

# 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  
 Check if different than previously reported. (ACC)  
Washington DC 20002-4215

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 Quarterly Report(Q1)  
 July 15 Quarterly Report(Q2)  
 October 15 Quarterly Report(Q3)  
 January 31 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE-Election** Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12G)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post -Election** Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 09 01 2007 through 09 30 2007

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 18 2007

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	7

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	7

	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>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		824562.50
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period .....	549590.27									
(c) Total Receipts (from Line 19) .....	44.15	3862.33								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	549634.42	828424.83								
7. Total Disbursements (from Line 31) .....	50488.95	329279.36								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	499145.47	499145.47								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

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

Report Covering the Period: From: 

M	M
0	9

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	7

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	0.00	250.00
(i) Itemized (use Schedule A) .....	35.00	3386.00
(ii) Unitemized .....	35.00	3636.00
(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) .....	35.00	3636.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	9.15	226.33
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)) .....	44.15	3862.33
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	44.15	3862.33

**DETAILED SUMMARY PAGE**

of Disbursements

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.....	24188.04	108228.45
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	24188.04	108228.45
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	26050.91	217050.91
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	4000.00
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))..	50488.95	329279.36
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	50488.95	329279.36

**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) .....	35.00	3636.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	35.00	3636.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	24188.04	108228.45
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	24188.04	108228.45

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 6 / 19	
	(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

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)  
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 ▼  
226.33

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	3	0	/	2	0	0	7

Transaction ID: 14649296

Amount of Each Receipt this Period  
9.15

Bank Interest

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	9.15
<b>TOTAL</b> This Period (last page this line number only) .....	▶	9.15

# 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) <b>A. NCPSSM</b>		Transaction ID: 14572925 Date of Disbursement MM / DD / YYYY 09 / 24 / 2007
Mailing Address 10 G Street, NE Suite 600		Amount of Each Disbursement this Period 7500.00
City Washington State DC Zip Code 20002	Purpose of Disbursement Advance for future InKind Candidate Name Category/Type 002	
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>B. NCPSSM</b>		Transaction ID: 14649471 Date of Disbursement MM / DD / YYYY 09 / 26 / 2007
Mailing Address 10 G Street, NE Suite 600		Amount of Each Disbursement this Period -1050.91
City Washington State DC Zip Code 20002	Purpose of Disbursement Advance for Future In-Kind-Tsongas Candidate Name Category/Type 011	
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>C. NCPSSM</b>		Transaction ID: 14579874 Date of Disbursement MM / DD / YYYY 09 / 27 / 2007
Mailing Address 10 G Street, NE Suite 600		Amount of Each Disbursement this Period 6266.68
City Washington State DC Zip Code 20002	Purpose of Disbursement Travel Expense Reimbursement Candidate Name Category/Type 002	
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) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	12715.77
<b>TOTAL</b> 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) <b>A. NCPSSM</b>		<b>Transaction ID:</b> 14580061 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 2 7 / 2 0 0 7
Mailing Address 10 G Street, NE Suite 600		Amount of Each Disbursement this Period 5396.10
City Washington State DC Zip Code 20002	08-07 Salary & Benefit Re- imbursement	
Purpose of Disbursement 08-07 Salary & Benefit Reimbursement		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) <b>B. NCPSSM</b>		<b>Transaction ID:</b> 14580217 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 2 7 / 2 0 0 7
Mailing Address 10 G Street, NE Suite 600		Amount of Each Disbursement this Period 5396.10
City Washington State DC Zip Code 20002	09-07 Salary & Benefit Re- imbursement	
Purpose of Disbursement 09-07 Salary & Benefit Reimbursement		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) <b>C. NCPSSM</b>		<b>Transaction ID:</b> 14580219 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 2 7 / 2 0 0 7
Mailing Address 10 G Street, NE Suite 600		Amount of Each Disbursement this Period 3.32
City Washington State DC Zip Code 20002	Caging Expense Reimburse- ment	
Purpose of Disbursement Caging Expense Reimbursement		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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	10795.52
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER: (check only one)

<input 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) <b>A. NCPSSM</b>		<b>Transaction ID:</b> 14580224 Date of Disbursement 09 / 27 / 2007
Mailing Address 10 G Street, NE Suite 600		Amount of Each Disbursement this Period 600.00
City Washington State DC Zip Code 20002	Purpose of Disbursement Accounting Fees Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Accounting Fees
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. SUNTRUST BANK</b>		<b>Transaction ID:</b> 14649438 Date of Disbursement 09 / 30 / 2007
Mailing Address 1445 NEW YORK AVENUE, NW		Amount of Each Disbursement this Period 76.75
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:		Bank Fees
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

676.75

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

24188.04

**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) <b>A. John D. Dingell for Congress Committee</b>		Transaction ID: 14548527 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 2 / 2 0 0 7
Mailing Address PO Box 75214		Amount of Each Disbursement this Period 1000.00 Contribution
City Washington State DC Zip Code 20013	Purpose of Disbursement Contribution 011 Category/ Type	
Candidate Name John Dingell		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MI District: 15		

