



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

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

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>	<input type="text" value="91845.11"/>	<input type="text" value="91845.11"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="393042.92"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="236789.76"/>	<input type="text" value="776602.02"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="629832.68"/>	<input type="text" value="868447.13"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="155563.06"/>	<input type="text" value="394177.51"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="474269.62"/>	<input type="text" value="474269.62"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
  
Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

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

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	8496.00	19742.00
(ii) Unitemized .....	228266.62	756790.07
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	236762.62	776532.07
(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) .....	236762.62	776532.07
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.).....	27.14	69.95
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	236789.76	776602.02
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	236789.76	776602.02

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	104890.21	141502.14
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	104890.21	141502.14
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	50672.85	249153.81
24. Independent Expenditures (use Schedule E) .....	0.00	1219.28
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	2302.28
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	155563.06	394177.51
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	155563.06	394177.51

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	236762.62	776532.07
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	236762.62	776532.07
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	104890.21	141502.14
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	104890.21	141502.14

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 42
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial) <b>A. Mr Frank Kapitan</b>		Date of Receipt MM / DD / YYYY 07 / 02 / 2012 <b>Transaction ID : 20241835</b>
Mailing Address 31 Bungalow Park		Amount of Each Receipt this Period 165.00
City Stamford	State CT	
Zip Code 06902-4305		Aggregate Year-to-Date ▼ 305.00
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 ▼ 305.00		

Full Name (Last, First, Middle Initial) <b>B. Mrs Ona F Lester</b>		Date of Receipt MM / DD / YYYY 07 / 06 / 2012 <b>Transaction ID : 20242235</b>
Mailing Address 1101 Humphries Rd NW		Amount of Each Receipt this Period 229.00
City Conyers	State GA	
Zip Code 30012-2015		Aggregate Year-to-Date ▼ 329.00
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 ▼ 329.00		

Full Name (Last, First, Middle Initial) <b>C. Mr Terry C Neubert</b>		Date of Receipt MM / DD / YYYY 07 / 03 / 2012 <b>Transaction ID : 20242457</b>
Mailing Address 5153 Sunny Brook Rd		Amount of Each Receipt this Period 125.00
City Kent	State OH	
Zip Code 44240-7301		Aggregate Year-to-Date ▼ 225.00
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation Retired	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Aggregate Year-to-Date ▼ 225.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	519.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 42
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**National Committee to Preserve Social Security & Medicare PAC**

Full Name (Last, First, Middle Initial) <b>A. Mr Bobby J Willis</b>		Date of Receipt MM / DD / YYYY 07 / 10 / 2012 <b>Transaction ID : 20242869</b>
Mailing Address 15201 W Highway 12		Amount of Each Receipt this Period 200.00
City Gentry	State AR	
Zip Code 72734-9207		Aggregate Year-to-Date ▼ 400.00
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation Retired	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Aggregate Year-to-Date ▼ 400.00		

Full Name (Last, First, Middle Initial) <b>B. Mr George F Harris Jr</b>		Date of Receipt MM / DD / YYYY 07 / 06 / 2012 <b>Transaction ID : 20243047</b>
Mailing Address Apt 280 1475 S 46th Ave		Amount of Each Receipt this Period 250.00
City Yuma	State AZ	
Zip Code 85364-4015		Aggregate Year-to-Date ▼ 450.00
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation Retired	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Aggregate Year-to-Date ▼ 450.00		

Full Name (Last, First, Middle Initial) <b>C. Mr Daniel M Perry</b>		Date of Receipt MM / DD / YYYY 07 / 12 / 2012 <b>Transaction ID : 20243093</b>
Mailing Address 612 W Escalon Ave		Amount of Each Receipt this Period 114.00
City Clovis	State CA	
Zip Code 93612-5738		Aggregate Year-to-Date ▼ 228.00
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation Retired	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Aggregate Year-to-Date ▼ 228.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	564.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 42
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**National Committee to Preserve Social Security & Medicare PAC**

Full Name (Last, First, Middle Initial) <b>A. Mr G Makuaole</b>		Date of Receipt MM / DD / YYYY 07 / 12 / 2012 <b>Transaction ID : 20243188</b>
Mailing Address 87 252 Laiku St		Amount of Each Receipt this Period 350.00
City Waianae	State HI	
Zip Code 96792-3692		Aggregate Year-to-Date ▼ 350.00
FEC ID number of contributing federal political committee. C	Occupation Retired	
Name of Employer	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Ms Elizabeth M Brewster</b>		Date of Receipt MM / DD / YYYY 07 / 02 / 2012 <b>Transaction ID : 20243272</b>
Mailing Address 10412 E 24th Avenue		Amount of Each Receipt this Period 200.00
City Spokane	State WA	
Zip Code 99206-3306		Aggregate Year-to-Date ▼ 300.00
FEC ID number of contributing federal political committee. C	Occupation Retired	
Name of Employer	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Mr Henry F Hanson</b>		Date of Receipt MM / DD / YYYY 07 / 06 / 2012 <b>Transaction ID : 20243428</b>
Mailing Address 1585 Perch Way		Amount of Each Receipt this Period 150.00
City Willits	State CA	
Zip Code 95490		Aggregate Year-to-Date ▼ 300.00
FEC ID number of contributing federal political committee. C	Occupation Retired	
Name of Employer	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	700.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 42
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**National Committee to Preserve Social Security & Medicare PAC**

