Christine Kim

Signature of Treasurer Ms. Christine Kim [Electronically Filed] Date 10 / 17 / 2012

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

National Committee to Preserve Social Security & Medicare PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>		91845.11
(b) Cash on Hand at Beginning of Reporting Period.....	474269.62	
(c) Total Receipts (from Line 19)	108696.13	885298.15
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	582965.75	977143.26
7. Total Disbursements (from Line 31).....	26305.13	420482.64
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	556660.62	556660.62
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)	854.22	

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: 08 / 01 / 2012 To: 08 / 31 / 2012

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	2373.00	22115.00
(ii) Unitemized	106158.87	862948.94
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	108531.87	885063.94
(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)	108531.87	885063.94
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.).....	164.26	234.21
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 Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	108696.13	885298.15
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	108696.13	885298.15

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	8930.63	150432.77
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	8930.63	150432.77
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	16520.28	265674.09
24. Independent Expenditures (use Schedule E)	854.22	2073.50
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	2302.28
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	26305.13	420482.64
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	26305.13	420482.64

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	108531.87	885063.94
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	108531.87	885063.94
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	8930.63	150432.77
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	8930.63	150432.77

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

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

FOR LINE NUMBER: PAGE 6 OF 22
(check only one)
 11a 11b 11c 12
 13 14 15 16 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

Full Name (Last, First, Middle Initial)
A. Mr Harvey L Alcorn

Mailing Address
 4219 Schenck Ave
 City State Zip Code
 Cincinnati OH 45236-2529

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 M / D D D / Y Y Y Y Y Y
 08 / 31 / 2012
Transaction ID : 20330511

Amount of Each Receipt this Period
 250.00

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

Mailing Address
 PO Box 1656
 City State Zip Code
 Waldorf MD 20604-1656

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 M / D D D / Y Y Y Y Y Y
 08 / 13 / 2012
Transaction ID : 20332484

Amount of Each Receipt this Period
 225.00

Full Name (Last, First, Middle Initial)
C. Ms Ruth M Johnson

Mailing Address
 PO Box 237
 City State Zip Code
 Mt Prospect IL 60056-0237

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

Name of Employer Occupation
 Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 29 / 2012
Transaction ID : 20332942

Amount of Each Receipt this Period
 350.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **825.00**

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

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

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

FOR LINE NUMBER: PAGE 7 OF 22
(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. Ms Ann Krebs
 Full Name (Last, First, Middle Initial)
 Mailing Address
 1921 James Ave
 City State Zip Code
 Saint Paul MN 55105-1716
 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 M / D D D / Y Y Y Y Y Y
 08 / 30 / 2012
Transaction ID : 20333220
 Amount of Each Receipt this Period
 225.00

B. Mr Daniel Minick
 Full Name (Last, First, Middle Initial)
 Mailing Address
 2921 Cherokee Run
 City State Zip Code
 New Haven IN 46774-2919
 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 M / D D D / Y Y Y Y Y Y
 08 / 31 / 2012
Transaction ID : 20333908
 Amount of Each Receipt this Period
 225.00

C. Mr Kelvin M Pollard
 Full Name (Last, First, Middle Initial)
 Mailing Address
 818 S Sharp St
 City State Zip Code
 Baltimore MD 21230
 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 M / D D D / Y Y Y Y Y Y
 08 / 31 / 2012
Transaction ID : 20334461
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 700.00
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 8 OF 22
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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

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

Mailing Address One Jefferson's Ferry Drive #4338
Jefferson's Ferry

City State Zip Code
South Setauket NY 11720-4723

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
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2012
Transaction ID : 20335250

Amount of Each Receipt this Period
205.00

Full Name (Last, First, Middle Initial)
B. Ms Lois Spivey

Mailing Address
144 Mangums Dr

City State Zip Code
Wendell NC 27591

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
 M M M / D D D / Y Y Y Y Y Y
 08 / 30 / 2012
Transaction ID : 20335251

