



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

**National Committee to Preserve Social Security & Medicare PAC**

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

|  | COLUMN A<br>This Period                | COLUMN B<br>Calendar Year-to-Date      |
|--|--|--|
| 6. (a) Cash on Hand<br>January 1, <input type="text" value="2016"/>  | <input type="text" value=""/>          | <input type="text" value="107346.84"/> |
| (b) Cash on Hand at<br>Beginning of Reporting Period.....  | <input type="text" value="188110.59"/> |  |
| (c) Total Receipts (from Line 19) .....  | <input type="text" value="168485.31"/> | <input type="text" value="698505.14"/> |
| (d) Subtotal (add Lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B).....              | <input type="text" value="356595.90"/> | <input type="text" value="805851.98"/> |
| 7. Total Disbursements (from Line 31).....   | <input type="text" value="180660.26"/> | <input type="text" value="629916.34"/> |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)).....                         | <input type="text" value="175935.64"/> | <input type="text" value="175935.64"/> |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | <input type="text" value="0.00"/>      |  |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) ..... | <input type="text" value="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<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From:  |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees   |                               |                                   |
| (i) Itemized (use Schedule A).....  | 9816.00                       | 31377.00                          |
| (ii) Unitemized .....   | 158651.58                     | 666136.99                         |
| (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶   | 168467.58                     | 697513.99                         |
| (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) .....  | 168467.58                     | 697513.99                         |
| 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                          | 934.90                            |
| 17. Other Federal Receipts (Dividends, Interest, etc.).....   | 17.73                         | 56.25                             |
| 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)).....▶                         | 168485.31                     | 698505.14                         |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶                                   | 168485.31                     | 698505.14                         |

**DETAILED SUMMARY PAGE**  
of Disbursements

| II. Disbursements  | COLUMN A<br>Total This Period | COLUMN B<br>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 .....   | 158271.22                     | 531552.31                         |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....                        | 158271.22                     | 531552.31                         |
| 22. Transfers to Affiliated/Other Party Committees.....  | 0.00                          | 0.00                              |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....         | 22389.04                      | 96764.03                          |
| 24. Independent Expenditures (use Schedule E) .....  | 0.00                          | 0.00                              |
| 25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 (Including Non-Federal Donations).....                                 | 0.00                          | 1600.00                           |
| 30. Federal Election Activity (52 U.S.C. § 30101(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)) ..      | 180660.26                     | 629916.34                         |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 180660.26                     | 629916.34                         |

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

| <b>III. Net Contributions/<br/>Operating Expenditures</b>                            | <b>COLUMN A<br/>Total This Period</b> | <b>COLUMN B<br/>Calendar Year-to-Date</b> |
|--|---------------------------------------|---|
| 33. Total Contributions (other than loans)<br>(from Line 11(d), page 3) .....        | 168467.58                             | 697513.99                                 |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                            | 0.00                                  | 0.00                                      |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....    | 168467.58                             | 697513.99                                 |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b)) ..... | 158271.22                             | 531552.31                                 |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3).....                 | 0.00                                  | 0.00                                      |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) .....              | 158271.22                             | 531552.31                                 |

**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 6 OF 34  |
| <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. Chapman, Arnie, , Mr,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address  
671 Pinyon Dr

|                |             |                        |
|----------------|-------------|------------------------|
| City<br>Fruita | State<br>CO | Zip Code<br>81521-6405 |
|----------------|-------------|------------------------|

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

|                                   |  |
|-----------------------------------|--|
| Name of Employer (for Individual) | Occupation (for Individual)<br>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 |
| 09    |   | 16    |   | 2016        |

**Transaction ID : 23453903**

Amount of Each Receipt this Period  
100.00

Memo Item

**B. Stroh, Kenneth, D, Mr,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address  
PO Box 78

|                |             |                        |
|----------------|-------------|------------------------|
| City<br>Bowdon | State<br>ND | Zip Code<br>58418-0078 |
|----------------|-------------|------------------------|

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

|                                   |  |
|-----------------------------------|--|
| Name of Employer (for Individual) | Occupation (for Individual)<br>RETIRED |
|-----------------------------------|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
203.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09    |   | 12    |   | 2016        |

**Transaction ID : 23457538**

Amount of Each Receipt this Period  
63.00

Memo Item

**C. Bell, Maria, W, Ms,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address  
3105 Hendricks Ave

|                |             |                        |
|----------------|-------------|------------------------|
| City<br>Laredo | State<br>TX | Zip Code<br>78040-2243 |
|----------------|-------------|------------------------|

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

|                                   |  |
|-----------------------------------|--|
| Name of Employer (for Individual) | Occupation (for Individual)<br>RETIRED |
|-----------------------------------|--|

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
229.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09    |   | 08    |   | 2016        |