Full Name (Last, First, Middle Initial) <b>A. Mr Homer F Mincy Jr</b>		Date of Receipt MM / DD / YYYY 07 / 02 / 2012 <b>Transaction ID : 20243911</b>
Mailing Address 4063 Longhill Rd		Amount of Each Receipt this Period 175.00
City Columbus	State OH	
Zip Code 43220-4847		Aggregate Year-to-Date ▼ 325.00
FEC ID number of contributing federal political committee. C	Occupation Retired	
Name of Employer	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Mrs Marion L Matthies-Newton</b>		Date of Receipt MM / DD / YYYY 07 / 11 / 2012 <b>Transaction ID : 20244025</b>
Mailing Address 17401 El Molino St		Amount of Each Receipt this Period 140.00
City Bloomington	State CA	
Zip Code 92316		Aggregate Year-to-Date ▼ 280.00
FEC ID number of contributing federal political committee. C	Occupation Retired	
Name of Employer	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. H Veith</b>		Date of Receipt MM / DD / YYYY 07 / 25 / 2012 <b>Transaction ID : 20244213</b>
Mailing Address Po Box 55073 Station A		Amount of Each Receipt this Period 225.00
City Metairie	State LA	
Zip Code 70055-5073		Aggregate Year-to-Date ▼ 225.00
FEC ID number of contributing federal political committee. C	Occupation Retired	
Name of Employer	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	540.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 10 OF 42  
(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. Mr Frederick A Metz**

Mailing Address  
4829 Oakwood Ave

City Downers Grove State IL Zip Code 60515-3455

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  
07 / 06 / 2012  
**Transaction ID : 20244272**

Amount of Each Receipt this Period  
200.00

Full Name (Last, First, Middle Initial)  
**B. Ms Margaret K Bruce**

Mailing Address  
58 Washburn Rd

City Mount Kisco State NY Zip Code 10549-1314

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

Name of Employer Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  
07 / 02 / 2012  
**Transaction ID : 20245315**

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**c. Dr Milton H Stapen**

Mailing Address  
27010 Grand Central Pkwy Apt 14K

City Floral Park State NY Zip Code 11005-1114

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

Name of Employer Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
07 / 06 / 2012  
**Transaction ID : 20245716**

Amount of Each Receipt this Period  
150.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 600.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 42
	<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. Mr Donnie Brown**  
Full Name (Last, First, Middle Initial)

Mailing Address  
739 E Second Ave

City Sutherlin State OR Zip Code 97479

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  
07 / 17 / 2012  
**Transaction ID : 20245999**

Amount of Each Receipt this Period  
100.00

**B. Mr Eugene Davis**  
Full Name (Last, First, Middle Initial)

Mailing Address  
1730 Huntington Dr Unit 212

City Duarte State CA Zip Code 91010-2540

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  
07 / 12 / 2012  
**Transaction ID : 20246142**

Amount of Each Receipt this Period  
125.00

**C. Ms Jocelyne Jueneman**  
Full Name (Last, First, Middle Initial)

Mailing Address Unit 103  
4305 Owens St

City Corona State CA Zip Code 92883-0804

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

Name of Employer Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
325.00

Date of Receipt  
07 / 11 / 2012  
**Transaction ID : 20246809**

Amount of Each Receipt this Period  
175.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	400.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 OF 42  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

Full Name (Last, First, Middle Initial)  
**A. Mrs Marion Strack**

Mailing Address  
7406 Spring Village Dr Apt 111

City Springfield State VA Zip Code 22150-4481

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  
07 / 03 / 2012  
**Transaction ID : 20246860**

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**B. John Mannheim**

Mailing Address  
5 Chestnut St

City Concord State MA Zip Code 01742-2608

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

Name of Employer Occupation Retired

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
07 / 11 / 2012  
**Transaction ID : 20247023**

Amount of Each Receipt this Period  
100.00

Full Name (Last, First, Middle Initial)  
**C. Hazel E Henry**

Mailing Address  
349 Westbrook Rd

City Saint Helena Island State SC Zip Code 29920-3002

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  
07 / 10 / 2012  
**Transaction ID : 20247027**