Amount of Each Receipt this Period
205.00

Full Name (Last, First, Middle Initial)
C. Mr Robert E Starnes

Mailing Address
21345 NW Rock Creek Blvd

City State Zip Code
Portland OR 97229-1043

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 M / D D D / Y Y Y Y Y Y
 08 / 30 / 2012
Transaction ID : 20335287

Amount of Each Receipt this Period
225.00

SUBTOTAL of Receipts This Page (optional).....▶	635.00
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 OF 22
(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 Carlyle Stewart Jr

Mailing Address
28873 Lahser Rd Apt 205

City State Zip Code
Southfield MI 48034-5110

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
08 / 31 / 2012

Transaction ID : 20335322

Amount of Each Receipt this Period
213.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
MM / DD / YYYY

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
MM / DD / YYYY

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	213.00
TOTAL This Period (last page this line number only).....▶	2373.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Committee to Preserve Social Security & Medicare PAC

Full Name (Last, First, Middle Initial)

A. DMH MARKETING PARTNERS

Mailing Address 12101 WESTPORT ROAD

City LOUISVILLE State KY Zip Code 40245

Purpose of Disbursement
Postage, No Express Advocacy

001

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 07 / 2012

Transaction ID : 20257717

Amount of Each Disbursement this Period

6.30

Postage, No Express Advocacy

Full Name (Last, First, Middle Initial)

B. DMH MARKETING PARTNERS

Mailing Address 12101 WESTPORT ROAD

City LOUISVILLE State KY Zip Code 40245

Purpose of Disbursement
Postage, No Express Advocacy

001

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 10 / 2012

Transaction ID : 20262177

Amount of Each Disbursement this Period

3.60

Postage, No Express Advocacy

Full Name (Last, First, Middle Initial)

C. LENNY SIMON

Mailing Address 160 ROSEDALE AVENUE

City HASTING-ON-HUDSON State NY Zip Code 10706

Purpose of Disbursement
2012 Intern Stipend

003

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 10 / 2012

Transaction ID : 20262180

Amount of Each Disbursement this Period

900.00

2012 Intern Stipend

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

909.90

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Committee to Preserve Social Security & Medicare PAC

Full Name (Last, First, Middle Initial)

A. PERKINS COIE

Mailing Address CLIENT ACCOUNTING
1201 THIRD AVENUE, 40TH FLOOR

City SEATTLE State WA Zip Code 98101-3099

Purpose of Disbursement
LEGAL FEES, NO EXPRESS ADVOCACY

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

001
Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 15 / 2012

Transaction ID : 20274397

Amount of Each Disbursement this Period

6696.50

LEGAL FEES, NO EXPRESS ADVOCACY

Full Name (Last, First, Middle Initial)

B. LENNY SIMON

Mailing Address 160 ROSEDALE AVENUE

City HASTING-ON-HUDSON State NY Zip Code 10706

Purpose of Disbursement
2012 Intern Stipend

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

003
Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 24 / 2012

Transaction ID : 20282776

Amount of Each Disbursement this Period

900.00

2012 Intern Stipend

Full Name (Last, First, Middle Initial)

C. NCPSSM

Mailing Address 10 G Street, NE
Suite 600

City Washington State DC Zip Code 20002

Purpose of Disbursement
REIMB. OF TRAVEL EXPENSES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

002
Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 23 / 2012

Transaction ID : 20282777

Amount of Each Disbursement this Period

585.98

REIMB. OF TRAVEL EXPENSES

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

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

8182.48

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Committee to Preserve Social Security & Medicare PAC

Full Name (Last, First, Middle Initial)

A. NCPSSM

Mailing Address 10 G Street, NE
Suite 600

City Washington State DC Zip Code 20002

Purpose of Disbursement
REIMB. OF TELEPHONE EXPENSES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

001
Category/
Type

Date of Disbursement

/ /

Transaction ID : 20282778

Amount of Each Disbursement this Period

REIMB. OF TELEPHONE EXPENSES

Full Name (Last, First, Middle Initial)

B. NCPSSM

Mailing Address 10 G Street, NE
Suite 600

City Washington State DC Zip Code 20002

Purpose of Disbursement
REIMB. OF PHOTOCOPY EXPENSES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

