

# 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.   
National Committee to Preserve Social Security & Medicare PAC

ADDRESS (number and street)   
  
 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
 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 Year-End 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 (12S)  
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  /  /  through  /  /

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  /  /

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)

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="2013"/>		451295.40
(b) Cash on Hand at Beginning of Reporting Period.....	388555.48	
(c) Total Receipts (from Line 19) .....	2533.89	3596.55
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	391089.37	454891.95
7. Total Disbursements (from Line 31).....	28393.21	92195.79
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	362696.16	362696.16
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> 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:  /  /  To:  /  /

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).....	0.00	0.00
(ii) Unitemized .....	12.00	1033.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	12.00	1033.00
(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) .....	12.00	1033.00
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.....	2500.00	2500.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	21.89	63.55
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))..... ▶	2533.89	3596.55
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	2533.89	3596.55

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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 .....	2393.21	22875.79
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	2393.21	22875.79
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	26000.00	69000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
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	320.00
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)) ..	28393.21	92195.79
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	28393.21	92195.79

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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) .....	12.00	1033.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	12.00	1033.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ▶	2393.21	22875.79
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....▶	2393.21	22875.79

**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 18  
(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**

**A.** Full Name (Last, First, Middle Initial)  
**Bera 2012 Victory Fund**

Mailing Address P.O. Box 582496

City Elk Grove State CA Zip Code 95758

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 11 / 2013

**Transaction ID : 20830307**

Amount of Each Receipt this Period  
 2500.00

REFUND,CA-7 RECOUNT AMI BERA 2012 GENERAL ELECTION

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

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

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	2500.00

**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. DC TREASURER**

Mailing Address OFFICE OF TAX & REVENUE  
PO BOX 96166

City WASHINGTON State DC Zip Code 20090-6166

Purpose of Disbursement  
DC-20 Income tax for 2012

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

001  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 11 / 2013

**Transaction ID : 20770883**

Amount of Each Disbursement this Period

250.00

DC-20 Income tax for 2012

Full Name (Last, First, Middle Initial)

**B. Paul S Nathanson**

Mailing Address 1616 18th Street, NW, #1010

City Washington State DC Zip Code 20009-2539

Purpose of Disbursement  
NO EXPRESS ADVOCACY-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  
03 / 19 / 2013

**Transaction ID : 20783380**

Amount of Each Disbursement this Period

421.42

NO EXPRESS ADVOCACY-TRAVEL 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  
NO EXPRESS ADVOCACY-LEGAL 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  
03 / 19 / 2013

**Transaction ID : 20786564**

Amount of Each Disbursement this Period

185.00

NO EXPRESS ADVOCACY-LEGAL EXPENSES

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

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

856.42

**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  
NO EXPRESS ADVOCACY-OFFICE SUPPLY EXPENSES

**001**  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 20786565**

Amount of Each Disbursement this Period

NO EXPRESS ADVOCACY-OFFICE SUPPLY 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  
NO EXPRESS ADVOCACY-MAILING EXPENSES

**006**  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 20786566**

Amount of Each Disbursement this Period

NO EXPRESS ADVOCACY-MAILING 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  
NO EXPRESS ADVOCACY-TRAVEL EXPENSES

**002**  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 20786598**

Amount of Each Disbursement this Period

NO EXPRESS ADVOCACY-TRAVEL 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  
NO EXPRESS ADVOCACY-PROF. DEV. 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  
03 / 19 / 2013

Transaction ID : 20786599

Amount of Each Disbursement this Period

25.00

NO EXPRESS ADVOCACY-PROF. DEV. EXPENSES

Full Name (Last, First, Middle Initial)

### B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

### C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

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

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

25.00

2332.29

**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. SCHAKOWSKY FOR CONGRESS**

Mailing Address PO Box 5130

City EVANSTON State IL Zip Code 60204

Purpose of Disbursement Contribution

011

Candidate Name

**JAN SCHAKOWSKY**

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify) ▼

State: IL District: 09

Date of Disbursement

MM / DD / YYYY  
03 / 01 / 2013

**Transaction ID : 20767685**

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Julia Brownley For Congress**

Mailing Address 728 W. Edna Place

City Covina State CA Zip Code 91722

Purpose of Disbursement Contribution

011

Candidate Name

**Ms. Julia Brownley**

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify) ▼

State: CA District: 26

Date of Disbursement

MM / DD / YYYY  
03 / 01 / 2013

**Transaction ID : 20767686**

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

**C. Udall for Colorado**

Mailing Address 220 I Street, NE Suite 250

City Washington State DC Zip Code 20002

Purpose of Disbursement Contribution

011

Candidate Name

**Mark Udall**

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify) ▼

State: CO District:

Date of Disbursement

MM / DD / YYYY  
03 / 01 / 2013

**Transaction ID : 20767687**

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. Cartwright For Congress**

Mailing Address PO Box 1805

City Plains State PA Zip Code 18705

Purpose of Disbursement  
Contribution

011

Candidate Name

**Mr. Matt Cartwright**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: PA District: 17

Date of Disbursement

MM / DD / YYYY  
03 / 01 / 2013

**Transaction ID : 20767688**

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Committee To Re-elect Linda Sanchez**

Mailing Address 50 E Street, SE  
Suite 1

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. Linda T. Sanchez**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CA District: 38