Amount of Each Receipt this Period  
125.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 475.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 42
	<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. Mr James H Wallace**  
Full Name (Last, First, Middle Initial)

Mailing Address  
787 Bent Hickory Rd

City Charleston State SC Zip Code 29414

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

Name of Employer Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
255.00

Date of Receipt  
07 / 06 / 2012  
**Transaction ID : 20247818**

Amount of Each Receipt this Period  
100.00

**B. Mr Vern Hayter**  
Full Name (Last, First, Middle Initial)

Mailing Address  
25246 Calaroga Avenue

City Hayward State CA Zip Code 94545-2504

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

Name of Employer Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
07 / 03 / 2012  
**Transaction ID : 20248087**

Amount of Each Receipt this Period  
250.00

**C. Paul D Myers**  
Full Name (Last, First, Middle Initial)

Mailing Address  
20566 Belvidere Ave

City Fairview Park State OH Zip Code 44126-1457

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

Name of Employer Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
07 / 05 / 2012  
**Transaction ID : 20248134**

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 600.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Ms Ruth M Johnson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address: PO Box 237  
 City: Mt Prospect, State: IL, Zip Code: 60056-0237  
 FEC ID number of contributing federal political committee: C  
 Name of Employer: Occupation: Retired  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt: 07 / 03 / 2012  
**Transaction ID : 20248409**  
 Amount of Each Receipt this Period: 250.00  
 Aggregate Year-to-Date: 500.00

**B. Mr Gerald Clary**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address: 1650 S Est Ave  
 City: Springfield, State: MO, Zip Code: 65804-2006  
 FEC ID number of contributing federal political committee: C  
 Name of Employer: Occupation: Retired  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt: 07 / 05 / 2012  
**Transaction ID : 20248731**  
 Amount of Each Receipt this Period: 100.00  
 Aggregate Year-to-Date: 300.00

**C. Mr Ronald L Hughes**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address: 3411 E Amelia Ave  
 City: Phoenix, State: AZ, Zip Code: 85018  
 FEC ID number of contributing federal political committee: C  
 Name of Employer: Occupation: Retired  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt: 07 / 17 / 2012  
**Transaction ID : 20248813**  
 Amount of Each Receipt this Period: 103.00  
 Aggregate Year-to-Date: 206.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 453.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 15 OF 42
<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. Ms Jane Tolmach**  
Full Name (Last, First, Middle Initial)

Mailing Address  
656 Douglas Ave  
City Oxnard State CA Zip Code 93030

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

Name of Employer Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
215.00

Date of Receipt  
07 / 11 / 2012  
**Transaction ID : 20248909**

Amount of Each Receipt this Period  
215.00

**B. Mr Robert H Gardner**  
Full Name (Last, First, Middle Initial)

Mailing Address  
124 County Road 32A  
City Norwich State NY Zip Code 13815-3501

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  
07 / 03 / 2012  
**Transaction ID : 20249403**

Amount of Each Receipt this Period  
250.00

**C. Mrs Wilma Jaffe**  
Full Name (Last, First, Middle Initial)

Mailing Address  
1318 Glenfield Ave  
City Oakland State CA Zip Code 94602-1304

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

Name of Employer Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
212.00

Date of Receipt  
07 / 03 / 2012  
**Transaction ID : 20249768**

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 515.00

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

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

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

FOR LINE NUMBER: PAGE 16 OF 42  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Mr Daniel Fergen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 563 Gordon Cir  
 City State Zip Code  
 Key Largo FL 33037  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Retired  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 11 / 2012  
**Transaction ID : 20250249**  
 Amount of Each Receipt this Period  
 100.00

**B. Marilyn Britton**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 16 Long Hill Estates  
 City State Zip Code  
 Peterborough NH 03458-1811  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Retired  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 06 / 2012  
**Transaction ID : 20250267**  
 Amount of Each Receipt this Period  
 100.00

**C. Mr Theodore Freeman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 100 Spring Harbor Dr Apt 568  
 City State Zip Code  
 Columbus GA 31904-4639  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Retired  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 06 / 2012  
**Transaction ID : 20251029**  
 Amount of Each Receipt this Period  
 250.00

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

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

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

FOR LINE NUMBER: PAGE 17 OF 42  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Ms Dixie Holmes**

Mailing Address  
512 Maple St

City State Zip Code  
Princeton KY 42445-1839

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

Name of Employer Occupation  
Retired

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
325.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 05 / 2012  
**Transaction ID : 20251057**

Amount of Each Receipt this Period  
150.00

Full Name (Last, First, Middle Initial)  
**B. Ms Arlene Seguire**

Mailing Address  
12 Arthur St

City State Zip Code  
Yonkers NY 10701-1505

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

Name of Employer Occupation  
Retired

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
380.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 06 / 2012  
**Transaction ID : 20251194**