**Transaction ID : 23457649**

Amount of Each Receipt this Period  
75.00

Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 238.00 |
| <b>TOTAL</b> 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 OF 34                 |
|   | <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. Feldman, Nancy, , Mrs,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address  
39 Brooks Ln

City Crossville State TN Zip Code 38558-2817

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

Name of Employer (for Individual) Occupation (for Individual) RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  
09 / 21 / 2016  
**Transaction ID : 23457704**

Amount of Each Receipt this Period  
100.00

Memo Item

**B. Robinson, Emogene, , Miss,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address  
233 Route 81

City Killingworth State CT Zip Code 06419-1445

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

Name of Employer (for Individual) Occupation (for Individual) RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
09 / 09 / 2016  
**Transaction ID : 23457763**

Amount of Each Receipt this Period  
75.00

Memo Item

**C. Myers, Christian, W, Mr,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Apartment 605  
2121 W Main Rd

City Portsmouth State RI Zip Code 02871-1045

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

Name of Employer (for Individual) Occupation (for Individual) RETIRED

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
216.00

Date of Receipt  
09 / 08 / 2016  
**Transaction ID : 23457846**

Amount of Each Receipt this Period  
87.00

Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 262.00 |
| <b>TOTAL</b> 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 34  |
| <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. Baumgartner, Joseph, , Mr,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address  
35 Florence Dr

City: Syosset State: NY Zip Code: 11791-4818

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

Name of Employer (for Individual): Occupation (for Individual): **RETIRED**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
338.00

Date of Receipt  
09 / 06 / 2016  
**Transaction ID : 23457939**

Amount of Each Receipt this Period  
188.00

Memo Item

**B. Phelps, Coral, F, Mrs,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address  
PO Box 96

City: Wrenshall State: MN Zip Code: 55797-0096

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

Name of Employer (for Individual): Occupation (for Individual): **RETIRED**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
235.00

Date of Receipt  
09 / 08 / 2016  
**Transaction ID : 23457947**

Amount of Each Receipt this Period  
141.00

Memo Item

**C. Lamm, Marie, , Mrs,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address  
PO Box 186

City: Philip State: SD Zip Code: 57567-0186

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

Name of Employer (for Individual): Occupation (for Individual): **RETIRED**

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
540.00

Date of Receipt  
09 / 02 / 2016  
**Transaction ID : 23457948**

Amount of Each Receipt this Period  
180.00

Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 509.00 |
| <b>TOTAL</b> 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 9 OF 34  |
| <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. Lavelle, Faith, W, Ms,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address  
1050 S Euclid Ave Apt 5111

City: Elmhurst State: IL Zip Code: 60126-5177

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

Name of Employer (for Individual): Occupation (for Individual): **RETIRED**

Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date: **244.00**

Date of Receipt: **09 / 12 / 2016**  
**Transaction ID : 23457950**

Amount of Each Receipt this Period: **150.00**

Memo Item

**B. Render, Camilla, L, Mrs,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address  
8030 S Vernon Ave

City: Chicago State: IL Zip Code: 60619-3710

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

Name of Employer (for Individual): Occupation (for Individual): **RETIRED**

Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date: **375.00**

Date of Receipt: **09 / 16 / 2016**  
**Transaction ID : 23457951**

Amount of Each Receipt this Period: **175.00**

Memo Item

**C. Hussey, R., L, Mr,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address  
PO Box 5129

City: Reno State: NV Zip Code: 89513-5129

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

Name of Employer (for Individual): Occupation (for Individual): **RETIRED**

Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date: **225.00**

Date of Receipt: **09 / 16 / 2016**  
**Transaction ID : 23457957**

Amount of Each Receipt this Period: **100.00**

Memo Item

**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 10 OF 34   |
| <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. Grabowsky, Wallis, R, Mr,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address  
117 Painted Bunting Ln

|                    |             |                        |
|--------------------|-------------|------------------------|
| City<br>Georgetown | State<br>TX | Zip Code<br>78633-4800 |
|--------------------|-------------|------------------------|

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

|                                   |  |
|-----------------------------------|--|
| Name of Employer (for Individual) | Occupation (for Individual)<br>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 |
| 09    | / | 01    | / | 2016        |

**Transaction ID : 23457959**

Amount of Each Receipt this Period  
225.00

Memo Item

**B. Lum, Esther, , Mrs,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address  
45-705 Puohala St

|                 |             |                        |
|-----------------|-------------|------------------------|
| City<br>Kaneohe | State<br>HI | Zip Code<br>96744-2839 |
|-----------------|-------------|------------------------|

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

|                                   |  |
|-----------------------------------|--|
| Name of Employer (for Individual) | Occupation (for Individual)<br>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 |
| 09    | / | 21    | / | 2016        |

