

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

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

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

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20 (M2), Mar 20 (M3), Apr 20 (M4), May 20 (M5), Jun 20 (M6), Jul 20 (M7), Oct 20 (M10), Nov 20 (M11), Dec 20 (M12), Jan 31 (YE) (c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12G) (d) 30-Day Post -Election Report for the: General (30G), Runoff (30R), Special (30S)

5. Covering Period 09 01 2006 through 09 30 2006

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

Type or Print Name of Treasurer Ms. Christine Kim

Signature of Treasurer Electronically Filed by Ms. Christine Kim Date 10 19 2006

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**

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

Report Covering the Period: From:

M	M
0	9

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		389481.22
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period	648873.47									
(c) Total Receipts (from Line 19)	458416.43	1427231.33								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	1107289.90	1816712.55								
7. Total Disbursements (from Line 31)	249924.23	959346.88								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	857365.67	857365.67								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

**DETAILED SUMMARY PAGE
OF RECEIPTS**

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

Report Covering the Period: From:

M	M
0	9

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	6

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	9026.00	15251.00
(i) Itemized (use Schedule A)	449332.25	1411581.17
(ii) Unitemized	458358.25	1426832.17
(iii) TOTAL (add Lines 11(a)(i) and (ii)	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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	458358.25	1426832.17
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	58.18	399.16
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	458416.43	1427231.33
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	458416.43	1427231.33

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) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	141674.23	600388.92
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	141674.23	600388.92
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	108000.00	353007.96
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	250.00	5950.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	249924.23	959346.88
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	249924.23	959346.88

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	458358.25	1426832.17
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	458358.25	1426832.17
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	141674.23	600388.92
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	141674.23	600388.92

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 55
	<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	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. Full Name (Last, First, Middle Initial)
Mr. Walter Mookini

Mailing Address
428 Kawaihae St. #343

City State Zip Code
Honolulu HI 96825-1295

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
270.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 12 / 2006

Transaction ID: 13261283

Amount of Each Receipt this Period
20.00

B. Full Name (Last, First, Middle Initial)
James H. Armstrong

Mailing Address
P.O. Box 969

City State Zip Code
Defuniak Springs FL 32435-0969

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
323.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 26 / 2006

Transaction ID: 13261381

Amount of Each Receipt this Period
150.00

C. Full Name (Last, First, Middle Initial)
Mr. James F. Franklin

Mailing Address
920 NW 22nd St.

City State Zip Code
Oklahoma City OK 73106-6215

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 19 / 2006

Transaction ID: 13261402

Amount of Each Receipt this Period
75.00

SUBTOTAL of Receipts This Page (optional)	▶	245.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 55
	<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

Full Name (Last, First, Middle Initial) A. Mr. Walter Mookini		Date of Receipt M M / D D / Y Y Y Y 09 / 20 / 2006	
Mailing Address 428 Kawaihae St. #343		Transaction ID: 13261434	
City Honolulu	State HI	Amount of Each Receipt this Period 100.00	
Zip Code 96825-1295			
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Retired			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 370.00	

Full Name (Last, First, Middle Initial) B. Mr. Stanley E. Anderson		Date of Receipt M M / D D / Y Y Y Y 09 / 18 / 2006	
Mailing Address 2556 S Camber Ave.		Transaction ID: 13262055	
City Springfield	State MO	Amount of Each Receipt this Period 100.00	
Zip Code 65809-3509			
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Retired			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Emilie Arndt		Date of Receipt M M / D D / Y Y Y Y 09 / 18 / 2006	
Mailing Address 3130 N 10th St.		Transaction ID: 13262250	
City Fresno	State CA	Amount of Each Receipt this Period 350.00	
Zip Code 93703-1450			
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Retired			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 720.00	

SUBTOTAL of Receipts This Page (optional)	550.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 55
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
Ms. Mary B. Arnstein

Mailing Address
75 Edgehill Ter.

City State Zip Code
Hamden CT 06517-4017

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 14 / 2006

Transaction ID: 13262281

Amount of Each Receipt this Period
150.00

B. Full Name (Last, First, Middle Initial)
Mr. Arthur Barrett

Mailing Address
707 Madrona Ave. SE #219

City State Zip Code
Salem OR 97302-2690

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 19 / 2006

Transaction ID: 13262875

Amount of Each Receipt this Period
150.00

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

Mailing Address
2907 S 6th St.

City State Zip Code
Marshalltown IA 50158-4687

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
375.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 18 / 2006

Transaction ID: 13263888

Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional)	500.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 55
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial) Mr. Edwin M. Bond, Sr.		Date of Receipt M M / D D / Y Y Y Y 09 / 18 / 2006	
Mailing Address 1342 Southpointe Cir. NE		Transaction ID: 13263963	
City Canton	State OH	Amount of Each Receipt this Period 150.00	
Zip Code 44714-1103			
FEC ID number of contributing federal political committee. C			
Name of Employer		Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 270.00	

B. Full Name (Last, First, Middle Initial) Ms. Margaret K. Bruce		Date of Receipt M M / D D / Y Y Y Y 09 / 14 / 2006	
Mailing Address 58 Washburn Road		Transaction ID: 13264725	
City Mount Kisco	State NY	Amount of Each Receipt this Period 125.00	
Zip Code 10549-1314			
FEC ID number of contributing federal political committee. C			
Name of Employer		Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 270.00	

C. Full Name (Last, First, Middle Initial) Mrs. Nannie M. Canady		Date of Receipt M M / D D / Y Y Y Y 09 / 22 / 2006	
Mailing Address 5234 Ponderosa Way		Transaction ID: 13265332	
City Dallas	State TX	Amount of Each Receipt this Period 100.00	
Zip Code 75227-1544			
FEC ID number of contributing federal political committee. C			
Name of Employer		Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 225.00	

SUBTOTAL of Receipts This Page (optional) ▶	375.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 55
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Mr. Gary D. Caplan

Mailing Address
3737 Parkfield Rd.

City State Zip Code
Pikesville MD 21208-2350

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1250.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 15 / 2006

Transaction ID: 13265381

Amount of Each Receipt this Period
750.00

B. Full Name (Last, First, Middle Initial)
Mr. & Mrs. Norman Castor

Mailing Address
4409 Gaines Ranch Loop Apt. 324

City State Zip Code
Austin TX 78735-6528

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
235.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 19 / 2006

Transaction ID: 13265664

Amount of Each Receipt this Period
100.00

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

Mailing Address
3514 Waverly Blvd.