Amount of Each Receipt this Period  
255.00

Full Name (Last, First, Middle Initial)  
**C. Mr Jack T Burns**

Mailing Address  
4617 White Owl Ln

City State Zip Code  
Memphis TN 38128-1282

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

Name of Employer Occupation  
Retired

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 03 / 2012  
**Transaction ID : 20251765**

Amount of Each Receipt this Period  
600.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1005.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 18 OF 42
<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. Ms Ruth H Lark**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address: 4510 Dakota Dr  
 City: Madison State: WI Zip Code: 53704-1810  
 FEC ID number of contributing federal political committee: C  
 Name of Employer: Occupation: Retired  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt: 07 / 09 / 2012  
**Transaction ID : 20251796**  
 Amount of Each Receipt this Period: 200.00  
 Aggregate Year-to-Date: 400.00

**B. Mr James L Margason Sr**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address: 520 NE 319th Ave  
 City: Washougal State: WA Zip Code: 98671  
 FEC ID number of contributing federal political committee: C  
 Name of Employer: Occupation: Retired  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt: 07 / 05 / 2012  
**Transaction ID : 20252122**  
 Amount of Each Receipt this Period: 125.00  
 Aggregate Year-to-Date: 225.00

**C. Mr Michael Borsierine**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address: 71407 Biskra Rd  
 City: Rancho Mirage State: CA Zip Code: 92270-4221  
 FEC ID number of contributing federal political committee: C  
 Name of Employer: Occupation: Retired  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt: 07 / 13 / 2012  
**Transaction ID : 20253041**  
 Amount of Each Receipt this Period: 150.00  
 Aggregate Year-to-Date: 300.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 42
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Ms Patricia Moore**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 508 W Gordon St  
 City Allentown State PA Zip Code 18102-3318  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation Retired  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 07 / 25 / 2012  
**Transaction ID : 20253135**  
 Amount of Each Receipt this Period  
 200.00  
 Aggregate Year-to-Date ▼  
 250.00

**B. Mr & Mrs Kenneth Mendenhall**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Apt T711  
 605 Universe Blvd  
 City Juno Beach State FL Zip Code 33408-7404  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation Retired  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 07 / 02 / 2012  
**Transaction ID : 20253339**  
 Amount of Each Receipt this Period  
 250.00  
 Aggregate Year-to-Date ▼  
 250.00

**C. Mr Victor Gepner**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 3346 92nd St Apt 5M  
 City Jackson Hts State NY Zip Code 11372-1836  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation Retired  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 07 / 06 / 2012  
**Transaction ID : 20253428**  
 Amount of Each Receipt this Period  
 250.00  
 Aggregate Year-to-Date ▼  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 700.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 20 OF 42  
(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)  
**Dr Norman S Wolf**

Mailing Address  
7557 35th Ave NE

City State Zip Code  
Seattle WA 98115-4810

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

Name of Employer Occupation  
Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
07 / 11 / 2012

**Transaction ID : 20254291**

Amount of Each Receipt this Period  
500.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
MM / DD / YYYY

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
MM / DD / YYYY

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	8496.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. LENNY SIMON**

Mailing Address 160 ROSEDALE AVENUE

City HASTING-ON-HUDSON State NY Zip Code 10706

Purpose of Disbursement  
PAC Intern Stipend

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
07 / 13 / 2012

**Transaction ID : 20057412**

Amount of Each Disbursement this Period

900.00

PAC Intern Stipend

Full Name (Last, First, Middle Initial)

**B. NCPSSM**

Mailing Address 10 G Street, NE  
Suite 600

City Washington State DC Zip Code 20002

Purpose of Disbursement  
ADVANCE FOR FUTURE IN-KIND CONTRIBUTION

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
07 / 09 / 2012

**Transaction ID : 20057706**

Amount of Each Disbursement this Period

-339.50

ADVANCE FOR FUTURE IN-KIND CONTRIBUTION

Full Name (Last, First, Middle Initial)

**C. MOORE WALLACE RESPONSE MARKETING SERVICES**

Mailing Address PO Box 93514

City CHICAGO State IL Zip Code 60673-3514

Purpose of Disbursement  
Printing, No Express Advocacy

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
07 / 17 / 2012

**Transaction ID : 20058741**

Amount of Each Disbursement this Period

92450.07

Printing, No Express Advocacy

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

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

93010.57

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. NCPSSM**

Mailing Address 10 G Street, NE  
Suite 600

City Washington State DC Zip Code 20002

Purpose of Disbursement  
ADVANCE FOR FUTURE IN-KIND

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 20058742**

Amount of Each Disbursement this Period

ADVANCE FOR FUTURE IN-KIND

Full Name (Last, First, Middle Initial)

