

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 (12S)
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 2010 through 09 30 2010

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 15 2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only **FEC FORM 3X** (Rev. 12/2004)

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	1	0

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		253332.43
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	493196.85									
(c) Total Receipts (from Line 19)	459977.09	1384566.19								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	953173.94	1637898.62								
7. Total Disbursements (from Line 31)	264081.74	948806.42								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	689092.20	689092.20								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

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	1	0

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	1	0

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)	22542.00	39767.00
(ii) Unitemized	437371.88	1340324.86
(iii) TOTAL (add Lines 11(a)(i) and (ii)	459913.88	1380091.86
(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)	459913.88	1380091.86
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	4000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	63.21	474.33
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))	459977.09	1384566.19
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	459977.09	1384566.19

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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.....	140695.28	575979.80
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	140695.28	575979.80
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	120386.46	367764.84
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.....	3000.00	5061.78
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))..	264081.74	948806.42
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	264081.74	948806.42

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	459913.88	1380091.86
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	459913.88	1380091.86
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	140695.28	575979.80
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	140695.28	575979.80

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

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

FOR LINE NUMBER: PAGE 6 / 86
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Mr Clayton Cockrell

Mailing Address
459 Morehead St

City State Zip Code
Chadron NE 69337-2538

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 100.00

Date of Receipt
MM / DD / YYYY
09 / 29 / 2010

Transaction ID: 18637836

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Mr Frederick A Metz

Mailing Address
4829 Oakwood Ave

City State Zip Code
Downers Grove IL 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 ▼ 200.00

Date of Receipt
MM / DD / YYYY
09 / 29 / 2010

Transaction ID: 18637838

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Mr Clayton Cockrell

Mailing Address
459 Morehead St

City State Zip Code
Chadron NE 69337-2538

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt
MM / DD / YYYY
09 / 29 / 2010

Transaction ID: 18637852

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ▶ **300.00**

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 7 / 86

(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)
Mr Frederick A Metz

Mailing Address
4829 Oakwood Ave

City State Zip Code
Downers Grove IL 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 ▼ 300.00

Date of Receipt 09 / 29 / 2010

Transaction ID: 18637854

Amount of Each Receipt this Period 100.00

B.

Full Name (Last, First, Middle Initial)
Mr Clayton Cockrell

Mailing Address
459 Morehead St

City State Zip Code
Chadron NE 69337-2538

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 09 / 29 / 2010

Transaction ID: 18637876

Amount of Each Receipt this Period 100.00

C.

Full Name (Last, First, Middle Initial)
Mr Frederick A Metz

Mailing Address
4829 Oakwood Ave

City State Zip Code
Downers Grove IL 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 09 / 29 / 2010

Transaction ID: 18637878

Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional) 300.00

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 8 / 86
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Mrs Willie M Haggins

Mailing Address
11619 224th St

City State Zip Code
Jamaica NY 11411-1701

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
09 / 13 / 2010

Transaction ID: 18637963

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Mr Calvin Thompson

Mailing Address
PO Box 54

City State Zip Code
Leon OK 73441-0054

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
203.00

Date of Receipt
MM / DD / YYYY
09 / 01 / 2010

Transaction ID: 18638369

Amount of Each Receipt this Period
75.00

C. Full Name (Last, First, Middle Initial)
Ms Lillian Elaine Werdeman

Mailing Address
4030 S Patton Ave

City State Zip Code
Springfield MO 65807-5338

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
09 / 10 / 2010

Transaction ID: 18638477

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► 275.00

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 9 / 86
	<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) Mr Wilmer E Hansen		Date of Receipt MM / DD / YYYY 09 / 16 / 2010
Mailing Address 733 Plntatn Est Dr Apt D411		Transaction ID: 18638593
City Matthews	State NC	
Zip Code 28105-2491		Amount of Each Receipt this Period 75.00
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 ▼ 218.00	

B.