City State Zip Code
Richmond VA 23222-3445

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 13 / 2006

Transaction ID: 13265802

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)	1100.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 55
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Mr. Joseph A. Day		Date of Receipt M M / D D / Y Y Y Y 09 / 18 / 2006
Mailing Address 1050 E Brigham Rd. Apt. 45		Transaction ID: 13267593
City Saint George	State UT	Zip Code 84790-8444
Amount of Each Receipt this Period 163.00		
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 301.00	

Full Name (Last, First, Middle Initial) B. Ms. Mary De Marco		Date of Receipt M M / D D / Y Y Y Y 09 / 11 / 2006
Mailing Address 335 Greenbriar Dr.		Transaction ID: 13267635
City Aurora	State OH	Zip Code 44202-9209
Amount of Each Receipt this Period 175.00		
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) C. Mr. John Dixon		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006
Mailing Address 1401 Elerberry Ln.		Transaction ID: 13268164
City Eau Claire	State WI	Zip Code 54701-9425
Amount of Each Receipt this Period 150.00		
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

SUBTOTAL of Receipts This Page (optional) ▶	488.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 55
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Nila M. Edwards

Mailing Address
3135 Wintersong Dr.

City State Zip Code
Indianapolis IN 46241-5448

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
373.00

Date of Receipt
MM / DD / YYYY
09 / 19 / 2006

Transaction ID: 13268849

Amount of Each Receipt this Period
218.00

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

Mailing Address
3620 Vernon Dr.

City State Zip Code
Columbus GA 31909-5338

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
MM / DD / YYYY
09 / 19 / 2006

Transaction ID: 13268893

Amount of Each Receipt this Period
125.00

C. Full Name (Last, First, Middle Initial)
Roberta N. Goodrich

Mailing Address
2022 Granada Ave.

City State Zip Code
San Diego CA 92104-5520

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
MM / DD / YYYY
09 / 14 / 2006

Transaction ID: 13271286

Amount of Each Receipt this Period
350.00

SUBTOTAL of Receipts This Page (optional)	693.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 55
	<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

Full Name (Last, First, Middle Initial) A. Ms. Rada Greasley		Date of Receipt M M / D D / Y Y Y Y 09 / 14 / 2006	
Mailing Address 55 Keefe Rd.		Transaction ID: 13271540	
City Camden	State NY	Amount of Each Receipt this Period 125.00	
Zip Code 13316-5751			
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Retired			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) B. Mr. & Mrs. John C. Griffin		Date of Receipt M M / D D / Y Y Y Y 09 / 19 / 2006	
Mailing Address 8725 SW 176th Ter.		Transaction ID: 13271692	
City Miami	State FL	Amount of Each Receipt this Period 50.00	
Zip Code 33157-5852			
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Retired			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 275.00	

Full Name (Last, First, Middle Initial) C. Ms. Cora Harrod		Date of Receipt M M / D D / Y Y Y Y 09 / 25 / 2006	
Mailing Address 1215 Walmsley Ave.		Transaction ID: 13272544	
City Dallas	State TX	Amount of Each Receipt this Period 200.00	
Zip Code 75208-1631			
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Retired			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 625.00	

SUBTOTAL of Receipts This Page (optional) ▶	375.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 55
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Lawrence L. Hinderer

Mailing Address
7871 Oakdale St. NW

City State Zip Code
Massillon OH 44646-1969

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
375.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 18 / 2006

Transaction ID: 13273287

Amount of Each Receipt this Period
200.00

B. Full Name (Last, First, Middle Initial)
Bruce Hunter, Sr.

Mailing Address
425 Drozdyk Dr. Apt. 245

City State Zip Code
Groton CT 06340-4253

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
253.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 19 / 2006

Transaction ID: 13274022

Amount of Each Receipt this Period
140.00

C. Full Name (Last, First, Middle Initial)
Mr. Joseph K. Lee

Mailing Address
98-054 Lii Ipo St.

City State Zip Code
Aiea HI 96701-5217

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 20 / 2006

Transaction ID: 13276924

Amount of Each Receipt this Period
125.00

SUBTOTAL of Receipts This Page (optional)	465.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 55
	<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

Full Name (Last, First, Middle Initial) A. Mrs. Helen Lorence		Date of Receipt M M / D D / Y Y Y Y 09 / 19 / 2006
Mailing Address 224 Oak Park Ln.		Transaction ID: 13277554
City Pleasant Hill	State Zip Code CA 94523-4656	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 125.00
Name of Employer	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) B. Rosamond Makar		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006
Mailing Address Apt. 616 1 Daniel Burnham Ct.		Transaction ID: 13278003
City San Francisco	State Zip Code CA 94109-5461	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 100.00
Name of Employer	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) C. John Mannheim		Date of Receipt M M / D D / Y Y Y Y 09 / 19 / 2006
Mailing Address 5 Chestnut St.		Transaction ID: 13278127
City Concord	State Zip Code MA 01742-2608	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 250.00
Name of Employer	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

SUBTOTAL of Receipts This Page (optional) ▶	475.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 55
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address
1439 Manning Rd.

City State Zip Code
Iva SC 29655-8770

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 18 / 2006

Transaction ID: 13278131

Amount of Each Receipt this Period
150.00

B. Full Name (Last, First, Middle Initial)
Lavadell Lewis Murphy

Mailing Address
4322 Jarbet Dr.

City State Zip Code
San Antonio TX 78220-1649

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 18 / 2006

Transaction ID: 13280510

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Mr. & Mrs. Ronald Nerkowski

Mailing Address
5320 Calhoun St.

City State Zip Code
Dearborn MI 48126-3226

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 18 / 2006

Transaction ID: 13280834

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)	▶	350.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 55
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Mr. Bobbie E. Newton

Mailing Address
1638 S 42nd St.

City State Zip Code
Kansas City KS 66106-2504

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
MM / DD / YYYY
09 / 19 / 2006

Transaction ID: 13280910

Amount of Each Receipt this Period
200.00

B. Full Name (Last, First, Middle Initial)
Ms. Shirley M. O'Donnell

Mailing Address
1881 Ontario Ct.