**Transaction ID : 23457963**

Amount of Each Receipt this Period  
150.00

Memo Item

**C. Houser, Fred, , Mr,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address  
619 McBee St

|                    |             |                        |
|--------------------|-------------|------------------------|
| City<br>Lincolnton | State<br>NC | Zip Code<br>28092-3507 |
|--------------------|-------------|------------------------|

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

|                                   |  |
|-----------------------------------|--|
| Name of Employer (for Individual) | Occupation (for Individual)<br>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 |
| 09    | / | 06    | / | 2016        |

**Transaction ID : 23457980**

Amount of Each Receipt this Period  
125.00

Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 500.00 |
| <b>TOTAL</b> 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 OF 34   |
| <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. Farmer, Billie, , Ms,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address  
611 Osprey Lakes Cir

City Chuluota State FL Zip Code 32766-6661

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

Name of Employer (for Individual) Occupation (for Individual) RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
09 / 21 / 2016  
Transaction ID : 23457981

Amount of Each Receipt this Period  
150.00

Memo Item

**B. Dobbins, Lloyd, , Mr,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address  
6078 Salida Del Sol

City San Jose State CA Zip Code 95123-3941

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

Name of Employer (for Individual) Occupation (for Individual) RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  
09 / 16 / 2016  
Transaction ID : 23457984

Amount of Each Receipt this Period  
120.00

Memo Item

**C. Entenmann, Florence, , Mrs,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address  
289 Belmont Rd

City Gettysburg State PA Zip Code 17325-8443

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

Name of Employer (for Individual) Occupation (for Individual) RETIRED

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
09 / 01 / 2016  
Transaction ID : 23457985

Amount of Each Receipt this Period  
100.00

Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 370.00 |
| <b>TOTAL</b> 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 OF 34   |
| <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. Kita, Ernest, Y, Mr,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address  
2432 10th Ave

City Honolulu State HI Zip Code 96816-6192

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

Name of Employer (for Individual) Occupation (for Individual) RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
294.00

Date of Receipt  
09 / 21 / 2016  
Transaction ID : 23457987

Amount of Each Receipt this Period  
147.00

Memo Item

**B. Berglund, Irene, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address  
9675 Laughlin Way

City Redwood Valley State CA Zip Code 95470-9771

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

Name of Employer (for Individual) Occupation (for Individual) RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
375.00

Date of Receipt  
09 / 21 / 2016  
Transaction ID : 23457989

Amount of Each Receipt this Period  
150.00

Memo Item

**C. Hester, Mary, N, Mrs,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address  
424 Lee Rd 181

City Opelika State AL Zip Code 36804-1525

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

Name of Employer (for Individual) Occupation (for Individual) RETIRED

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
365.00

Date of Receipt  
09 / 01 / 2016  
Transaction ID : 23458000

Amount of Each Receipt this Period  
125.00

Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 422.00 |
| <b>TOTAL</b> 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 13 OF 34   |
| <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. Harrison, Evelyn, , Ms,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address  
27031 Lester Rd

City Lester State AL Zip Code 35647-3703

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

Name of Employer (for Individual) Occupation (for Individual) RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
09 / 06 / 2016  
**Transaction ID : 23458008**

Amount of Each Receipt this Period  
100.00

Memo Item

**B. Dalton, Edward, F, Mr,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address  
202 Shallowbrook Ln

City Glastonbury State CT Zip Code 06033-1408

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

Name of Employer (for Individual) Occupation (for Individual) RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
357.00

Date of Receipt  
09 / 07 / 2016  
**Transaction ID : 23458014**

Amount of Each Receipt this Period  
200.00

Memo Item

**C. Sitton, Clela, L, Mrs,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address  
415 Malvern Ave

City Pasadena State TX Zip Code 77503-1451

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

Name of Employer (for Individual) Occupation (for Individual) RETIRED

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
215.00

Date of Receipt  
09 / 16 / 2016  
**Transaction ID : 23458015**

Amount of Each Receipt this Period  
35.00

Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 335.00 |
| <b>TOTAL</b> 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 14 OF 34                |
|   | <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             | <input type="checkbox"/> 17  |

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

**A. Anderson, Seldon, C, Mr,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address  
10404 Texas St Apt 3

City: Wichita State: KS Zip Code: 67209-3438

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

Name of Employer (for Individual): Occupation (for Individual): **RETIRED**

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date: 289.00

Date of Receipt: 09 / 02 / 2016  
**Transaction ID : 23458016**

Amount of Each Receipt this Period: 189.00

Memo Item

**B. Russell, Sheila, A, Ms,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address  
36 Ocean Ave

City: Hull State: MA Zip Code: 02045-1014

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

Name of Employer (for Individual): Occupation (for Individual): **RETIRED**

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date: 269.00

Date of Receipt: 09 / 21 / 2016  
**Transaction ID : 23458020**

Amount of Each Receipt this Period: 100.00

Memo Item

**C. Valle, Georgette, W, Ms,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Unit 722  
15100 6th Ave SE

City: Seattle State: WA Zip Code: 98166

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

Name of Employer (for Individual): Occupation (for Individual): **RETIRED**

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date: 325.00

Date of Receipt: 09 / 27 / 2016  
**Transaction ID : 23458029**

Amount of Each Receipt this Period: 100.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... 389.00