Full Name (Last, First, Middle Initial) Mr Melvin J Shure		Date of Receipt MM / DD / YYYY 09 / 08 / 2010
Mailing Address PO Box 57		Transaction ID: 18638749
City Searsmont	State ME	
Zip Code 04973-0057		Amount of Each Receipt this Period 75.00
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	

C.

Full Name (Last, First, Middle Initial) Mr William L Szlemp		Date of Receipt MM / DD / YYYY 09 / 21 / 2010
Mailing Address 4427 S Honore St Fl 1		Transaction ID: 18638775
City Chicago	State IL	
Zip Code 60609-3146		Amount of Each Receipt this Period 100.00
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 ▼ 220.00	

SUBTOTAL of Receipts This Page (optional)	▶	250.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 86
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.

Full Name (Last, First, Middle Initial) Ken Taylor		Date of Receipt MM / DD / YYYY 09 / 02 / 2010
Mailing Address 907 Ida Belle St Apt 130		Transaction ID: 18638779
City Sunnyside	State WA	Zip Code 98944-9063
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 90.00
Name of Employer	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

B.

Full Name (Last, First, Middle Initial) Ms Edna B Myers		Date of Receipt MM / DD / YYYY 09 / 10 / 2010
Mailing Address 55 Peter Coutts Cir		Transaction ID: 18638836
City Stanford	State CA	Zip Code 94305-2507
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 75.00
Name of Employer	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 218.00	

C.

Full Name (Last, First, Middle Initial) Mr Joseph Nighswonger		Date of Receipt MM / DD / YYYY 09 / 03 / 2010
Mailing Address 2034 S 4th St		Transaction ID: 18638851
City Alhambra	State CA	Zip Code 91803-4019
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional)	315.00
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 11 / 86
(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)
Mr Paul Douglas

Mailing Address
186 Douglas Farm Rd

City State Zip Code
Sanford NC 27332-1950

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

Name of Employer Occupation
Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
09 / 07 / 2010

Transaction ID: 18638852

Amount of Each Receipt this Period
125.00

B.

Full Name (Last, First, Middle Initial)
Ms Ann Graystone

Mailing Address
925 Riva Ridge Drive

City State Zip Code
Great Falls VA 22066-1618

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

Name of Employer Occupation
Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
289.00

Date of Receipt
MM / DD / YYYY
09 / 13 / 2010

Transaction ID: 18638853

Amount of Each Receipt this Period
114.00

C.

Full Name (Last, First, Middle Initial)
Mr John Renner

Mailing Address
1141 S 12th St

City State Zip Code
Hamilton OH 45011-4014

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
MM / DD / YYYY
09 / 02 / 2010

Transaction ID: 18638855

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► **339.00**

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 12 / 86
(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)
Ms Arlene Seguine

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 ▼
360.00

Date of Receipt
MM / DD / YYYY
09 / 08 / 2010

Transaction ID: 18638856

Amount of Each Receipt this Period
180.00

B.

Full Name (Last, First, Middle Initial)
Mr Jerry Bican

Mailing Address
4178 Ivywood Dr

City State Zip Code
Brooklyn OH 44144-1223

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
290.00

Date of Receipt
MM / DD / YYYY
09 / 03 / 2010

Transaction ID: 18638865

Amount of Each Receipt this Period
50.00

C.

Full Name (Last, First, Middle Initial)
Mr Ervin W Deitz

Mailing Address
690 US Highway 93 N

City State Zip Code
Hamilton MT 59840-9447

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
MM / DD / YYYY
09 / 08 / 2010

Transaction ID: 18638866

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► **330.00**

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 13 / 86
(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)
Mr Donald G Evans

Mailing Address
11403 Kedleston Rd

City State Zip Code
Glenn Dale MD 20769-2020

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

Name of Employer Occupation
Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.00

Date of Receipt
MM / DD / YYYY
09 / 08 / 2010

Transaction ID: 18638867

Amount of Each Receipt this Period
150.00

B.

Full Name (Last, First, Middle Initial)
Mr James Hisnay

Mailing Address
25400 Farrington Ave

City State Zip Code
Euclid OH 44132-1862

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

Name of Employer Occupation
Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
425.00

Date of Receipt
MM / DD / YYYY
09 / 07 / 2010

Transaction ID: 18638870

Amount of Each Receipt this Period
150.00

C.