Full Name (Last, First, Middle Initial) <b>B. Inslee for Congress</b>		Transaction ID: 14548522 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 2 / 2 0 0 7
Mailing Address PO Box 33027		Amount of Each Disbursement this Period 1000.00 Contribution
City Seattle State WA Zip Code 98133	Purpose of Disbursement Contribution 011 Category/ Type	
Candidate Name Jay Inslee		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: WA District: 1		

Full Name (Last, First, Middle Initial) <b>C. Tim Johnson for South Dakota</b>		Transaction ID: 14548520 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 2 / 2 0 0 7
Mailing Address 420 C Street, NE, Lower Level		Amount of Each Disbursement this Period 1000.00 Contribution
City Washington State DC Zip Code 20002	Purpose of Disbursement Contribution 011 Category/ Type	
Candidate Name Tim Johnson		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: SD District: 2		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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) <b>A. Stephanie Tubbs Jones for US Congress</b>		<b>Transaction ID:</b> 14548532
Mailing Address 611 Pennsylvania Avenue, SE, #353		Date of Disbursement 09 / 12 / 2007
City Washington	State DC	Zip Code 20003
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period 1000.00
Candidate Name Stephanie Tubbs Jones		011 Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Contribution
State: OH District: 11		

Full Name (Last, First, Middle Initial) <b>B. Wexler for Congress</b>		<b>Transaction ID:</b> 14548530
Mailing Address 2500 North Military Trail Suite 288		Date of Disbursement 09 / 12 / 2007
City Boca Raton	State FL	Zip Code 33431
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period 1000.00
Candidate Name Robert Wexler		011 Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Contribution
State: FL District: 19		

Full Name (Last, First, Middle Initial) <b>C. Friends Of Rahm Emanuel</b>		<b>Transaction ID:</b> 14548529
Mailing Address P.O. Box 101124		Date of Disbursement 09 / 12 / 2007
City Chicago	State IL	Zip Code 60610
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period 1000.00
Candidate Name Rep. Rahm Emanuel		011 Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Contribution
State: IL District: 5		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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) <b>A. Moore For Congress</b>		<b>Transaction ID:</b> 14548531 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 2 / 2 0 0 7
Mailing Address PO Box 16646		Amount of Each Disbursement this Period 1000.00 Contribution
City Milwaukee State WI Zip Code 53216	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Rep. Gwen Moore		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 4	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Zack Space For Congress Committee</b>		<b>Transaction ID:</b> 14548528 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 2 / 2 0 0 7
Mailing Address 123 West High Avenue		Amount of Each Disbursement this Period 1000.00 Contribution
City New Philadelphia State OH Zip Code 44663	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Mr. Zachary Space		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 18	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Friends of Jim Clyburn</b>		<b>Transaction ID:</b> 14571170 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 2 1 / 2 0 0 7
Mailing Address 499 South Capitol Street, SW Suite 604		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 James Clyburn		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 6	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> 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) <b>A. Chet Edwards for Congress</b>		<b>Transaction ID:</b> 14571162 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 2 1 / 2 0 0 7
Mailing Address PO Box 75214		Amount of Each Disbursement this Period 1000.00 Contribution
City Washington State DC Zip Code 20013-5214	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Chet Edwards		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 11	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Friends of Jane Harman</b>		<b>Transaction ID:</b> 14571161 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 2 1 / 2 0 0 7
Mailing Address 729 Fifteenth Street, NW 3rd Floor		Amount of Each Disbursement this Period 1000.00 Contribution
City Washington State DC Zip Code 20005	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Jane Harman		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 36	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. UDALL FOR US ALL</b>		<b>Transaction ID:</b> 14571169 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 2 1 / 2 0 0 7
Mailing Address 308 E Capitol St, NE, #7		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 TOM UDALL		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NM District: 3	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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) <b>A. Lampson for Congress</b>		<b>Transaction ID:</b> 14571158 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 2 1 / 2 0 0 7
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 011 Category/ Type	
Candidate Name Nick Lampson		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TX District: 22		

Full Name (Last, First, Middle Initial) <b>B. Levin for Congress</b>		<b>Transaction ID:</b> 14571160 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 2 1 / 2 0 0 7
Mailing Address P.O. Box 37		Amount of Each Disbursement this Period 1000.00 Contribution
City Roseville State MI Zip Code 48066-0037	Purpose of Disbursement Contribution 011 Category/ Type	
Candidate Name Sander Levin		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MI District: 12		