**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 15 OF 34                |
|   | <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. White, Elise, G, Ms,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address  
2600 Woolsey St

City Berkeley State CA Zip Code 94705-2524

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

Name of Employer (for Individual) Occupation (for Individual) RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
09 / 16 / 2016  
**Transaction ID : 23458031**

Amount of Each Receipt this Period  
200.00

Memo Item

**B. Leland, Gerald, J, Mr,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address  
6356 Sierra Elena Rd

City Irvine State CA Zip Code 92603-3927

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

Name of Employer (for Individual) Occupation (for Individual) RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
354.00

Date of Receipt  
09 / 09 / 2016  
**Transaction ID : 23458038**

Amount of Each Receipt this Period  
100.00

Memo Item

**C. Richardson, Ronald, , Mr,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address  
2961 Mount Diablo St

City Concord State CA Zip Code 94518-1000

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

Name of Employer (for Individual) Occupation (for Individual) RETIRED

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
09 / 16 / 2016  
**Transaction ID : 23458041**

Amount of Each Receipt this Period  
225.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 525.00

**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 16 OF 34   |
| <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. Eddy, Dolores, , Ms,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address  
614 S Angola Rd

City Coldwater State MI Zip Code 49036-9511

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

Name of Employer (for Individual) Occupation (for Individual) RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
09 / 01 / 2016  
Transaction ID : 23458043

Amount of Each Receipt this Period  
100.00

Memo Item

**B. Jimenez, Lydia, L, Mrs,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address  
962 J Street

City Brawley State CA Zip Code 92227-2622

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

Name of Employer (for Individual) Occupation (for Individual) RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
425.00

Date of Receipt  
09 / 12 / 2016  
Transaction ID : 23458046

Amount of Each Receipt this Period  
100.00

Memo Item

**C. Dutton, Ruby, A, Ms,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address  
944 Catfish Creek Rd

City Lake Placid State FL Zip Code 33852-9492

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

Name of Employer (for Individual) Occupation (for Individual) RETIRED

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
613.00

Date of Receipt  
09 / 12 / 2016  
Transaction ID : 23458049

Amount of Each Receipt this Period  
219.00

Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 419.00 |
| <b>TOTAL</b> 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 17 OF 34   |
| <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. Tucciarone, Louise, , Ms,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address  
9332 Wards Rd

City Rustburg State VA Zip Code 24588-2568

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

Name of Employer (for Individual) Occupation (for Individual) RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
588.00

Date of Receipt  
09 / 12 / 2016  
**Transaction ID : 23458051**

Amount of Each Receipt this Period  
200.00

Memo Item

**B. Like, Donna, , Ms,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address  
9830 Murray Dr

City La Mesa State CA Zip Code 91942-4124

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

Name of Employer (for Individual) Occupation (for Individual) RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
495.00

Date of Receipt  
09 / 07 / 2016  
**Transaction ID : 23458059**

Amount of Each Receipt this Period  
165.00

Memo Item

**C. Hickman, Pat, , Mr,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address  
4339 Roy Thompson Rd

City Mount Pleasant State TN Zip Code 38474-2907

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

Name of Employer (for Individual) Occupation (for Individual) RETIRED

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
357.00

Date of Receipt  
09 / 16 / 2016  
**Transaction ID : 23458060**

Amount of Each Receipt this Period  
157.00

Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 522.00 |
| <b>TOTAL</b> 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 18 OF 34                |
|   | <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. Richman, David, M, Mr,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address  
5809 Nicholson Ln Apt 602

City Rockville State MD Zip Code 20852-5708

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

Name of Employer (for Individual) Occupation (for Individual) RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
09 / 07 / 2016  
**Transaction ID : 23458061**

Amount of Each Receipt this Period  
25.00

Memo Item

**B. Gormly, Ruth, , Mrs,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address  
1220 Rancho Rd

City Arcadia State CA Zip Code 91006-2240

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

Name of Employer (for Individual) Occupation (for Individual) RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
219.00

Date of Receipt  
09 / 07 / 2016  
**Transaction ID : 23458065**

Amount of Each Receipt this Period  
219.00

Memo Item

**C. Christensen, Dean, D, Mr,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address  
390 E US Highway 12

City Chesterton State IN Zip Code 46304-9530

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

Name of Employer (for Individual) Occupation (for Individual) RETIRED

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
453.00

Date of Receipt  
09 / 07 / 2016  
**Transaction ID : 23458071**

Amount of Each Receipt this Period  
172.00

Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 416.00 |
| <b>TOTAL</b> 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 19 OF 34   |
| <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. Vangundy, Gordon, , Mr,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address  
29582 220 St