City State Zip Code
Middleburg FL 32068-4362

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
09 / 18 / 2006

Transaction ID: 13281235

Amount of Each Receipt this Period
125.00

C. Full Name (Last, First, Middle Initial)
J Berlin Osborn

Mailing Address
P.O. Box 104

City State Zip Code
Menan ID 83434-0104

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
09 / 19 / 2006

Transaction ID: 13281544

Amount of Each Receipt this Period
125.00

SUBTOTAL of Receipts This Page (optional)	450.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 55
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial) Ms. Phyllis J. Palmer		Date of Receipt M M / D D / Y Y Y Y 09 / 19 / 2006	
Mailing Address P.O. Box 2051		Transaction ID: 13281750	
City Windham	State ME	Amount of Each Receipt this Period 225.00	
Zip Code 04062-2051			
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

B. Full Name (Last, First, Middle Initial) Mr. Vincent F. Pellizze		Date of Receipt M M / D D / Y Y Y Y 09 / 08 / 2006	
Mailing Address 61 Udalia Rd.		Transaction ID: 13282210	
City West Islip	State NY	Amount of Each Receipt this Period 125.00	
Zip Code 11795-3920			
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00		

C. Full Name (Last, First, Middle Initial) Ms. Allene Piazza		Date of Receipt M M / D D / Y Y Y Y 09 / 14 / 2006	
Mailing Address 4782 Rt. 380		Transaction ID: 13282582	
City Jamestown	State NY	Amount of Each Receipt this Period 150.00	
Zip Code 14701-8805			
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 475.00		

SUBTOTAL of Receipts This Page (optional) ▶	500.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 55
	<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

Full Name (Last, First, Middle Initial) A. Reverend Vernon Rabel		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006	
Mailing Address 1145 County Road 218		Transaction ID: 13283277	
City Weimar	State TX	Amount of Each Receipt this Period 100.00	
Zip Code 78962-5183			
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00		

Full Name (Last, First, Middle Initial) B. Stanley Scepkowski		Date of Receipt M M / D D / Y Y Y Y 09 / 19 / 2006	
Mailing Address 5538 W 550 N		Transaction ID: 13285133	
City Rensselaer	State IN	Amount of Each Receipt this Period 10.00	
Zip Code 47978-7512			
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00		

Full Name (Last, First, Middle Initial) C. Mr. Roy D. Sears		Date of Receipt M M / D D / Y Y Y Y 09 / 11 / 2006	
Mailing Address 2646 Merry Oaks Tr		Transaction ID: 13285552	
City Winston Salem	State NC	Amount of Each Receipt this Period 50.00	
Zip Code 27103-6555			
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00		

SUBTOTAL of Receipts This Page (optional) ▶	160.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 20 / 55
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Ms. Claudia C. Shanks		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 0 / 2 0 0 6	
Mailing Address Apt. 310 4215 Harding Pike		Transaction ID: 13285739	
City Nashville	State TN	Zip Code 37205-2026	Amount of Each Receipt this Period 125.00
FEC ID number of contributing federal political committee. C			
Name of Employer		Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) B. Mr. David A. Smith		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 1 / 2 0 0 6	
Mailing Address 1616 Cleveland Ave.		Transaction ID: 13286399	
City Loveland	State CO	Zip Code 80538-3838	Amount of Each Receipt this Period 125.00
FEC ID number of contributing federal political committee. C			
Name of Employer		Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Mr. John B. Stearns		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 0 / 2 0 0 6	
Mailing Address 73 Margn St. Apt. T-1		Transaction ID: 13287136	
City Peabody	State MA	Zip Code 01960-1882	Amount of Each Receipt this Period 125.00
FEC ID number of contributing federal political committee. C			
Name of Employer		Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 225.00	

SUBTOTAL of Receipts This Page (optional) ▶	375.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 21 / 55
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Mrs. Marion Strack		Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 3 / 2 0 0 6	
Mailing Address 7406 Spring Village Dr. Apt. 111		Transaction ID: 13287475	
City Springfield	State VA	Amount of Each Receipt this Period 125.00	
Zip Code 22150-4481		FEC ID number of contributing federal political committee. C	
Name of Employer		Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Mr. Robert Sullivan		Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 8 / 2 0 0 6	
Mailing Address 2160 Seminole Road		Transaction ID: 13287647	
City Muskegon	State MI	Amount of Each Receipt this Period 350.00	
Zip Code 49441-4228		FEC ID number of contributing federal political committee. C	
Name of Employer		Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) C. Mr. Kenneth H. Webb		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6	
Mailing Address 3061 Crater Dr.		Transaction ID: 13289863	
City Lake Havasu City	State AZ	Amount of Each Receipt this Period 50.00	
Zip Code 86404-1487		FEC ID number of contributing federal political committee. C	
Name of Employer		Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) ▶	525.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 55
	<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

Full Name (Last, First, Middle Initial) A. Ms. Hortensia A. Weber		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006	
Mailing Address 779 Cartwright Dr.		Transaction ID: 13289885	
City Charleston	State SC	Amount of Each Receipt this Period 500.00	
Zip Code 29414-5127			
FEC ID number of contributing federal political committee. C			
Name of Employer		Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Mrs. Marilyn S. Wessel		Date of Receipt M M / D D / Y Y Y Y 09 / 18 / 2006	
Mailing Address 3604 E Forge Rd.		Transaction ID: 13290094	
City Davie	State FL	Amount of Each Receipt this Period 500.00	
Zip Code 33328-2618			
FEC ID number of contributing federal political committee. C			
Name of Employer		Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 515.00	

Full Name (Last, First, Middle Initial) C. Mr. Douglas R. West		Date of Receipt M M / D D / Y Y Y Y 09 / 26 / 2006	
Mailing Address 10630 Thomas Ave. S		Transaction ID: 13290100	
City Minneapolis	State MN	Amount of Each Receipt this Period 100.00	
Zip Code 55431-3722			
FEC ID number of contributing federal political committee. C			
Name of Employer		Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional) ▶	1100.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 23 / 55
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
Emil A. Wolf

Mailing Address
2580 Carmine Rd.

City State Zip Code
Venice FL 34293-3301

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 20 / 2006

Transaction ID: 13290827

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Mr. Nathaniel C. Wright

Mailing Address
8540 Elwyu Ave.

City State Zip Code
Elverta CA 95626-9552

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 20 / 2006

Transaction ID: 13291051

Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional)	300.00
TOTAL This Period (last page this line number only)	9026.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 24 / 55	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
SUNTRUST BANK

Mailing Address 1445 NEW YORK AVENUE, NW

City State Zip Code
WASHINGTON DC 20005

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
399.16

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	9	/	2	0	0	6

Transaction ID: 13300464

Amount of Each Receipt this Period
58.18

SUBTOTAL of Receipts This Page (optional)	▶	58.18
TOTAL This Period (last page this line number only)	▶	58.18

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A. NCPSSM Full Name (Last, First, Middle Initial) Mailing Address 10 G Street, NE Suite 600 City Washington State DC Zip Code 20002 Purpose of Disbursement Salary & Benefit Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 12966702 Date of Disbursement: M M / D D / Y Y Y Y 0 9 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 5142.21 Category/Type: 001 Salary & Benefit
---	--	---