**B. PERKINS COIE**

Mailing Address CLIENT ACCOUNTING  
1201 THIRD AVENUE, 40TH FLOOR

City SEATTLE State WA Zip Code 98101-3099

Purpose of Disbursement  
LEGAL FEES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 20058745**

Amount of Each Disbursement this Period

LEGAL FEES

Full Name (Last, First, Middle Initial)

**C. POLITICAL REPORT, LLC**

Mailing Address 1990 M STREET, NW, SUITE 800

City WASHINGTON State DC Zip Code 20036

Purpose of Disbursement  
Subscription

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 20058774**

Amount of Each Disbursement this Period

Subscription

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. DMH MARKETING PARTNERS**

Mailing Address 12101 WESTPORT ROAD

City LOUISVILLE State KY Zip Code 40245

Purpose of Disbursement  
PRINT- JOB #01128006

006

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
07 / 27 / 2012

Transaction ID : 20206125

Amount of Each Disbursement this Period

0.00

PRINT- JOB #01128006

Full Name (Last, First, Middle Initial)

**B. LENNY SIMON**

Mailing Address 160 ROSEDALE AVENUE

City HASTING-ON-HUDSON State NY Zip Code 10706

Purpose of Disbursement  
PAC INTERN STIPEND-

003

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
07 / 27 / 2012

Transaction ID : 20206126

Amount of Each Disbursement this Period

900.00

PAC INTERN STIPEND-

Full Name (Last, First, Middle Initial)

**C. DMH MARKETING PARTNERS**

Mailing Address 12101 WESTPORT ROAD

City LOUISVILLE State KY Zip Code 40245

Purpose of Disbursement  
Void - DMH MARKETING PARTNERS

006

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
07 / 27 / 2012

Transaction ID : 20206128

Amount of Each Disbursement this Period

0.00

Void - DMH MARKETING PARTNERS

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

900.00

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. DMH MARKETING PARTNERS**

Mailing Address 12101 WESTPORT ROAD

City LOUISVILLE State KY Zip Code 40245

Purpose of Disbursement  
Postage, No Express Advocacy

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
07 / 27 / 2012

**Transaction ID : 20206129**

Amount of Each Disbursement this Period

103.50

Postage, No Express Advocacy

Full Name (Last, First, Middle Initial)

**B. DMH MARKETING PARTNERS**

Mailing Address 12101 WESTPORT ROAD

City LOUISVILLE State KY Zip Code 40245

Purpose of Disbursement  
Postage, No Express Advocacy

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
07 / 30 / 2012

**Transaction ID : 20207544**

Amount of Each Disbursement this Period

16.20

Postage, No Express Advocacy

Full Name (Last, First, Middle Initial)

**C. NCPSSM**

Mailing Address 10 G Street, NE  
Suite 600

City Washington State DC Zip Code 20002

Purpose of Disbursement  
ADVANCE FOR IN-KIND CONTRIBUTION

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
07 / 31 / 2012

**Transaction ID : 20254498**

Amount of Each Disbursement this Period

-333.35

ADVANCE FOR IN-KIND CONTRIBUTION

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

-213.65

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Bank of America**

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

City Washington State DC Zip Code 20005

Purpose of Disbursement  
BANK FEES

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 20260836**

Amount of Each Disbursement this Period

BANK FEES

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

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

Mailing Address P.O. Box 730

City Honeoye State NY Zip Code 14471

Purpose of Disbursement  
Contribution

Candidate Name

**Louise M. Slaughter**

Office Sought:  House  
 Senate  
 President  
State: NY District: 28

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
07 / 06 / 2012

**Transaction ID : 20008554**

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Searchlight Leadership Fund**

Mailing Address 426 C Street, NE  
Rear Building

City Washington State DC Zip Code 20002

Purpose of Disbursement  
2012 Calendar Year

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
07 / 11 / 2012

**Transaction ID : 20044939**

Amount of Each Disbursement this Period

1000.00

2012 Calendar Year

Full Name (Last, First, Middle Initial)

**C. Beatty For Congress**

Mailing Address PO Box 172

City Columbus State OH Zip Code 43216

Purpose of Disbursement  
Contribution

Candidate Name

**Ms. Joyce Beatty**

Office Sought:  House  
 Senate  
 President  
State: OH District: 03

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
07 / 13 / 2012

**Transaction ID : 20057394**

Amount of Each Disbursement this Period

1000.00

Contribution

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

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

3000.00

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. Bera For Congress**

Mailing Address Post Office Box 582496

City Elk Grove State CA Zip Code 95758

Purpose of Disbursement Contribution

011

Candidate Name

**Amerish Bera**

Category/Type

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

Disbursement For: 2012  
 Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
07 / 13 / 2012