City Tarkio State MO Zip Code 64491-9237

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

Name of Employer (for Individual) Occupation (for Individual) RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
257.00

Date of Receipt  
09 / 07 / 2016  
**Transaction ID : 23458079**

Amount of Each Receipt this Period  
157.00

Memo Item

**B. Pullin, Anna, , Ms,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address  
806 Craig Dr

City Staunton State VA Zip Code 24401-1628

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

Name of Employer (for Individual) Occupation (for Individual) RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
283.00

Date of Receipt  
09 / 01 / 2016  
**Transaction ID : 23458085**

Amount of Each Receipt this Period  
114.00

Memo Item

**C. Granatt, Margaret, , Ms,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address  
715 E 22nd St

City Oakland State CA Zip Code 94606-2015

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

Name of Employer (for Individual) Occupation (for Individual) RETIRED

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
09 / 16 / 2016  
**Transaction ID : 23458086**

Amount of Each Receipt this Period  
250.00

Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 521.00 |
| <b>TOTAL</b> 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 20 OF 34   |
| <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. Blanke, Vernon, C, Mr,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address  
19250 Kiowa Ln

City Cottonwood State CA Zip Code 96022-9620

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

Name of Employer (for Individual) Occupation (for Individual) RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
09 / 16 / 2016  
**Transaction ID : 23458098**

Amount of Each Receipt this Period  
125.00

Memo Item

**B. Hanson, Henry, F, Mr,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address  
1585 Perch Way

City Willits State CA Zip Code 95490-8458

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

Name of Employer (for Individual) Occupation (for Individual) RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  
09 / 12 / 2016  
**Transaction ID : 23458108**

Amount of Each Receipt this Period  
250.00

Memo Item

**C. Brock, T, L, Mr, Jr**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address  
366 Bellevue Ave Apt 206

City Oakland State CA Zip Code 94610-3402

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

Name of Employer (for Individual) Occupation (for Individual) RETIRED

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
339.00

Date of Receipt  
09 / 09 / 2016  
**Transaction ID : 23458109**

Amount of Each Receipt this Period  
339.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 714.00

**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 21 OF 34   |
| <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. Fortik, Dale, V, Mr,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address  
3009 Ray Ave

City: Caldwell State ID: Zip Code: 83605-7103

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

Name of Employer (for Individual): Occupation (for Individual): **RETIRED**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
09 / 02 / 2016  
**Transaction ID : 23458110**

Amount of Each Receipt this Period  
250.00

Memo Item

**B. Grant, Norma, , Ms,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address  
PO Box 1477

City: Elephant Butte State ID: Zip Code: 87935-1477

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

Name of Employer (for Individual): Occupation (for Individual): **RETIRED**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
584.00

Date of Receipt  
09 / 01 / 2016  
**Transaction ID : 23458111**

Amount of Each Receipt this Period  
267.00

Memo Item

**C. Smith, William, E, Mr,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address  
1125 Young St Apt 505

City: Honolulu State ID: Zip Code: 96814-1931

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

Name of Employer (for Individual): Occupation (for Individual): **RETIRED**

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  
09 / 21 / 2016  
**Transaction ID : 23458112**

Amount of Each Receipt this Period  
250.00

Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 767.00 |
| <b>TOTAL</b> 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 OF 34   |
| <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. Wojcik, Betty, , Ms,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address  
32 Edward St

City Amsterdam State NY Zip Code 12010-5036

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

Name of Employer (for Individual) Occupation (for Individual) RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
09 / 09 / 2016  
**Transaction ID : 23458114**

Amount of Each Receipt this Period  
100.00

Memo Item

**B. Heeren, Robert, , Mr,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address  
4608 170th PI NE

City Redmond State WA Zip Code 98052-5609

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

Name of Employer (for Individual) Occupation (for Individual) RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
09 / 01 / 2016  
**Transaction ID : 23458115**

Amount of Each Receipt this Period  
100.00

Memo Item

**C. Hallsted, Robert, , Mr,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address  
2723 Shipley Rd

City Wilmington State DE Zip Code 19810-3251

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

Name of Employer (for Individual) Occupation (for Individual) RETIRED

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
2550.00

Date of Receipt  
09 / 07 / 2016  
**Transaction ID : 23458116**

Amount of Each Receipt this Period  
900.00

Memo Item

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 1100.00 |
| <b>TOTAL</b> 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 23 OF 34                |
|   | <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. Ference, Georgene, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address  
 4944 Barat Cir