Date of Disbursement

MM / DD / YYYY  
03 / 01 / 2013

**Transaction ID : 20767689**

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

**C. Levin for Congress**

Mailing Address 412 First Street, SE  
Suite 100

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Contribution

011

Candidate Name

**Sander Levin**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MI District: 12

Date of Disbursement

MM / DD / YYYY  
03 / 11 / 2013

**Transaction ID : 20770848**

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. Duckworth For Congress**

Mailing Address PO Box 59568

City State Zip Code  
Schaumburg IL 60159

Purpose of Disbursement  
Contribution

011

Candidate Name

**Ms. Tammy Duckworth**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: IL District: 08

Date of Disbursement

MM / DD / YYYY  
03 / 11 / 2013

**Transaction ID : 20770849**

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Ellison For Congress**

Mailing Address PO Box 6072

City State Zip Code  
Minneapolis MN 55406

Purpose of Disbursement  
Contribution

011

Candidate Name

**Mr. Keith Ellison**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MN District: 05

Date of Disbursement

MM / DD / YYYY  
03 / 11 / 2013

**Transaction ID : 20770850**

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

**C. Friends Of Elizabeth Esty**

Mailing Address PO Box 61

City State Zip Code  
Cheshire CT 06410

Purpose of Disbursement  
Contribution

011

Candidate Name

**Ms. Elizabeth Esty**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CT District: 05

Date of Disbursement

MM / DD / YYYY  
03 / 11 / 2013

**Transaction ID : 20770851**

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. Sean Patrick Maloney For Congress**

Mailing Address 18 W Main St

City Beacon State NY Zip Code 12508

Purpose of Disbursement Contribution

011

Candidate Name

**Rep. Sean Patrick Maloney**

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify) ▼

State: NY District: 18

Date of Disbursement

MM / DD / YYYY  
03 / 11 / 2013

**Transaction ID : 20770854**

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Kyrsten Sinema For Congress**

Mailing Address PO Box 25879

City Tempe State AZ Zip Code 85285

Purpose of Disbursement Contribution

011

Candidate Name

**Rep. Kyrsten Sinema**

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify) ▼

State: AZ District: 09

Date of Disbursement

MM / DD / YYYY  
03 / 11 / 2013

**Transaction ID : 20770855**

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

**C. Al Franken for US Senate**

Mailing Address 236 Massachusetts Avenue, NE Suite 202

City Washington State DC Zip Code 20002

Purpose of Disbursement Contribution

011

Candidate Name

**Mr. Al Franken**

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify) ▼

State: MN District:

Date of Disbursement

MM / DD / YYYY  
03 / 13 / 2013

**Transaction ID : 20772248**

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. Ron Barber For Congress**

Mailing Address PO Box 57715

City Tucson State AZ Zip Code 85732

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Mr. Ronald Barber**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: AZ District: 02

Date of Disbursement

MM / DD / YYYY  
03 / 18 / 2013

**Transaction ID : 20781857**

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Matsui for Congress**

Mailing Address 236 Massachusetts Avenue, NE  
#603

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Ms. Doris Matsui**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CA District: 05

Date of Disbursement

MM / DD / YYYY  
03 / 18 / 2013

**Transaction ID : 20782176**

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

**C. Steve Israel for Congress**

Mailing Address P.O. Box 1400

City Melville State NY Zip Code 11747

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Steve Israel**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NY District: 02

Date of Disbursement

MM / DD / YYYY  
03 / 18 / 2013

**Transaction ID : 20782379**

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. Schneider For Congress**

Mailing Address PO Box 1318

City State Zip Code  
Deerfield IL 60015

Purpose of Disbursement  
Contribution

011

Candidate Name

**Mr. Bradley Schneider**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: IL District: 10

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	8		2	0	1	3

**Transaction ID : 20782617**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0

Contribution

Full Name (Last, First, Middle Initial)

**B. Friends Of Cheri Bustos**

Mailing Address P.O. Box 77

City State Zip Code  
East Moline IL 61244

Purpose of Disbursement  
Contribution

011

Candidate Name

**Ms. Cheri Bustos**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: IL District: 17

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	8		2	0	1	3

**Transaction ID : 20782843**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0

Contribution

Full Name (Last, First, Middle Initial)

**C. Braley For Congress**

Mailing Address PO Box 390

City State Zip Code  
Waterloo IA 50704

Purpose of Disbursement  
Contribution

011

Candidate Name

**Mr. Bruce Braley**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: IA District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	8		2	0	1	3

**Transaction ID : 20783064**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0

Contribution

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

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

3	0	0	0	0	0	0	0	0	0
3	0	0	0	0	0	0	0	0	0

1	0	0	0	0	0	0	0	0	0
1	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. Pallone for Congress**

Mailing Address PO Box 3176

City State Zip Code  
Long Branch NJ 07740

Purpose of Disbursement  
Contribution

011

Candidate Name

**Frank Pallone**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NJ District: 06

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 18 / 2013

**Transaction ID : 20783215**

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Mark Pocan For Congress**

Mailing Address PO Box 327

City State Zip Code  
Madison WI 53701

Purpose of Disbursement  
Contribution

011

Candidate Name

**Mr. Mark Pocan**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: WI District: 02

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 18 / 2013

**Transaction ID : 20783217**

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

**C. People For Ben**

Mailing Address PO Box 31129

City State Zip Code  
Santa Fe NM 87594

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. Ben Ray Lujan Jr.**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NM District: 03

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 18 / 2013

**Transaction ID : 20783218**

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. Kirkpatrick For Arizona**

Mailing Address PO Box 12011

City State Zip Code  
Casa Grande AZ 85130

Purpose of Disbursement  
Contribution

011

Candidate Name

**Ms. Ann Kirkpatrick**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: AZ District: 01

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 21 / 2013

**Transaction ID : 20791525**

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Dr. Raul Ruiz For Congress**

Mailing Address PO Box 6116

City State Zip Code  
La Quinta CA 92248

Purpose of Disbursement  
Contribution

011

Candidate Name

**Mr. Raul Ruiz**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: CA District: 36

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 26 / 2013

**Transaction ID : 20792529**

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

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

2000.00

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

26000.00