B. Lauren Scheurer Full Name (Last, First, Middle Initial) Mailing Address 24 East Shore Avenue City Groton Long Point State CT Zip Code 06340 Purpose of Disbursement Stipend Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 12995214 Date of Disbursement: M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6 Amount of Each Disbursement this Period 800.00 Category/Type: 001 Stipend
---	--	---

C. SUNTRUST BANK Full Name (Last, First, Middle Initial) Mailing Address 1445 NEW YORK AVENUE, NW City WASHINGTON State DC Zip Code 20005 Purpose of Disbursement Bank Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 13300463 Date of Disbursement: M M / D D / Y Y Y Y 0 9 / 2 1 / 2 0 0 6 Amount of Each Disbursement this Period 133.15 Category/Type: 001 Bank Fees
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SUBTOTAL of Disbursements This Page (optional) ▶	6075.36
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<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. GRAYHAIR SOFTWARE		Transaction ID: 13089316 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 2 / 2 0 0 6
Mailing Address 124 GAITHER DRIVE SUITE 160		Amount of Each Disbursement this Period 725.01
City MOUNT LAUREL State NJ Zip Code 08054	Printing for Direct Mail Solicitation (No Express Advocacy)	
Purpose of Disbursement Printing for Direct Mail Solicitation (N)		003 Category/Type
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) B. Direct Mail Management		Transaction ID: 13123643 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 5 / 2 0 0 6
Mailing Address DM Group 5511 Ketch Road		Amount of Each Disbursement this Period 7996.88
City Prince Frederick State MD Zip Code 20678	Postage for Direct Mail Solicitation (No Express Advocacy)	
Purpose of Disbursement Postage for Direct Mail Solicitation (No)		001 Category/Type
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) C. U.S. POSTMASTER		Transaction ID: 13123641 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 5 / 2 0 0 6
Mailing Address ATTN: SMS DIRECT 7540 MASON KING COURT		Amount of Each Disbursement this Period 85.30
City MANASSAS State VA Zip Code 20109	Postage for Direct Mail Solicitation (No Direct Advocacy)	
Purpose of Disbursement Postage for Direct Mail Solicitation (N)		001 Category/Type
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	8807.19
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. U.S. POSTMASTER		Transaction ID: 13123642 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 5 / 2 0 0 6
Mailing Address ATTN: SMS DIRECT 7540 MASON KING COURT		Amount of Each Disbursement this Period 167.47
City MANASSAS	State VA	
Zip Code 20109	Purpose of Disbursement Postage for Direct Mail Solicitation (No Candidate Name)	Postage for Direct Mail Solicitation (No Express Advocacy)
Category/ Type 001	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. PERKINS COIE		Transaction ID: 13154355 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6
Mailing Address CLIENT ACCOUNTING 1201 THIRD AVENUE, 40TH FLOOR		Amount of Each Disbursement this Period 2330.00
City SEATTLE	State WA	
Zip Code 98101-3099	Purpose of Disbursement Legal Fees	Legal Fees
Category/ Type 001	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. NCPSSM		Transaction ID: 13154398 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6
Mailing Address 10 G Street, NE Suite 600		Amount of Each Disbursement this Period 5142.21
City Washington	State DC	
Zip Code 20002	Purpose of Disbursement Salary & Benefit Reimbursement	Salary & Benefit Reimbursement
Category/ Type 001	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	7639.68
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input 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. Vertis Direct Marketing Services		Transaction ID: 13154324 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6
Mailing Address Po Box 403217		Amount of Each Disbursement this Period 116692.59
City Atlanta State GA Zip Code 30384-3217	Printing for Direct Mail Solicitation (No Express Advocacy)	
Purpose of Disbursement Printing for Direct Mail Solicitation (N)		003 Category/Type
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:

Full Name (Last, First, Middle Initial) B. Lauren Scheurer		Transaction ID: 13154388 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6
Mailing Address 24 East Shore Avenue		Amount of Each Disbursement this Period 800.00
City Groton Long Point State CT Zip Code 06340	Stipend 9/18-9/29	
Purpose of Disbursement Stipend 9/18-9/29		001 Category/Type
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:

Full Name (Last, First, Middle Initial) C. Atlantic Video, Inc		Transaction ID: 13154348 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6
Mailing Address 650 Massachusetts Aveune		Amount of Each Disbursement this Period 1659.41
City Washington State DC Zip Code 20001	Art Work for Direct Mail Solicitation(No Express Advocacy)	
Purpose of Disbursement Art Work for Direct Mail Solicitation(No		003 Category/Type
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:

SUBTOTAL of Disbursements This Page (optional) ▶	119152.00
TOTAL This Period (last page this line number only) ▶	141674.23

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Diana DeGette for Congress, Inc.		Transaction ID: 12963458 Date of Disbursement 09 / 06 / 2006	
Mailing Address 38 Ivy Street, SE		Amount of Each Disbursement this Period 1000.00	
City Washington State DC Zip Code 20003	Purpose of Disbursement Contribution	011 Category/ Type	
Candidate Name Diana DeGette	Contribution		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 1	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Perlmutter For Congress		Transaction ID: 12963455 Date of Disbursement 09 / 06 / 2006	
Mailing Address 3440 Youngfield St #264		Amount of Each Disbursement this Period 2000.00	
City Wheat Ridge State CO Zip Code 80033	Purpose of Disbursement Contribution	011 Category/ Type	
Candidate Name Mr. Edwin Perlmutter	Contribution		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 7	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Klobuchar For Minnesota		Transaction ID: 12963456 Date of Disbursement 09 / 06 / 2006	
Mailing Address PO Box 4146		Amount of Each Disbursement this Period 2500.00	
City St Paul State MN Zip Code 55104	Purpose of Disbursement Contribution	011 Category/ Type	
Candidate Name Amy Klobuchar	Contribution		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 2	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	5500.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Friends of Sherrod Brown		Transaction ID: 12976130 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 1 / 2 0 0 6
Mailing Address 38 Ivy Street, SE		Amount of Each Disbursement this Period 2500.00 Contribution
City Washington State DC Zip Code 20003	Purpose of Disbursement Contribution Category/Type 011	
Candidate Name Sherrod Brown	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OH District:	

Full Name (Last, First, Middle Initial) B. Darlene Hooley for Congress		Transaction ID: 12976127 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 1 / 2 0 0 6
Mailing Address 19363 Willamette Drive #114		Amount of Each Disbursement this Period 1000.00 Contribution
City West Linn State OR Zip Code 97068	Purpose of Disbursement Contribution Category/Type 011	
Candidate Name Darlene Hooley	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OR District: 5	