City Anchorage State AK Zip Code 99508-4835

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

Name of Employer (for Individual) Occupation (for Individual) RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 09 / 21 / 2016  
**Transaction ID : 23458117**

Amount of Each Receipt this Period  
 250.00

Memo Item

**B. Byrd, Richard, , Mr,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address  
 2811 Sugarberry Ln

City Midlothian State VA Zip Code 23113-1401

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

Name of Employer (for Individual) Occupation (for Individual) RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 548.00

Date of Receipt  
 09 / 01 / 2016  
**Transaction ID : 23458118**

Amount of Each Receipt this Period  
 548.00

Memo Item

**C. Morris, Robert, P, Mr,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address  
 5848 217th St

City Bayside Hills State NY Zip Code 11364-1912

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

Name of Employer (for Individual) Occupation (for Individual) RETIRED

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
 269.00

Date of Receipt  
 09 / 06 / 2016  
**Transaction ID : 23459455**

Amount of Each Receipt this Period  
 269.00

Memo Item

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 1067.00 |
| <b>TOTAL</b> 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 OF 34  
(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 of Individual (Last, First, Middle Initial) or Full Organization Name  
 Lytton, Deana, , Mrs,  
 Mailing Address  
 4315 Kenyon Ave  
 City Los Angeles State CA Zip Code 90066-6126  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 615.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 09 / 2016  
**Transaction ID : 23459484**  
 Amount of Each Receipt this Period  
 315.00  
 Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 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  
 Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 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  
 Memo Item

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 315.00  |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | 9816.00 |



**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"/> 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. RR Donnelley**

Mailing Address PO BOX 538602

City  
ATLANTA

State  
GA

Zip Code  
30353-8602

Purpose of Disbursement  
NO EXPRESS ADVOCACY, PRINTING

006

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 08 / 2016

FEC Identification Number

C [REDACTED]

Transaction ID : 23403079

Amount of Each Disbursement this Period

[REDACTED] 81263.90

Memo Item NO EXPRESS ADVOCACY, PRINTING

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

011

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 06 / 2016

FEC Identification Number

C [REDACTED]

Transaction ID : 23406795

Amount of Each Disbursement this Period

[REDACTED] -731.34

Memo Item ADVANCE 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  
REIMB. OF CAGING AND PRINTING EXPENSES

006

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 20 / 2016

FEC Identification Number

C [REDACTED]

Transaction ID : 23410965

Amount of Each Disbursement this Period

[REDACTED] 1688.34

Memo Item REIMB. OF CAGING AND PRINTING EXPENSES

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

[REDACTED] 82220.90

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

[REDACTED]

**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"/> 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 TRAVEL EXPENSES

002  
Category/  
Type

Candidate Name

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

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 20 / 2016

FEC Identification Number

C [REDACTED]

Transaction ID : 23410966

Amount of Each Disbursement this Period

[REDACTED] 5289.77

REIMB. OF TRAVEL EXPENSES

Memo Item

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 PAC SALARY AND BENEFITS EXPENSES

001  
Category/  
Type

Candidate Name

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

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 20 / 2016

FEC Identification Number

C [REDACTED]

Transaction ID : 23410967

Amount of Each Disbursement this Period

[REDACTED] 11482.88

REIMB. OF PAC SALARY AND BENEFITS EXPENSES

Memo Item

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, REIMB. OF DIRECT MAIL POSTAGE EXPENSES

001  
Category/  
Type

Candidate Name

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

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 20 / 2016

FEC Identification Number

C [REDACTED]

Transaction ID : 23410968

Amount of Each Disbursement this Period

[REDACTED] 49880.48

NO EXPRESS ADVOCACY, REIMB. OF DIRECT MAIL POSTAGE EXPENSES

Memo Item

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

[REDACTED] 66653.13

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

[REDACTED]

**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"/> 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  
ADVANCE FOR FUTURE IN-KIND CONTRIBUTION

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  
09 / 26 / 2016

FEC Identification Number

**Transaction ID : 23414454**  
Amount of Each Disbursement this Period  
  
 Memo Item ADVANCE FOR FUTURE IN-KIND CONTRIBUTION

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 PAC SALARY EXPENSES

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  
09 / 29 / 2016

FEC Identification Number

**Transaction ID : 23420356**  
Amount of Each Disbursement this Period  
  
 Memo Item REIMB. OF PAC SALARY EXPENSES

Full Name (Last, First, Middle Initial)

**C. 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  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement  
M M / D D / Y Y Y Y Y Y  
09 / 30 / 2016

FEC Identification Number

**Transaction ID : 23453798**  
Amount of Each Disbursement this Period  
  
 Memo Item BANK FEES

**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"/> 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. People for Patty Murray**