Full Name (Last, First, Middle Initial)
Ms Ruth M Johnson

Mailing Address
PO Box 237

City State Zip Code
Mt Prospect IL 60056-0237

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

Name of Employer Occupation
Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt
MM / DD / YYYY
09 / 10 / 2010

Transaction ID: 18638871

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **550.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 86
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Mr V F Lewis		Date of Receipt MM / DD / YYYY 09 / 02 / 2010		
	Mailing Address 9063 NW 180th St		Transaction ID: 18638875		
	City Burns	State KS	Zip Code 66840-8706	Amount of Each Receipt this Period 20.00	
	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 ▼ 220.00			

B.	Full Name (Last, First, Middle Initial) Mr Lionel Mc Kay		Date of Receipt MM / DD / YYYY 09 / 07 / 2010		
	Mailing Address PO Box 2774		Transaction ID: 18638878		
	City Harbor	State OR	Zip Code 97415-0327	Amount of Each Receipt this Period 100.00	
	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 ▼ 289.00			

C.	Full Name (Last, First, Middle Initial) Mr Stanley Mercer		Date of Receipt MM / DD / YYYY 09 / 08 / 2010		
	Mailing Address 636 Kiawana Rd		Transaction ID: 18638879		
	City Atkins	State VA	Zip Code 24311-3060	Amount of Each Receipt this Period 175.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer	Occupation Retired			
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 315.00			

SUBTOTAL of Receipts This Page (optional)	▶	295.00
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 15 / 86
(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)
Mr William H Moore

Mailing Address
3428 Moonlight Dr

City State Zip Code
Wellsville NY 14895-9757

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
09 / 01 / 2010

Transaction ID: 18638881

Amount of Each Receipt this Period
75.00

B.

Full Name (Last, First, Middle Initial)
Ms Bonnie Russell

Mailing Address
1917 Richcreek Rd

City State Zip Code
Austin TX 78757-1849

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
273.00

Date of Receipt
MM / DD / YYYY
09 / 02 / 2010

Transaction ID: 18638885

Amount of Each Receipt this Period
123.00

C.

Full Name (Last, First, Middle Initial)
Mr William Smith

Mailing Address
1125 Young St Apt 505

City State Zip Code
Honolulu HI 96814-1931

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
MM / DD / YYYY
09 / 15 / 2010

Transaction ID: 18638887

Amount of Each Receipt this Period
150.00

SUBTOTAL of Receipts This Page (optional) ► **348.00**

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 / 86
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Mr Joseph R Barnes

Mailing Address
8 Pine in the Wood

City State Zip Code
Port Orange FL 32129-2346

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
09 / 02 / 2010

Transaction ID: 18638893

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Ms Janet V Blackford

Mailing Address
404 Ruby Lake Pl

City State Zip Code
Winter Haven FL 33884-3272

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
09 / 07 / 2010

Transaction ID: 18638894

Amount of Each Receipt this Period
200.00

C. Full Name (Last, First, Middle Initial)
Ms Barbara A Dahl

Mailing Address
96 East Ave

City State Zip Code
Freeport NY 11520-5020

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
465.00

Date of Receipt
MM / DD / YYYY
09 / 08 / 2010

Transaction ID: 18638899

Amount of Each Receipt this Period
215.00

SUBTOTAL of Receipts This Page (optional) ► **665.00**

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 / 86
(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)
John Mannheim

Mailing Address
5 Chestnut St

City State Zip Code
Concord MA 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 ▼
550.00

Date of Receipt
MM / DD / YYYY
09 / 16 / 2010

Transaction ID: 18638911

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Mr Christian L Mast

Mailing Address
5921 Private Rd 633

City State Zip Code
Millersburg OH 44654-8207

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

Name of Employer Occupation
Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
440.00

Date of Receipt
MM / DD / YYYY
09 / 01 / 2010

Transaction ID: 18638912

Amount of Each Receipt this Period
80.00

C.