Full Name (Last, First, Middle Initial) C. Lampson for Congress		Transaction ID: 12976129 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 1 / 2 0 0 6
Mailing Address P.O. Box 58606		Amount of Each Disbursement this Period 2000.00 Contribution
City Houston State TX Zip Code 77258	Purpose of Disbursement Contribution Category/Type 011	
Candidate Name Nick Lampson	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TX District: 22	

SUBTOTAL of Disbursements This Page (optional) ▶	5500.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<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. Citizens to Elect Rick Larsen		Transaction ID: 12976134 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 1 / 2 0 0 6
Mailing Address PO Box 326		Amount of Each Disbursement this Period 1000.00
City Everett State WA Zip Code 98206	Contribution	
Purpose of Disbursement Contribution Candidate Name Rick Larsen Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 2		011 Category/Type
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. The Jim Ramstad Volunteer Committee		Transaction ID: 12976132 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 1 / 2 0 0 6
Mailing Address 1809 South Plymouth #310B		Amount of Each Disbursement this Period 1000.00
City Minnetonka State MN Zip Code 55305	Contribution	
Purpose of Disbursement Contribution Candidate Name JIM RAMSTAD Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 3		011 Category/Type
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Stabenow For Us Senate		Transaction ID: 12976162 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 1 / 2 0 0 6
Mailing Address PO Box 4945		Amount of Each Disbursement this Period 1000.00
City East Lansing State MI Zip Code 48826	Contribution	
Purpose of Disbursement Contribution Candidate Name Sen. Debbie Stabenow Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 2		011 Category/Type
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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. Courtney For Congress		Transaction ID: 12976160 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 1 / 2 0 0 6
Mailing Address P.O. Box 1372		Amount of Each Disbursement this Period 1000.00
City State Zip Code Vernon CT 06066	Purpose of Disbursement Contribution	
Candidate Name Mr. Joseph Courtney	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Contribution
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 2	Category/ Type 011	

Full Name (Last, First, Middle Initial) B. David Scott For Congress		Transaction ID: 12976125 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 1 / 2 0 0 6
Mailing Address 162 Hurt Street Ne		Amount of Each Disbursement this Period 1000.00
City State Zip Code Atlanta GA 30307	Purpose of Disbursement Contribution	
Candidate Name Rep. David A. Scott	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Contribution
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 13	Category/ Type 011	

Full Name (Last, First, Middle Initial) C. Lois Murphy For Congress		Transaction ID: 12976150 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 1 / 2 0 0 6
Mailing Address P.O. Box 312		Amount of Each Disbursement this Period 1000.00
City State Zip Code Narberth PA 19072	Purpose of Disbursement Contribution	
Candidate Name Lois Murphy	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Contribution
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 6	Category/ Type 011	

SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Farrell For Congress		Transaction ID: 12976138 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 1 / 2 0 0 6
Mailing Address P.O. Box 5136		Amount of Each Disbursement this Period 1000.00 Contribution
City Westport State CT Zip Code 06881		
Purpose of Disbursement Contribution Candidate Name Diane Farrell Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 4	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Category/Type 011		

Full Name (Last, First, Middle Initial) B. Committee to Bring Back Baron		Transaction ID: 12976135 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 1 / 2 0 0 6
Mailing Address P.O. Box 1071		Amount of Each Disbursement this Period 2000.00 Contribution
City Seymour State IN Zip Code 47274		
Purpose of Disbursement Contribution Candidate Name Baron Hill Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 9	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Category/Type 011		

Full Name (Last, First, Middle Initial) C. Bob Casey for Pennsylvania		Transaction ID: 12976161 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 1 / 2 0 0 6
Mailing Address P.O. Box 1177		Amount of Each Disbursement this Period 3000.00 Contribution
City Harrisburg State PA Zip Code 17108-1177		
Purpose of Disbursement Contribution Candidate Name Bob Casey Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: PA District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Category/Type 011		

SUBTOTAL of Disbursements This Page (optional) ▶	6000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<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. Madrid For Congress		Transaction ID: 12976153 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 1 / 2 0 0 6
Mailing Address PO Box 25626		Amount of Each Disbursement this Period 1000.00 Contribution
City Albuquerque State NM Zip Code 87125	Purpose of Disbursement Contribution Category/Type 011	
Candidate Name Patricia Madrid		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NM District: 1		

Full Name (Last, First, Middle Initial) B. Kilroy For Congress		Transaction ID: 12976151 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 1 / 2 0 0 6
Mailing Address 929 Harrison Ave Ste 305		Amount of Each Disbursement this Period 1000.00 Contribution
City Columbus State OH Zip Code 43215	Purpose of Disbursement Contribution Category/Type 011	
Candidate Name Mary Kilroy		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OH District: 15		

Full Name (Last, First, Middle Initial) C. Cranley For Congress		Transaction ID: 12976149 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 1 / 2 0 0 6
Mailing Address 37 W 7th St Suite 804		Amount of Each Disbursement this Period 1000.00 Contribution
City Cincinnati State OH Zip Code 45202	Purpose of Disbursement Contribution Category/Type 011	
Candidate Name Mr. John Cranley		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OH District: 1		

SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Friends Of Charlie Wilson		Transaction ID: 12976137 Date of Disbursement 09 / 11 / 2006	
Mailing Address 7 Cadiz Pike		Amount of Each Disbursement this Period 1000.00	
City Bridgeport State OH Zip Code 43912	Purpose of Disbursement Contribution	011 Category/ Type	
Candidate Name Mr. Charles Wilson	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 6	Contribution		

Full Name (Last, First, Middle Initial) B. Braley For Congress		Transaction ID: 12976131 Date of Disbursement 09 / 11 / 2006	
Mailing Address PO Box 390		Amount of Each Disbursement this Period 1000.00	
City Waterloo State IA Zip Code 50704	Purpose of Disbursement Contribution	011 Category/ Type	
Candidate Name Mr. Bruce Braley	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 1	Contribution		

Full Name (Last, First, Middle Initial) C. Friends Of Tammy Duckworth		Transaction ID: 12976156 Date of Disbursement 09 / 11 / 2006	
Mailing Address 416 W. 22nd St.		Amount of Each Disbursement this Period 1000.00	
City Lombard State IL Zip Code 60148	Purpose of Disbursement Contribution	011 Category/ Type	
Candidate Name L. Tammy Duckworth	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 6	Contribution		

SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

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

Full Name (Last, First, Middle Initial) A. Patrick Murphy For Congress		Transaction ID: 12976154 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 1 / 2 0 0 6
Mailing Address PO Box 868		Amount of Each Disbursement this Period 1000.00 Contribution
City Levittown State PA Zip Code 19058	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Mr. Patrick Murphy		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 8	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Heath Shuler For Congress		Transaction ID: 12976140 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 1 / 2 0 0 6
Mailing Address PO Box 97		Amount of Each Disbursement this Period 2000.00 Contribution
City Hazelwood State NC Zip Code 28738	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Mr. Joseph Shuler		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 11	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Wetterling '06		Transaction ID: 12976155 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 1 / 2 0 0 6
Mailing Address P.O. Box 2295		Amount of Each Disbursement this Period 2000.00 Contribution
City St. Cloud State MN Zip Code 56302	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Patty Wetterling		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 6	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

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

Full Name (Last, First, Middle Initial) A. Hafen For Congress		Transaction ID: 12976159 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 1 / 2 0 0 6
Mailing Address PO Box 530996		Amount of Each Disbursement this Period 2000.00
City Henderson State NV Zip Code 89053	Contribution	
Purpose of Disbursement Contribution Candidate Name Tessa Hafen Category/Type 011		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NV District: 3		

Full Name (Last, First, Middle Initial) B. Brian Baird for Congress		Transaction ID: 12994133 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6
Mailing Address 236 Massachusetts Avenue, NE Suite 508		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20002	Contribution	
Purpose of Disbursement Contribution Candidate Name Brian Baird Category/Type 011		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: WA District: 3		

Full Name (Last, First, Middle Initial) C. Earl Blumenauer for Congress		Transaction ID: 12994122 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6
Mailing Address 1341 East Capitol Street SE Suite 301		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20003	Contributions	
Purpose of Disbursement Contributions Candidate Name Earl Blumenauer Category/Type 011		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OR District: 3		

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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

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

Full Name (Last, First, Middle Initial) A. Cardin for Senate		Transaction ID: 12994118 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6
Mailing Address 38 Ivy Street, SE		Amount of Each Disbursement this Period 2500.00
City Washington State DC Zip Code 20003	Contribution	
Purpose of Disbursement Contribution Candidate Name Ben Cardin		011 Category/Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MD District:		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. John D. Dingell for Congress Committee		Transaction ID: 12994115 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6
Mailing Address PO Box 75214		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20013	Contribution	
Purpose of Disbursement Contribution Candidate Name John Dingell		011 Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 15		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Chet Edwards for Congress		Transaction ID: 12994135 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6
Mailing Address PO Box 75214		Amount of Each Disbursement this Period 2000.00
City Washington State DC Zip Code 20013-5214	Contribution	
Purpose of Disbursement Contribution Candidate Name Chet Edwards		011 Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 11		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

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

Full Name (Last, First, Middle Initial) A. Pete Stark Re-Election Committee		Transaction ID: 12994114 Date of Disbursement 09 / 15 / 2006	
Mailing Address PO Box 75214		Amount of Each Disbursement this Period 1000.00	
City Washington State DC Zip Code 20013	Purpose of Disbursement Contribution	011 Category/ Type	
Candidate Name Pete Stark	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 13		
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Contribution	

Full Name (Last, First, Middle Initial) B. National Leadership PAC		Transaction ID: 12994128 Date of Disbursement 09 / 15 / 2006	
Mailing Address P.O. Box 5577 Manhattanville Station		Amount of Each Disbursement this Period 1000.00	
City New York State NY Zip Code 10027	Purpose of Disbursement Contribution	011 Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Contribution	

Full Name (Last, First, Middle Initial) C. A Lot of People for Dave Obey		Transaction ID: 12994112 Date of Disbursement 09 / 15 / 2006	
Mailing Address PO Box 75214		Amount of Each Disbursement this Period 1000.00	
City Washington State DC Zip Code 20013	Purpose of Disbursement Contribution	011 Category/ Type	
Candidate Name Dave Obey	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 7		
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Contribution	

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

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<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) A. Pallone for Congress		Transaction ID: 12994124 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6
Mailing Address PO Box 3176		Amount of Each Disbursement this Period 1000.00 Contribution
City Long Branch State NJ Zip Code 07740	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Frank Pallone		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 6	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Schiff for Congress		Transaction ID: 12994132 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6
Mailing Address 38 Ivy Street SE		Amount of Each Disbursement this Period 1000.00 Contribution
City Washington State DC Zip Code 20003	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Adam Schiff		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 29	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Congressman Waxman Campaign Committee		Transaction ID: 12994125 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6
Mailing Address 8665 Wilshire Boulevard Suite 220		Amount of Each Disbursement this Period 1000.00 Contribution
City Beverly Hills State CA Zip Code 90211	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Henry A. Waxman		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 30	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) A. Mike Honda For Congress		Transaction ID: 12994117 Date of Disbursement 09 / 15 / 2006
Mailing Address 50 W. San Fernando St. Ste. 350		Amount of Each Disbursement this Period 1000.00
City San Jose State CA Zip Code 95113	Contribution	
Purpose of Disbursement Contribution Candidate Name Rep. Michael M. Honda Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 15 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Friends Of Jim Marshall		Transaction ID: 12994113 Date of Disbursement 09 / 15 / 2006
Mailing Address PO Box 125		Amount of Each Disbursement this Period 2000.00
City Macon State GA Zip Code 31201	Contribution	
Purpose of Disbursement Contribution Candidate Name Mr. Jame Marshall Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Friends Of Phil Hare		Transaction ID: 12994126 Date of Disbursement 09 / 15 / 2006
Mailing Address 313 17th Street P.O. Box 4183		Amount of Each Disbursement this Period 1000.00
City Rock Island State IL Zip Code 61202	Contribution	
Purpose of Disbursement Contribution Candidate Name Mr. Philip Hare Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 17 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

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<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) A. Judy Feder For Congress		Transaction ID: 12997324 Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2006	
Mailing Address 1514 Hardwood Lane		Amount of Each Disbursement this Period 1000.00	
City Mclean State VA Zip Code 22101	Purpose of Disbursement Contribution	011 Category/Type	
Candidate Name Judith Feder	Contribution		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 10	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Montanans For Tester		Transaction ID: 12994131 Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2006	
Mailing Address PO Box 1248		Amount of Each Disbursement this Period 1500.00	
City Big Sandy State MT Zip Code 59520	Purpose of Disbursement Contribution	011 Category/Type	
Candidate Name Mr. Jon Tester	Contribution		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MT District: 2	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Klobuchar For Minnesota		Transaction ID: 12994130 Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2006	
Mailing Address PO Box 4146		Amount of Each Disbursement this Period 2500.00	
City St Paul State MN Zip Code 55104	Purpose of Disbursement Contribution	011 Category/Type	
Candidate Name Amy Klobuchar	Contribution		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 2	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