Mailing Address 122 Maryland Avenue, NE

City Washington State DC Zip Code 20002

Purpose of Disbursement Contribution

011  
Category/  
Type

Candidate Name  
**Murray, Patty, , ,**

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  Other (specify) ▼

State: WA District:

Date of Disbursement

MM / DD / YYYY  
09 / 02 / 2016

FEC Identification Number

C  
**Transaction ID : 23394264**  
Amount of Each Disbursement this Period  
1000.00  
Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. Van Hollen For Congress**

Mailing Address 10605 Concord Street Suite 202

City Kensington State MD Zip Code 20895

Purpose of Disbursement Contribution

011  
Category/  
Type

Candidate Name  
**Van Hollen, Chris, Gross, ,**

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  Other (specify)

State: MD District:

Date of Disbursement

MM / DD / YYYY  
09 / 02 / 2016

FEC Identification Number

C H2MD08126  
**Transaction ID : 23394265**  
Amount of Each Disbursement this Period  
1000.00  
Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C. THE EVAN BAYH COMMITTEE**

Mailing Address 220 E Street NE Suite 250

City Washington State DC Zip Code 20002

Purpose of Disbursement Contribution

011  
Category/  
Type

Candidate Name  
**BAYH, EVAN, , ,**

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  Other (specify) ▼

State: IN District:

Date of Disbursement

MM / DD / YYYY  
09 / 13 / 2016

FEC Identification Number

C  
**Transaction ID : 23406296**  
Amount of Each Disbursement this Period  
1000.00  
Contribution

Memo Item

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

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

3000.00

**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 type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <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)<br><b>A. Tammy For Illinois</b>   |  | Date of Disbursement<br>MM / DD / YYYY<br>09 / 13 / 2016                     |
| Mailing Address PO Box 10793  |  | FEC Identification Number<br>C S6IL00292<br><b>Transaction ID : 23406298</b> |
| City<br>Chicago   | State<br>IL  | Zip Code<br>60610  |
| Purpose of Disbursement<br>Contribution   |  | 011<br>Category/<br>Type   |
| Candidate Name<br><b>Duckworth, L Tammy, , ,</b>  |  | Amount of Each Disbursement this Period<br>2000.00<br>Contribution           |
| Office Sought:<br><input checked="" type="checkbox"/> House<br><input checked="" type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2016<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Memo Item   |
| State: IL   | District:  |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Schatz For Senate</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>09 / 13 / 2016                     |
| Mailing Address PO Box 3828   |  | FEC Identification Number<br>C S4HI00136<br><b>Transaction ID : 23406300</b> |
| City<br>Honolulu  | State<br>HI  | Zip Code<br>96812  |
| Purpose of Disbursement<br>Contribution   |  | 011<br>Category/<br>Type   |
| Candidate Name<br><b>Schatz, Brian, E., Sen.,</b>   |  | Amount of Each Disbursement this Period<br>1000.00<br>Contribution           |
| Office Sought:<br><input checked="" type="checkbox"/> House<br><input checked="" type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2016<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Memo Item   |
| State: HI   | District:  |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Deborah Ross For Senate</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>09 / 13 / 2016                     |
| Mailing Address PO Box 28258  |  | FEC Identification Number<br>C S6NC00266<br><b>Transaction ID : 23406302</b> |
| City<br>Raleigh   | State<br>NC  | Zip Code<br>27611  |
| Purpose of Disbursement<br>Contribution   |  | 011<br>Category/<br>Type   |
| Candidate Name<br><b>Ross, Deborah, , ,</b>   |  | Amount of Each Disbursement this Period<br>1000.00<br>Contribution           |
| Office Sought:<br><input checked="" type="checkbox"/> House<br><input checked="" type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2016<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Memo Item   |
| State: NC   | District:  |  |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....▶      | 4000.00 |
| <b>TOTAL</b> 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"/> 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. Katie Mcginty For Senate**

Mailing Address PO Box 22447

City Philadelphia

State PA

Zip Code 19110

Purpose of Disbursement Contribution

011

Candidate Name

**McGinty, Kathleen, , ,**

Category/Type

Office Sought:

House  
 Senate  
 President

Disbursement For: 2016

Primary  General  
 Other (specify) ▼

State: PA

District:

Date of Disbursement

MM / DD / YYYY  
09 / 13 / 2016

FEC Identification Number

C S6PA00266

**Transaction ID : 23406303**

Amount of Each Disbursement this Period

2000.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. Cain For Congress**

Mailing Address PO Box 1523

City Bangor

State ME

Zip Code 04402

Purpose of Disbursement IN-KIND CONTRIBUTION

011

Candidate Name

**Cain, Emily, , ,**

Category/Type

Office Sought:

House  
 Senate  
 President

Disbursement For: 2016

Primary  General  
 Other (specify)