006
Category/
Type

Date of Disbursement

/ /

Transaction ID : 20282779

Amount of Each Disbursement this Period

REIMB. OF PHOTOCOPY EXPENSES

Full Name (Last, First, Middle Initial)

C. NCPSSM

Mailing Address 10 G Street, NE
Suite 600

City Washington State DC Zip Code 20002

Purpose of Disbursement
REIMB. OF POSTAGE EXPENSES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

001
Category/
Type

Date of Disbursement

/ /

Transaction ID : 20282795

Amount of Each Disbursement this Period

REIMB. OF POSTAGE EXPENSES

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Committee to Preserve Social Security & Medicare PAC

Full Name (Last, First, Middle Initial)

A. NCPSSM

Mailing Address 10 G Street, NE
Suite 600

City Washington State DC Zip Code 20002

Purpose of Disbursement
REIMB. OF SHIPPING EXPENSES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

001

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 23 / 2012

Transaction ID : 20282796

Amount of Each Disbursement this Period

88.33

REIMB. OF SHIPPING EXPENSES

Full Name (Last, First, Middle Initial)

B. NCPSSM

Mailing Address 10 G Street, NE
Suite 600

City Washington State DC Zip Code 20002

Purpose of Disbursement
ADVANCED FOR FUTURE IN-KIND CONTRIBUTION

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

011

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 20 / 2012

Transaction ID : 20289727

Amount of Each Disbursement this Period

-462.80

ADVANCED FOR FUTURE IN-KIND CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. NCPSSM

Mailing Address 10 G Street, NE
Suite 600

City Washington State DC Zip Code 20002

Purpose of Disbursement
ADVANCED FOR FUTURE IN-KIND CONTRIBUTION

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

011

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 21 / 2012

Transaction ID : 20289831

Amount of Each Disbursement this Period

-816.23

ADVANCED FOR FUTURE IN-KIND CONTRIBUTION

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

-1190.70

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Committee to Preserve Social Security & Medicare PAC

Full Name (Last, First, Middle Initial)

A. Bank of America

Mailing Address 730 15th Street, NW
DC1-701-02-02, 2nd Floor

City Washington State DC Zip Code 20005

Purpose of Disbursement
Bank Fees

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 20338067

Amount of Each Disbursement this Period

Bank Fees

Full Name (Last, First, Middle Initial)

B. NCPSSM

Mailing Address 10 G Street, NE
Suite 600

City Washington State DC Zip Code 20002

Purpose of Disbursement
ADVANCE FOR FUTURE IN-KIND CONTRIBUTION

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 20345280

Amount of Each Disbursement this Period

ADVANCE FOR FUTURE IN-KIND CONTRIBUTION

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Committee to Preserve Social Security & Medicare PAC

Full Name (Last, First, Middle Initial)

A. Friends Of Mazie Hirono

Mailing Address PO Box 677

City Honolulu State HI Zip Code 96809

Purpose of Disbursement Contribution

011

Candidate Name

Ms. Mazie Hirono

Category/Type

Office Sought: House Senate President

Disbursement For: 2012 Primary General Other (specify) ▼

State: HI District:

Date of Disbursement

MM / DD / YYYY
08 / 06 / 2012

Transaction ID : 20253119

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Tammy Baldwin for Senate

Mailing Address PO Box 696

City Madison State WI Zip Code 53701

Purpose of Disbursement Contribution

011

Candidate Name

Tammy Baldwin

Category/Type

Office Sought: House Senate President

Disbursement For: 2012 Primary General Other (specify) ▼

State: WI District:

Date of Disbursement

MM / DD / YYYY
08 / 08 / 2012

Transaction ID : 20260286

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Kuster For Congress, Inc.

