

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) National Committee to Preserve Social Security & Medicare PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00172296 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee NCPSSM		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 01 / 11 / 2012 </div>
[MEMO ITEM] POSTAGE,IE DISSEMINATION 01/11/12		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">494.16</div>
Mailing Address 10 G Street, NE Suite 600		
City Washington	State DC	Zip Code 20002
Purpose of Expenditure POSTAGE,IE DISSEMINATION 01/11/12	Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">001</div>	Office Sought: <input checked="" type="checkbox"/> House State: OR <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Ms. Suzanne Bonamici		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">494.16</div>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-General

Full Name (Last, First, Middle Initial) of Payee NCPSSM		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 01 / 11 / 2012 </div>
[MEMO ITEM] PRINTING,IE DISSEMINATION 01/11/12		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">42.60</div>
Mailing Address 10 G Street, NE Suite 600		
City Washington	State DC	Zip Code 20002
Purpose of Expenditure PRINTING,IE DISSEMINATION 01/11/12	Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">004</div>	Office Sought: <input checked="" type="checkbox"/> House State: OR <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Ms. Suzanne Bonamici		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">536.76</div>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-General

(a) SUBTOTAL of Itemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px;">0.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>
(c) TOTAL Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px;">0.00</div>

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

Ms. Christine Kim
 Signature

[Electronically Filed] Date

M M / D D / Y Y Y Y Y Y
 02 / 17 / 2012