Full Name (Last, First, Middle Initial)
Mr Robert L Minor

Mailing Address
8 Snug Lagoon Ct

City State Zip Code
Middle River MD 21220-7506

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
MM / DD / YYYY
09 / 13 / 2010

Transaction ID: 18638915

Amount of Each Receipt this Period
175.00

SUBTOTAL of Receipts This Page (optional) ► **505.00**

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 18 / 86
(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)
Myllin J Misura

Mailing Address
535 57th Ave NE

City State Zip Code
Minneapolis MN 55432-5612

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
MM / DD / YYYY
09 / 03 / 2010

Transaction ID: 18638916

Amount of Each Receipt this Period
150.00

B.

Full Name (Last, First, Middle Initial)
Mr Meredith C O'Donnell

Mailing Address
48 Stable Dr

City State Zip Code
Elverson PA 19520-9237

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
09 / 08 / 2010

Transaction ID: 18638918

Amount of Each Receipt this Period
100.00

C.

Full Name (Last, First, Middle Initial)
Patsy Ruth Peden

Mailing Address
PO Box 546

City State Zip Code
Cave Junction OR 97523-0546

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
MM / DD / YYYY
09 / 21 / 2010

Transaction ID: 18638920

Amount of Each Receipt this Period
175.00

SUBTOTAL of Receipts This Page (optional) ► **425.00**

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

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

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

FOR LINE NUMBER: PAGE 19 / 86
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Ms Sandra Schmidt

Mailing Address
19 Turkey Dr

City State Zip Code
Harper TX 78631-9350

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
245.00

Date of Receipt
MM / DD / YYYY
09 / 02 / 2010

Transaction ID: 18638925

Amount of Each Receipt this Period
120.00

B. Full Name (Last, First, Middle Initial)
Mr Bobby J Willis

Mailing Address
15201 W Highway 12

City State Zip Code
Gentry AR 72734-9207

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
MM / DD / YYYY
09 / 21 / 2010

Transaction ID: 18638932

Amount of Each Receipt this Period
150.00

C. Full Name (Last, First, Middle Initial)
Mr & Mrs Glenn Ahmann

Mailing Address
1021 Larpenteur Ave W Apt W308

City State Zip Code
Saint Paul MN 55113-6592

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
09 / 07 / 2010

Transaction ID: 18638935

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► **370.00**

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 / 86
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Mr Clinton L Basey

Mailing Address
10th St PO Box 143

City State Zip Code
Silver Lake OR 97638-0143

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 / D D / Y Y Y Y
09 / 02 / 2010

Transaction ID: 18638939

Amount of Each Receipt this Period
200.00

B. Full Name (Last, First, Middle Initial)
Mr Donald L Behnke

Mailing Address
6701 E Redfield Rd

City State Zip Code
Scottsdale AZ 85254-3342

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt M M / D D / Y Y Y Y
09 / 02 / 2010

Transaction ID: 18638940

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Mrs Lillian Borowski

Mailing Address
3478 E Presidio Rd

City State Zip Code
Phoenix AZ 85032-6124

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 274.00

Date of Receipt M M / D D / Y Y Y Y
09 / 09 / 2010

Transaction ID: 18638942

Amount of Each Receipt this Period
114.00

SUBTOTAL of Receipts This Page (optional) 414.00

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 21 / 86
(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)
Ms Elizabeth M Brewster

Mailing Address
10412 E 24th Avenue

City State Zip Code
Spokane WA 99206-3306

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt
MM / DD / YYYY
09 / 02 / 2010

Transaction ID: 18638944

Amount of Each Receipt this Period
175.00

B.

Full Name (Last, First, Middle Initial)
Mr Robert Carey

Mailing Address
2000 Atrium Pkwy Apt 2241

City State Zip Code
Napa CA 94559-4843

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
575.00

Date of Receipt
MM / DD / YYYY
09 / 10 / 2010

Transaction ID: 18638953

Amount of Each Receipt this Period
200.00

C.