Transaction ID : 20057395

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Cartwright For Congress**

Mailing Address 672 N River Street Suite 310

City Plains State PA Zip Code 18705

Purpose of Disbursement Contribution

011

Candidate Name

**Mr. Matthew Cartwright**

Category/Type

Office Sought:  House  Senate  President  
State: PA District: 17

Disbursement For: 2012  
 Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
07 / 13 / 2012

Transaction ID : 20057396

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

**C. Committee To Elect Michelle Lujan Grisham**

Mailing Address 2015 Dietz Pl Nw

City Albuquerque State NM Zip Code 87107

Purpose of Disbursement Contribution

011

Candidate Name

**Ms. Michelle Grisham**

Category/Type

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

Disbursement For: 2012  
 Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
07 / 13 / 2012

Transaction ID : 20057397

Amount of Each Disbursement this Period

1000.00

Contribution

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

3000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Friends Of Dan Kildee**

Mailing Address P.O. Box 248

City Flint State MI Zip Code 48501

Purpose of Disbursement  
Contribution

011

Candidate Name

**Mr. Daniel Kildee**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: MI District: 05

Date of Disbursement

MM / DD / YYYY  
07 / 13 / 2012

**Transaction ID : 20057398**

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Schneider For Congress**

Mailing Address PO Box 1318

City Deerfield State IL Zip Code 60015

Purpose of Disbursement  
Contribution

011

Candidate Name

**Mr. Bradley Schneider**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: IL District: 10

Date of Disbursement

MM / DD / YYYY  
07 / 13 / 2012

**Transaction ID : 20057399**

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

**C. Tony Cardenas For Congress**

Mailing Address 3700 Wilshire Blvd Suite 1050-B

City Los Angeles State CA Zip Code 90010

Purpose of Disbursement  
Contribution

011

Candidate Name

**Mr. Tony Cardenas**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: CA District: 29

Date of Disbursement

MM / DD / YYYY  
07 / 13 / 2012

**Transaction ID : 20057400**

Amount of Each Disbursement this Period

1000.00

Contribution

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

3000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Pete Stark Re-Election Committee**

Mailing Address PO Box 75214

City Washington State DC Zip Code 20013

Purpose of Disbursement Contribution

011

Candidate Name

**Pete Stark**

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2012  Primary  General  Other (specify) ▼

State: CA District: 13

Date of Disbursement

MM / DD / YYYY  
07 / 13 / 2012

Transaction ID : 20057401

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Jim Himes For Congress**

Mailing Address 857 Post Road, #312

City Fairfield State CT Zip Code 06824

Purpose of Disbursement Contribution

011

Candidate Name

**Mr. Jim Himes**

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2012  Primary  General  Other (specify) ▼

State: CT District: 04

Date of Disbursement

MM / DD / YYYY  
07 / 13 / 2012

Transaction ID : 20057402

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

**C. Dave Crooks For Congress**

Mailing Address 324 East Main Street  
PO Box 686

City Washington State IN Zip Code 47501

Purpose of Disbursement Contribution

011

Candidate Name

**Mr. David Crooks**

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2012  Primary  General  Other (specify) ▼

State: IN District: 08

Date of Disbursement

MM / DD / YYYY  
07 / 13 / 2012

Transaction ID : 20057403

Amount of Each Disbursement this Period

1000.00

Contribution

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

3000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Kaine For Virginia**

Mailing Address 2106 Hamilton Street Suite C

City Richmond State VA Zip Code 23230

Purpose of Disbursement  
Contribution

011

Candidate Name

**Mr. Timothy Kaine**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: VA District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 13 / 2012

**Transaction ID : 20057404**

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Engel for Congress**

Mailing Address 38 Ivy Street SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Contribution

011

Candidate Name

**Eliot Engel**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: NY District: 17

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 13 / 2012

**Transaction ID : 20057405**

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

**C. Stabenow For Us Senate**

Mailing Address P.O. Box 4945

City East Lansing State MI Zip Code 48826

Purpose of Disbursement  
Contribution

011

Candidate Name

**Sen. Debbie Stabenow**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: MI District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 13 / 2012

**Transaction ID : 20057406**

Amount of Each Disbursement this Period

1000.00

Contribution

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

3000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Richard E. Neal for Congress Committee**

Mailing Address PO Box 15906

City Chevy Chase State MD Zip Code 20825

Purpose of Disbursement  
IN-KIND CONTRIBUTION

011

Candidate Name

**Richard E. Neal**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: MA District: 02

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			0	9			2	0	1	2		

**Transaction ID : 20057707**

Amount of Each Disbursement this Period

3	3	9	.	5	0
---	---	---	---	---	---

IN-KIND CONTRIBUTION

Full Name (Last, First, Middle Initial)