Mailing Address P.O. Box 1498

City Concord State NH Zip Code 03302

Purpose of Disbursement Contribution

011

Candidate Name

Ms. Ann Kuster

Category/Type

Office Sought: House Senate President

Disbursement For: 2012 Primary General Other (specify) ▼

State: NH District: 02

Date of Disbursement

MM / DD / YYYY
08 / 08 / 2012

Transaction ID : 20260287

Amount of Each Disbursement this Period

1000.00

Contribution

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

Full Name (Last, First, Middle Initial)

A. Bill Foster For Congress Committee

Mailing Address P.O. Box 9104

City Aurora State IL Zip Code 60598

Purpose of Disbursement
Contribution

011

Candidate Name

Bill Foster

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: IL District: 11

Date of Disbursement

MM / DD / YYYY
08 / 08 / 2012

Transaction ID : 20260288

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Friends Of Cheri Bustos

Mailing Address P.O. Box 77

City East Moline State IL Zip Code 61244

Purpose of Disbursement
Contribution

011

Candidate Name

Ms. Cheri Bustos

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: IL District: 17

Date of Disbursement

MM / DD / YYYY
08 / 08 / 2012

Transaction ID : 20260289

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. McDowell For Congress

Mailing Address 10820 Glen Street

City Rudyard State MI Zip Code 49780

Purpose of Disbursement
Contribution

011

Candidate Name

Mr. Gary McDowell

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MI District: 01

Date of Disbursement

MM / DD / YYYY
08 / 08 / 2012

Transaction ID : 20260290

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

Full Name (Last, First, Middle Initial)

A. Oceguera For Congress

Mailing Address 3259 E. Warm Springs Road

City Las Vegas State NV Zip Code 89120

Purpose of Disbursement Contribution

011

Candidate Name

Mr. John Oceguera

Category/Type

Office Sought: House Senate President

Disbursement For: 2012 Primary General Other (specify) ▼

State: NV District: 03

Date of Disbursement

MM / DD / YYYY
08 / 08 / 2012

Transaction ID : 20260291

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Boockvar For Congress

Mailing Address 73 Old Dublin Pike Suite 10 #134

City Doylestown State PA Zip Code 18901

Purpose of Disbursement Contribution

011

Candidate Name

Ms. Kathryn Boockvar

Category/Type

Office Sought: House Senate President

Disbursement For: 2012 Primary General Other (specify) ▼

State: PA District: 08

Date of Disbursement

MM / DD / YYYY
08 / 08 / 2012

Transaction ID : 20260292

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Keith Fitzgerald For Congress

Mailing Address PO Box 3708

City Sarasota State FL Zip Code 34230

Purpose of Disbursement Contribution

011

Candidate Name

Mr. Keith Fitzgerald

Category/Type

Office Sought: House Senate President

Disbursement For: 2012 Primary General Other (specify) ▼

State: FL District: 16

Date of Disbursement

MM / DD / YYYY
08 / 08 / 2012

Transaction ID : 20260293

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

Full Name (Last, First, Middle Initial)

A. Mark Takano For Congress

Mailing Address 728 W. Edna Place

City Covina State CA Zip Code 91722

Purpose of Disbursement
Contribution

011

Candidate Name

Mr. Mark Takano

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: CA District: 41

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	8		2	0	1	2

Transaction ID : 20260294

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Contribution

Full Name (Last, First, Middle Initial)

B. Kreitlow For Congress

Mailing Address 333 E Prairie View Road

City Chippewa Falls State WI Zip Code 54729

Purpose of Disbursement
Contribution

011

Candidate Name

Mr. Patrick Kreitlow

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: WI District: 07

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	8		2	0	1	2

Transaction ID : 20260295

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Contribution

Full Name (Last, First, Middle Initial)

C. Friends Of Patrick Murphy

Mailing Address 4521 Pga Blvd. #412

City Palm Beach Gardens State FL Zip Code 33418

Purpose of Disbursement
Contribution

011

Candidate Name

Mr. Patrick Murphy

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: FL District: 18

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	8		2	0	1	2

Transaction ID : 20260296

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Contribution

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

3	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

3	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Committee to Preserve Social Security & Medicare PAC

Full Name (Last, First, Middle Initial)

A. Horsford For Congress

Mailing Address 6100 Elton Ave Suite 1000

City Las Vegas State NV Zip Code 89107

Purpose of Disbursement
Contribution

Candidate Name

Mr. Steven Horsford

Office Sought: House
 Senate
 President
State: NV District: 04

Disbursement For: 2012
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : 20260297