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

Full Name (Last, First, Middle Initial) A. BIG TENT PAC		Transaction ID: 12994111 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6
Mailing Address 3502 PRESTON COURT		Amount of Each Disbursement this Period 1000.00
City CHEVY CHASE State MD Zip Code 20815	Contribution	
Purpose of Disbursement Contribution Candidate Name		011 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Arcuri For Congress		Transaction ID: 12994109 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6
Mailing Address P.O. Box 8508		Amount of Each Disbursement this Period 2500.00
City Utica State NY Zip Code 13505	Contribution	
Purpose of Disbursement Contribution Candidate Name Mr. Michael Arcuri		011 Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 24		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Carney For Congress		Transaction ID: 12994108 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6
Mailing Address PO Box 38		Amount of Each Disbursement this Period 2000.00
City Dimock State PA Zip Code 18816	Contribution	
Purpose of Disbursement Contribution Candidate Name Mr. Christopher Carney		011 Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 10		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

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

Full Name (Last, First, Middle Initial) A. Harold Ford Jr For Tennessee		Transaction ID: 13007306 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6
Mailing Address 5120 Barry Road Suite 1300		Amount of Each Disbursement this Period 2500.00 Contribution
City Memphis State TN Zip Code 38117		
Purpose of Disbursement Contribution Candidate Name Mr. Harold Ford Category/Type 011		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TN District: 2		

Full Name (Last, First, Middle Initial) B. Tammy Baldwin for Congress		Transaction ID: 13088410 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 2 / 2 0 0 6
Mailing Address PO Box 696		Amount of Each Disbursement this Period 1000.00 Contribution
City Madison State WI Zip Code 53701		
Purpose of Disbursement Contribution Candidate Name Tammy Baldwin Category/Type 011		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: WI District: 2		

Full Name (Last, First, Middle Initial) C. Berry for Congress		Transaction ID: 13088998 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 2 / 2 0 0 6
Mailing Address 227 Massachusetts Avenue NE Suite 101		Amount of Each Disbursement this Period 1000.00 Contribution
City Washington State DC Zip Code 20002		
Purpose of Disbursement Contribution Candidate Name Marion Berry Category/Type 011		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: AR District: 1		

SUBTOTAL of Disbursements This Page (optional) ▶	4500.00
TOTAL This Period (last page this line number only) ▶	(Empty field)

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Friends of Jim Clyburn		Transaction ID: 13088878 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 2 / 2 0 0 6
Mailing Address 499 South Capitol Street, SW Suite 604		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20003	Contribution	
Purpose of Disbursement Contribution Candidate Name James Clyburn		011 Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 6		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. BEN NELSON FOR U.S. SENATE		Transaction ID: 13088734 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 2 / 2 0 0 6
Mailing Address 420 C STREET, N.E.		Amount of Each Disbursement this Period 2000.00
City WASHINGTON State DC Zip Code 20002	Contribution	
Purpose of Disbursement Contribution Candidate Name BEN NELSON		011 Category/Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 0		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. CITIZENS FOR RUSH		Transaction ID: 13088526 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 2 / 2 0 0 6
Mailing Address P.O. Box 7292		Amount of Each Disbursement this Period 1000.00
City Chicago State IL Zip Code 60680	Contribution	
Purpose of Disbursement Contribution Candidate Name BOBBY RUSH		011 Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 1		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. CHC/BOLD PAC		Transaction ID: 13088788 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 2 / 2 0 0 6
Mailing Address 1831 Bay Street, SE		Amount of Each Disbursement this Period 1000.00
City WASHINGTON State DC Zip Code 20003	Contribution	
Purpose of Disbursement Contribution Candidate Name		011 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Tim Bishop For Congress		Transaction ID: 13089057 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 2 / 2 0 0 6
Mailing Address PO Box 437		Amount of Each Disbursement this Period 1000.00
City Farmingville State NY Zip Code 11738	Contribution	
Purpose of Disbursement Contribution Candidate Name Rep. Timothy Bishop		011 Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 1		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Friends Of John Barrow		Transaction ID: 13088934 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 2 / 2 0 0 6
Mailing Address PO Box 8166		Amount of Each Disbursement this Period 1500.00
City Savannah State GA Zip Code 31412	Contribution	
Purpose of Disbursement Contribution Candidate Name Mr. John Barrow		011 Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 12		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	3500.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<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. Melissa Bean For Congress		Transaction ID: 13088565 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 2 / 2 0 0 6
Mailing Address Post Office Box 3068		Amount of Each Disbursement this Period 1000.00
City Barrington State IL Zip Code 60010	Contribution	
Purpose of Disbursement Contribution Candidate Name Rep. Melissa L. Bean Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 8		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Category/Type 011		

Full Name (Last, First, Middle Initial) B. Carnahan In Congress		Transaction ID: 13088361 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 2 / 2 0 0 6
Mailing Address 7370 Manchester Rd Ste 20		Amount of Each Disbursement this Period 1000.00
City St. Louis State MO Zip Code 63143	Contribution	
Purpose of Disbursement Contribution Candidate Name Mr. Russ Carnahan Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 3		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Category/Type 011		

Full Name (Last, First, Middle Initial) C. Matsui for Congress		Transaction ID: 13087978 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 2 / 2 0 0 6
Mailing Address 729 Fifteenth Street, NW		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20005	Contribution	
Purpose of Disbursement Contribution Candidate Name Ms. Doris Matsui Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 5		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Category/Type 011		

SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Sanders For Senate		Transaction ID: 13088469 Date of Disbursement 09 / 22 / 2006
Mailing Address PO Box 391		Amount of Each Disbursement this Period 2000.00 Contribution
City Burlington State VT Zip Code 05402	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Mr. Bernard Sanders		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: VT District: 2	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Mccaskill For Missouri		Transaction ID: 13088300 Date of Disbursement 09 / 22 / 2006
Mailing Address PO Box 6771		Amount of Each Disbursement this Period 4000.00 Contribution
City St Louis State MO Zip Code 63144	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Claire McCaskill		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 2	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Menendez For Senate		Transaction ID: 13088690 Date of Disbursement 09 / 22 / 2006
Mailing Address P.O. Box 848		Amount of Each Disbursement this Period 2500.00 Contribution
City Union City State NJ Zip Code 07087	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Rep. Robert Menendez		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 13	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	8500.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<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. Betty Sutton For Congress		Transaction ID: 13088625 Date of Disbursement M M / D D / Y Y Y Y 09 / 22 / 2006
Mailing Address 1700 W Market St #155		Amount of Each Disbursement this Period 1000.00
City Akron State OH Zip Code 44313	Contribution	
Purpose of Disbursement Contribution Candidate Name Betty Sutton Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 13		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Sestak For Congress		Transaction ID: 13088193 Date of Disbursement M M / D D / Y Y Y Y 09 / 22 / 2006
Mailing Address P.O. Box 16		Amount of Each Disbursement this Period 1000.00
City Media State PA Zip Code 19063	Contribution	
Purpose of Disbursement Contribution Candidate Name Mr. Joseph Sestak Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 7		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Giffords For Congress		Transaction ID: 13088087 Date of Disbursement M M / D D / Y Y Y Y 09 / 22 / 2006
Mailing Address PO Box 27565		Amount of Each Disbursement this Period 2000.00
City Tucson State AZ Zip Code 85726	Contribution	
Purpose of Disbursement Contribution Candidate Name Gabrielle Giffords Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 8		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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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. Joe Donnelly For Congress		Transaction ID: 13088135 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 2 / 2 0 0 6
Mailing Address P.O. Box 1961 Century Building		Amount of Each Disbursement this Period 2000.00
City South Bend State IN Zip Code 46634	Contribution	
Purpose of Disbursement Contribution Candidate Name Mr. Joseph Donnelly Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 2		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Category/Type 011		