Full Name (Last, First, Middle Initial) <b>C. Moore for Congress</b>		<b>Transaction ID:</b> 14571165 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 2 1 / 2 0 0 7
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 011 Category/ Type	
Candidate Name Dennis Moore		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: KS District: 3		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> 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) <b>A. Mike Ross for Congress Campaign Committee</b>		<b>Transaction ID: 14571168</b> Date of Disbursement 09 / 21 / 2007
Mailing Address P.O. Box 360		Amount of Each Disbursement this Period 1000.00  Contribution
City Prescott State AR Zip Code 71857	Purpose of Disbursement Contribution 011 Category/Type	
Candidate Name Michael Ross		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: AR District: 4		

Full Name (Last, First, Middle Initial) <b>B. The Committee to Re-Elect Loretta Sanchez</b>		<b>Transaction ID: 14571155</b> Date of Disbursement 09 / 21 / 2007
Mailing Address 604 South Harbor Boulevard		Amount of Each Disbursement this Period 1000.00  Contribution
City Santa Ana State CA Zip Code 92704	Purpose of Disbursement Contribution 011 Category/Type	
Candidate Name Loretta Sanchez		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 47		

Full Name (Last, First, Middle Initial) <b>C. Courtney For Congress</b>		<b>Transaction ID: 14571166</b> Date of Disbursement 09 / 21 / 2007
Mailing Address P.O. Box 1372		Amount of Each Disbursement this Period 1000.00  Contribution
City Vernon State CT Zip Code 06066	Purpose of Disbursement Contribution 011 Category/Type	
Candidate Name Mr. Joseph Courtney		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CT District: 2		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

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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) <b>A. Friends Of John Barrow</b>		<b>Transaction ID:</b> 14571157 Date of Disbursement 09 / 21 / 2007
Mailing Address PO Box 8166		Amount of Each Disbursement this Period 1000.00 Contribution
City Savannah State GA Zip Code 31412	Purpose of Disbursement Contribution Category/Type 011	
Candidate Name Mr. John Barrow	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: GA District: 12		

Full Name (Last, First, Middle Initial) <b>B. Committee To Elect Chris Murphy</b>		<b>Transaction ID:</b> 14571164 Date of Disbursement 09 / 21 / 2007
Mailing Address P.O. Box 127		Amount of Each Disbursement this Period 1000.00 Contribution
City Cheshire State CT Zip Code 06410	Purpose of Disbursement Contribution Category/Type 011	
Candidate Name Mr. Christopher Murphy	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CT District: 5		

Full Name (Last, First, Middle Initial) <b>C. Harry Mitchell For Congress</b>		<b>Transaction ID:</b> 14571156 Date of Disbursement 09 / 21 / 2007
Mailing Address PO Box 23748		Amount of Each Disbursement this Period 1000.00 Contribution
City Tempe State AZ Zip Code 85285	Purpose of Disbursement Contribution Category/Type 011	
Candidate Name Rep. Harry Mitchell	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: AZ District: 5		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> 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) <b>A. Niki Tsongas Committee, The</b>		Transaction ID: 14571154 Date of Disbursement 09 / 21 / 2007	
Mailing Address PO Box 1454		Amount of Each Disbursement this Period 1000.00	
City Lowell State MA Zip Code 01853	Purpose of Disbursement Contribution	011 Category/ Type	
Candidate Name Nicola Tsongas	Contribution		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 5	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-General		

Full Name (Last, First, Middle Initial) <b>B. Cardin for Senate</b>		Transaction ID: 14572597 Date of Disbursement 09 / 24 / 2007	
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 Ben Cardin	Contribution		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MD District:	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2012 US PRIMARY ELEC		

Full Name (Last, First, Middle Initial) <b>C. Friends Of Phil Hare</b>		Transaction ID: 14572599 Date of Disbursement 09 / 24 / 2007	
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	Purpose of Disbursement Contribution	011 Category/ Type	
Candidate Name Mr. Philip Hare	Contribution		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 17	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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

<b>A. NCPSSM</b> Full Name (Last, First, Middle Initial) Mailing Address 10 G Street, NE Suite 600 City Washington State DC Zip Code 20002 Purpose of Disbursement In-Kind Travel Candidate Name Nicola Tsongas Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 5 Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-General		<b>Transaction ID: 14649486</b> Date of Disbursement 09 / 26 / 2007 Amount of Each Disbursement this Period 1050.91 In-Kind Travel
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<b>B. Melissa Bean For Congress</b> Full Name (Last, First, Middle Initial) Mailing Address Post Office Box 3068 City Barrington State IL Zip Code 60010 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 14580238</b> Date of Disbursement 09 / 27 / 2007 Amount of Each Disbursement this Period 1000.00 Contribution
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**SUBTOTAL** of Disbursements This Page (optional) .....

2050.91

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

26050.91

# 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 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.** Alexandria (VA) Democratic Committee

Mailing Address 618 North Washington Street  
Ground Floor/Suite 2

City Alexandria State VA Zip Code 22314

Purpose of Disbursement

Contribution

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  Primary  General  
 Other (specify) ▼

Transaction ID: 14548533

Date of Disbursement

/  /

Amount of Each Disbursement this Period

Contribution

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

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