State: ME

District: 02

Date of Disbursement

MM / DD / YYYY  
09 / 06 / 2016

FEC Identification Number

C H4ME02200

**Transaction ID : 23406796**

Amount of Each Disbursement this Period

731.34

IN-KIND CONTRIBUTION

Memo Item

Full Name (Last, First, Middle Initial)

**C. BOBBY SCOTT FOR CONGRESS**

Mailing Address 38 Ivy Street, SE

City Washington

State DC

Zip Code 20003

Purpose of Disbursement Contribution

011

Candidate Name

**SCOTT, ROBERT, , ,**

Category/Type

Office Sought:

House  
 Senate  
 President

Disbursement For: 2016

Primary  General  
 Other (specify) ▼

State: VA

District: 03

Date of Disbursement

MM / DD / YYYY  
09 / 19 / 2016

FEC Identification Number

C

**Transaction ID : 23408389**

Amount of Each Disbursement this Period

1000.00

Contribution

Memo Item

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

3731.34

**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"/> 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. Blumenauer for Congress**

Mailing Address 830 NE Holladay #105

City Portland State OR Zip Code 97232

Purpose of Disbursement Contribution

Category/Type

Candidate Name

**Blumenauer, Earl, , ,**

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: OR District: 03

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 23412172**

Amount of Each Disbursement this Period

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. Catherine Cortez Masto For Senate**

Mailing Address 8020 South Rainbow Blvd #100-112

City Las Vegas State NV Zip Code 89139

Purpose of Disbursement Contribution

Category/Type

Candidate Name

**Masto, Catherine, , ,**

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: NV District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 23412173**

Amount of Each Disbursement this Period

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C. A Whole Lot Of People For Grijalva Congressional C**

Mailing Address PO Box 1242

City Tucson State AZ Zip Code 85702

Purpose of Disbursement Contribution

Category/Type

Candidate Name

**Grijalva, Raul, M., Rep.,**

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: AZ District: 03

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 23412174**

Amount of Each Disbursement this Period

Contribution

Memo Item

**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"/> 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. Russ For Wisconsin**

Mailing Address PO Box 620061

City Middleton State WI Zip Code 53562

Purpose of Disbursement Contribution

011  
Category/Type

Candidate Name

**Feingold, Russell, , ,**

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  Other (specify) ▼

State: WI District:

Date of Disbursement

MM / DD / YYYY  
09 / 21 / 2016

FEC Identification Number

C S8WI00026

**Transaction ID : 23412175**

Amount of Each Disbursement this Period

1000.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. Louise Slaughter Re-Election Committee**

Mailing Address P.O. Box 730

City Honeoye State NY Zip Code 14471

Purpose of Disbursement Contribution

011  
Category/Type

Candidate Name

**Slaughter, Louise M., , ,**

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  Other (specify) ▼

State: NY District: 28

Date of Disbursement

MM / DD / YYYY  
09 / 21 / 2016

FEC Identification Number

C

**Transaction ID : 23412176**

Amount of Each Disbursement this Period

1000.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C. Schneider For Congress**

Mailing Address PO Box 1318

City Deerfield State IL Zip Code 60015

Purpose of Disbursement Contribution

011  
Category/Type

Candidate Name

**Schneider, Bradley, , ,**

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  Other (specify) ▼

State: IL District: 10

Date of Disbursement

MM / DD / YYYY  
09 / 21 / 2016

FEC Identification Number

C H2IL10068

**Transaction ID : 23412177**

Amount of Each Disbursement this Period

1000.00

Contribution

Memo Item

**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"/> 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. Steny Hoyer for Congress

Mailing Address 4201 Northview Drive  
Suite 307

City Bowie State MD Zip Code 20716

Purpose of Disbursement  
Contribution

011  
Category/  
Type

Candidate Name  
**Hoyer, Steny, , ,**

Office Sought:  House  
 Senate  
 President  
State: MD District: 05  
Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 21 / 2016

FEC Identification Number

C  
**Transaction ID : 23412178**  
Amount of Each Disbursement this Period  
1000.00  
Contribution

Memo Item

Full Name (Last, First, Middle Initial)

### B. Maggie For Nh

Mailing Address PO Box 298

City Concord State NH Zip Code 03302

Purpose of Disbursement  
IN-KIND CONTRIBUTION

011  
Category/  
Type

Candidate Name  
**Hassan, Margaret, , ,**

Office Sought:  House  
 Senate  
 President  
State: NH District:  
Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 26 / 2016

FEC Identification Number

C S6NH00091  
**Transaction ID : 23414456**  
Amount of Each Disbursement this Period  
1157.70  
IN-KIND CONTRIBUTION

Memo Item

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

MM / DD / YYYY

FEC Identification Number

C  
Amount of Each Disbursement this Period

Memo Item

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

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

2157.70  
22389.04