Amount of Each Disbursement this Period

Contribution

Full Name (Last, First, Middle Initial)

B. Healy-Abrams For Congress

Mailing Address 2548 Glenmont Road Nw

City Canton State OH Zip Code 44708

Purpose of Disbursement
IN-KIND CONTRIBUTION

Candidate Name

Ms. Joyce Healy-Abrams

Office Sought: House
 Senate
 President
State: OH District: 07

Disbursement For: 2012
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : 20289743

Amount of Each Disbursement this Period

IN-KIND CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. Friends Of Charlie Wilson

Mailing Address P.O. Box 334

City Bridgeport State OH Zip Code 43912

Purpose of Disbursement
IN-KIND CONTRIBUTION

Candidate Name

Mr. Charles Wilson

Office Sought: House
 Senate
 President
State: OH District: 06

Disbursement For: 2012
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : 20289853

Amount of Each Disbursement this Period

IN-KIND CONTRIBUTION

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Committee to Preserve Social Security & Medicare PAC

Full Name (Last, First, Middle Initial)

A. Boockvar For Congress

Mailing Address 73 Old Dublin Pike
Suite 10 #134

City Doylestown State PA Zip Code 18901

Purpose of Disbursement
IN-KIND CONTRIBUTION

011

Category/
Type

Candidate Name

Ms. Kathryn Boockvar

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: PA District: 08

Date of Disbursement

M M / D D / Y Y Y Y Y Y
08 / 31 / 2012

Transaction ID : 20345281

Amount of Each Disbursement this Period

241.25

IN-KIND CONTRIBUTION

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

241.25

16520.28

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 21 OF 22
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor NCPSSM	Nature of Debt (Purpose): POSTAGE, IE DISEMINATION 08/08/12
Mailing Address 10 G STREET, NE, SUITE 600	
City State Zip Code WASHINGTON DC 20002	

Outstanding Balance Beginning This Period 0.00	Transaction ID : 20445916	
Amount Incurred This Period 792.32	Payment This Period 0.00	Outstanding Balance at Close of This Period 792.32

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor NCPSSM	Nature of Debt (Purpose): PHOTOCOPY, IE DISSEMINATION 08/08/12
Mailing Address 10 G STREET, NE, SUITE 600	
City State Zip Code WASHINGTON DC 20002	

Outstanding Balance Beginning This Period 0.00	Transaction ID : 20445917	
Amount Incurred This Period 61.90	Payment This Period 0.00	Outstanding Balance at Close of This Period 61.90

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

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

1) SUBTOTALS This Period This Page (optional)..... ▶	854.22
2) TOTALS This Period (last page this line number only)..... ▶	854.22
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	854.22

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) National Committee to Preserve Social Security & Medicare PAC	FEC IDENTIFICATION NUMBER ▼ C C00172296
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee NCPSSM		Date MM / DD / YYYY 08 / 08 / 2012
Mailing Address 10 G Street, NE Suite 600		Amount 792.32
City Washington	State DC	
Zip Code 20002	Transaction ID : 20445474	
Purpose of Expenditure POSTAGE- IE DISSEMINATION 08/08/2012	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: <u>MN</u> <input type="checkbox"/> Senate District: <u>06</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Tarryl Clark		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 792.32		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee NCPSSM		Date MM / DD / YYYY 08 / 08 / 2012
Mailing Address 10 G Street, NE Suite 600		Amount 61.90
City Washington	State DC	
Zip Code 20002	Transaction ID : 20445476	
Purpose of Expenditure Photocopy- IE DISSEMINATION 08/08/2012	Category/ Type 006	Office Sought: <input checked="" type="checkbox"/> House State: <u>MN</u> <input type="checkbox"/> Senate District: <u>06</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Tarryl Clark		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 854.22		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	854.22
(b) SUBTOTAL of Unitemized Independent Expenditures..... ▶	
(c) TOTAL Independent Expenditures..... ▶	854.22

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Christine Kim

Signature _____ [Electronically Filed] Date MM / DD / YYYY **10 / 17 / 2012**