**B. Angus King For Us Senate Campaign**

Mailing Address 135 Maine Street  
PO Box 368

City Brunswick State ME Zip Code 04011

Purpose of Disbursement  
Contribution

011

Candidate Name

**Mr. Angus King**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: ME District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			1	8			2	0	1	2		

**Transaction ID : 20059493**

Amount of Each Disbursement this Period

1	0	0	.	0	0
---	---	---	---	---	---

Contribution

Full Name (Last, First, Middle Initial)

**C. Ron Barber For Congress**

Mailing Address PO Box 57715

City Tucson State AZ Zip Code 85732

Purpose of Disbursement  
Contribution

011

Candidate Name

**Mr. Ronald Barber**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: AZ District: 08

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			2	3			2	0	1	2		

**Transaction ID : 20141649**

Amount of Each Disbursement this Period

1	0	0	.	0	0
---	---	---	---	---	---

Contribution

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

2	3	3	.	9	5
---	---	---	---	---	---

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

2	3	3	.	9	5
---	---	---	---	---	---

**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. Sanford D. Bishop Jr. for Congress**

Mailing Address P.O. Box 909

City State Zip Code  
Columbus GA 31902

Purpose of Disbursement  
Contribution

Candidate Name

**Sanford Bishop**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: GA District: 02

Date of Disbursement

MM / DD / YYYY  
07 / 23 / 2012

**Transaction ID : 20145136**

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Eddie Bernice Johnson for Congress**

Mailing Address 499 South Capitol Street, SW  
Suite 422

City State Zip Code  
Washington DC 20003

Purpose of Disbursement  
Contribution

Candidate Name

**Eddie Bernice Johnson**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: TX District: 30

Date of Disbursement

MM / DD / YYYY  
07 / 23 / 2012

**Transaction ID : 20145308**

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

**C. SCHAKOWSKY FOR CONGRESS**

Mailing Address PO Box 5130

City State Zip Code  
EVANSTON IL 60204

Purpose of Disbursement  
Contribution

Candidate Name

**JAN SCHAKOWSKY**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: IL District: 09

Date of Disbursement

MM / DD / YYYY  
07 / 23 / 2012

**Transaction ID : 20145754**

Amount of Each Disbursement this Period

1000.00

Contribution

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

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

3000.00

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. NITA LOWEY FOR CONGRESS**

Mailing Address 3422 Porter Street, NW

City Washington State DC Zip Code 20016

Purpose of Disbursement  
Contribution

011

Candidate Name

**NITA LOWEY**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: NY District: 18

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		23		2012

**Transaction ID : 20145849**

Amount of Each Disbursement this Period

1000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**B. Terri Sewell For Congress**

Mailing Address P.O. Box 1964

City Birmingham State AL Zip Code 35201

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. Terri A. Sewell**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: AL District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		23		2012

**Transaction ID : 20145943**

Amount of Each Disbursement this Period

1000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**C. People For Derek Kilmer**

Mailing Address PO Box 1574

City Gig Harbor State WA Zip Code 98335

Purpose of Disbursement  
Contribution

011

Candidate Name

**Mr. Derek Kilmer**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: WA District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		30		2012

**Transaction ID : 20207305**

Amount of Each Disbursement this Period

1000.00
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Contribution

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

3000.00
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**TOTAL** This Period (last page this line number only)..... ▶

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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. JANICE HAHN FOR CONGRESS**

Mailing Address 236 Massachusetts Avenue, NE  
Suite 603

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Contribution

Candidate Name

**JANICE HAHN**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: CA District: 36

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		30		2012

**Transaction ID : 20207306**

Amount of Each Disbursement this Period

1000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**B. Friends Of Charlie Wilson**

Mailing Address P.O. Box 334

City Bridgeport State OH Zip Code 43912

Purpose of Disbursement  
Contribution

Candidate Name

**Mr. Charles Wilson**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: OH District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		30		2012

**Transaction ID : 20207307**

Amount of Each Disbursement this Period

1000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**C. Duckworth For Congress**

Mailing Address P.O. Box 59568

City Schaumburg State IL Zip Code 60159

Purpose of Disbursement  
Contribution

Candidate Name

**Ms. L. Tammy Duckworth**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: IL District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		30		2012

**Transaction ID : 20207308**

Amount of Each Disbursement this Period

1000.00
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Contribution

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

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

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. Cardin for Senate**

Mailing Address 38 Ivy Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Contribution

011

Candidate Name

**Ben Cardin**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: MD District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 30 / 2012