Full Name (Last, First, Middle Initial) B. Moul For Congress Committee		Transaction ID: 13088243 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 2 / 2 0 0 6
Mailing Address PO Box 85445		Amount of Each Disbursement this Period 1000.00
City Lincoln State NE Zip Code 68501	Contribution	
Purpose of Disbursement Contribution Candidate Name Maxine Moul Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 1		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Category/Type 011		

Full Name (Last, First, Middle Initial) C. Ellsworth For Congress Committee		Transaction ID: 13088029 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 2 / 2 0 0 6
Mailing Address PO Box 62		Amount of Each Disbursement this Period 2500.00
City Evansville State IN Zip Code 47708	Contribution	
Purpose of Disbursement Contribution Candidate Name Mr. Brad Ellsworth Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 8		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Category/Type 011		

SUBTOTAL of Disbursements This Page (optional) ▶	5500.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Allen for Congress		Transaction ID: 13123618 Date of Disbursement 09 / 25 / 2006	
Mailing Address 200 East Jefferson Street		Amount of Each Disbursement this Period 1000.00	
City Falls Church State VA Zip Code 22046	Purpose of Disbursement Contribution	011 Category/ Type	
Candidate Name Thomas Allen	Contribution		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ME District: 1	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Moul For Congress Committee		Transaction ID: 13123637 Date of Disbursement 09 / 25 / 2006	
Mailing Address PO Box 85445		Amount of Each Disbursement this Period -1000.00	
City Lincoln State NE Zip Code 68501	Purpose of Disbursement Void - Moul For Congress Committee	011 Category/ Type	
Candidate Name Maxine Moul	Void - Moul For Congress Committee		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 1	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Moul For Congress Committee		Transaction ID: 13123710 Date of Disbursement 09 / 25 / 2006	
Mailing Address PO Box 85445		Amount of Each Disbursement this Period 1000.00	
City Lincoln State NE Zip Code 68501	Purpose of Disbursement Contribution	011 Category/ Type	
Candidate Name Maxine Moul	Contribution		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 1	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

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

Full Name (Last, First, Middle Initial) A. Levin for Congress		Transaction ID: 13124597 Date of Disbursement 09 / 26 / 2006
Mailing Address P.O. Box 37		Amount of Each Disbursement this Period 1000.00
City Roseville State MI Zip Code 48066-0037	Purpose of Disbursement Contribution Category/Type 011	
Candidate Name Sander Levin	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 12	Contribution
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. LLOYD DOGGETT FOR CONGRESS		Transaction ID: 13128323 Date of Disbursement 09 / 28 / 2006
Mailing Address P.O. BOX 5843		Amount of Each Disbursement this Period 1000.00
City AUSTIN State TX Zip Code 78763	Purpose of Disbursement Contribution Category/Type 011	
Candidate Name LLOYD DOGGETT	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 25	Contribution
Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-General		

Full Name (Last, First, Middle Initial) C. The Friends of Patrick Kennedy Committee		Transaction ID: 13128331 Date of Disbursement 09 / 28 / 2006
Mailing Address 400 C St, NE, Suite 201		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20002	Purpose of Disbursement Contribution Category/Type 011	
Candidate Name PATRICK KENNEDY	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: RI District: 1	Contribution
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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<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. Lampson for Congress		Transaction ID: 13128327 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 8 / 2 0 0 6
Mailing Address P.O. Box 58606		Amount of Each Disbursement this Period 1000.00 Contribution
City Houston State TX Zip Code 77258	Purpose of Disbursement Contribution Candidate Name Nick Lampson Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 22 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Category/Type 011		
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Earl Pomeroy for Congress		Transaction ID: 13128322 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 8 / 2 0 0 6
Mailing Address PO Box 75214		Amount of Each Disbursement this Period 1000.00 Contribution
City Washington State DC Zip Code 20013-5214	Purpose of Disbursement Contribution Candidate Name Earl Pomeroy Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: 1 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Category/Type 011		
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. PAC to the Future		Transaction ID: 13128328 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 8 / 2 0 0 6
Mailing Address 430 South Capitol Street, SE 1st Floor		Amount of Each Disbursement this Period 2500.00 Contributions
City Washington State DC Zip Code 20003	Purpose of Disbursement Contributions Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Category/Type 011		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	4500.00
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Perlmutter For Congress		Transaction ID: 13128324 Date of Disbursement M M / D D / Y Y Y Y 09 / 28 / 2006
Mailing Address 3440 Youngfield St #264		Amount of Each Disbursement this Period 1000.00
City Wheat Ridge State CO Zip Code 80033	Contribution	
Purpose of Disbursement Contribution Candidate Name Mr. Edwin Perlmutter Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 7		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Category/Type 011		

Full Name (Last, First, Middle Initial) B. Klobuchar For Minnesota		Transaction ID: 13128330 Date of Disbursement M M / D D / Y Y Y Y 09 / 28 / 2006
Mailing Address PO Box 4146		Amount of Each Disbursement this Period 1500.00
City St Paul State MN Zip Code 55104	Contribution	
Purpose of Disbursement Contribution Candidate Name Amy Klobuchar Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 2		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Category/Type 011		

SUBTOTAL of Disbursements This Page (optional) ►

2500.00

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

108000.00

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)

PAGE 55 / 55

<input 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 checked="" 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. Americans for Indian Opportunity

Mailing Address 1001 Marquette Avenue

City Albuquerque State NM Zip Code 87102

Purpose of Disbursement
Contribution

Candidate Name

012
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 12994119

Date of Disbursement

09 / 15 / 2006

Amount of Each Disbursement this Period

250.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

250.00

TOTAL This Period (last page this line number only)

250.00