**Transaction ID : 20207318**

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Stabenow For Us Senate**

Mailing Address P.O. Box 4945

City East Lansing State MI Zip Code 48826

Purpose of Disbursement  
Contribution

011

Candidate Name

**Sen. Debbie Stabenow**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: MI District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 30 / 2012

**Transaction ID : 20207319**

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

**C. Montanans For Tester**

Mailing Address PO Box 3171

City Billings State MT Zip Code 59103

Purpose of Disbursement  
Contribution

011

Candidate Name

**Mr. Jon Tester**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: MT District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 30 / 2012

**Transaction ID : 20207320**

Amount of Each Disbursement this Period

2000.00

Contribution

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

5000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Kathy Hochul For Congress**

Mailing Address PO Box 64

City Buffalo State NY Zip Code 14231

Purpose of Disbursement  
Contribution

011

Candidate Name

**Ms. Kathleen Hochul**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: NY District: 26

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 30 / 2012

**Transaction ID : 20207321**

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Friends of Lois Capps**

Mailing Address 38 Ivy Street SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Contribution

011

Candidate Name

**Lois Capps**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: CA District: 23

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 30 / 2012

**Transaction ID : 20207322**

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

**C. Bonamici For Congress**

Mailing Address 2236 Se 10th Ave

City Portland State OR Zip Code 97214

Purpose of Disbursement  
Contribution

011

Candidate Name

**Ms. Suzanne Bonamici**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: OR District: 01

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 30 / 2012

**Transaction ID : 20207323**

Amount of Each Disbursement this Period

1000.00

Contribution

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

3000.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

### A. Bill Nelson for U.S. Senate

Mailing Address 426 C Street, NE

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Contribution

011

Candidate Name

**Bill Nelson**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: FL District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	0		2	0	1	2

Transaction ID : 20207324

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Contribution

Full Name (Last, First, Middle Initial)

### B. People For Ben

Mailing Address PO Box 31129

City Santa Fe State NM Zip Code 87594

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. Ben Ray Lujan Jr.**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: NM District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	0		2	0	1	2

Transaction ID : 20207325

Amount of Each Disbursement this Period

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

Contribution

Full Name (Last, First, Middle Initial)

### C. Cummings for Congress

Mailing Address 2901 Druid Park Drive  
Suite 203

City Baltimore State MD Zip Code 21215

Purpose of Disbursement  
Contribution

011

Candidate Name

**Elijah E. Cummings**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: MD District: 07

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	0		2	0	1	2

Transaction ID : 20207326

Amount of Each Disbursement this Period

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

Contribution

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

4	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

4	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Tim Bishop For Congress**

Mailing Address PO Box 437

City Farmingville State NY Zip Code 11738

Purpose of Disbursement  
Contribution

011

Candidate Name

**Mr. Tim Bishop**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: NY District: 01

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 30 / 2012

**Transaction ID : 20207327**

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Mark Critz For Congress Committee**

Mailing Address 647 Main Street  
Suite 110

City Johnstown State PA Zip Code 15901

Purpose of Disbursement  
Contribution

011

Candidate Name

**Mr. Mark Critz**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: PA District: 12

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 30 / 2012

**Transaction ID : 20207328**

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

**C. Kuster For Congress, Inc.**

Mailing Address P.O. Box 1498

City Concord State NH Zip Code 03302

Purpose of Disbursement  
IN-KIND CONTRIBUTION

011

Candidate Name

**Ms. Ann Kuster**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: NH District: 02

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 31 / 2012

**Transaction ID : 20254499**

Amount of Each Disbursement this Period

333.35

IN-KIND CONTRIBUTION

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

2333.35

**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. Stabenow For Us Senate**

Mailing Address P.O. Box 4945

City East Lansing State MI Zip Code 48826

Purpose of Disbursement  
Contribution Re-designated funds to trans. dated 07/23/2012

011

Category/  
Type

Candidate Name

**Sen. Debbie Stabenow**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: MI District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	3		2	0	1	2

**Transaction ID : 20274844**

Amount of Each Disbursement this Period

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

**[MEMO ITEM]**

Contribution Re-designated funds to trans. dated 07/23/2012

Full Name (Last, First, Middle Initial)

**B. Stabenow For Us Senate**

Mailing Address P.O. Box 4945

City East Lansing State MI Zip Code 48826

Purpose of Disbursement  
Contribution Re-designated funds for trans. dated 07/13/2012

011

Category/  
Type

Candidate Name

**Sen. Debbie Stabenow**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: MI District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		7	1		2	0	1	2

**Transaction ID : 20274845**

Amount of Each Disbursement this Period

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

**[MEMO ITEM]**

Contribution Re-designated funds for trans. dated 07/13/2012

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Disbursement this Period

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

0	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

5	0	6	7	2	.	8	5		
---	---	---	---	---	---	---	---	--	--