Full Name (Last, First, Middle Initial)
Mr James W Carley

Mailing Address
166 Wilson Ave

City State Zip Code
Staten Island NY 10308-2273

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
289.00

Date of Receipt
MM / DD / YYYY
09 / 10 / 2010

Transaction ID: 18638954

Amount of Each Receipt this Period
100.00

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: PAGE 22 / 86
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Mr Fidel L Castillo

Mailing Address
600 W Packer Ave Apt 122

City State Zip Code
Oshkosh WI 54901-0749

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
09 / 02 / 2010

Transaction ID: 18638956

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
Ms Priscilla T Chandler

Mailing Address
1083 Front St

City State Zip Code
South Weymouth MA 02190-1719

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
09 / 08 / 2010

Transaction ID: 18638957

Amount of Each Receipt this Period
200.00

C. Full Name (Last, First, Middle Initial)
Ms Sara H Chappell

Mailing Address
6 Sleepy Hollow Ct

City State Zip Code
Orinda CA 94563-1319

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
09 / 08 / 2010

Transaction ID: 18638958

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) 500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 23 / 86
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Mr Joseph R Clark

Mailing Address
1701 Linwood Drive

City State Zip Code
Bedford IN 47421-3919

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
MM / DD / YYYY
09 / 02 / 2010

Transaction ID: 18638963

Amount of Each Receipt this Period
150.00

B. Full Name (Last, First, Middle Initial)
Ms Marion Comeaux

Mailing Address
425 Westmoreland Dr

City State Zip Code
Baton Rouge LA 70806-5164

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
MM / DD / YYYY
09 / 07 / 2010

Transaction ID: 18638966

Amount of Each Receipt this Period
125.00

C. Full Name (Last, First, Middle Initial)
Mr Art Cunningham

Mailing Address
3409 NW Baltimore Ave

City State Zip Code
Lawton OK 73505-3822

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt
MM / DD / YYYY
09 / 07 / 2010

Transaction ID: 18638970

Amount of Each Receipt this Period
200.00

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: PAGE 24 / 86
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Ms Nancy Daniels

Mailing Address
3587 S Sundown Lane

City State Zip Code
Oceanside CA 92056-4708

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
MM / DD / YYYY
09 / 07 / 2010

Transaction ID: 18638972

Amount of Each Receipt this Period
350.00

B. Full Name (Last, First, Middle Initial)
Ms Emily P Davis

Mailing Address
8247 Weybridge Dr

City State Zip Code
Jacksonville FL 32244-6647

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
376.00

Date of Receipt
MM / DD / YYYY
09 / 03 / 2010

Transaction ID: 18638974

Amount of Each Receipt this Period
162.00

C. Full Name (Last, First, Middle Initial)
Ms Mary T Dillon

Mailing Address
60 Pleasant St Apt 302

City State Zip Code
Arlington MA 02476-6519

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
MM / DD / YYYY
09 / 03 / 2010

Transaction ID: 18638976

Amount of Each Receipt this Period
220.00

SUBTOTAL of Receipts This Page (optional) ► **732.00**

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 25 / 86

(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)
Anthony Fiore

Mailing Address
21 Ingleside Rd

City State Zip Code
Lexington MA 02420-2521

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 350.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 02 / 2010

Transaction ID: 18638984

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)
Mr James M Fitzpatrick

Mailing Address
2811 Oak Trail Court

City State Zip Code
Arlington TX 76016-6008

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 828.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 09 / 2010

Transaction ID: 18638985

Amount of Each Receipt this Period

350.00

C.

Full Name (Last, First, Middle Initial)
John D Fortner

Mailing Address
PO Box 816

City State Zip Code
Suquamish WA 98392-0816

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

M M / D D / Y Y Y Y Y
09 / 07 / 2010

Transaction ID: 18638986

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: PAGE 26 / 86
(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)
Mr & Mrs Marvin Frankel

Mailing Address
4435 El Carro Ln

City State Zip Code
Carpinteria CA 93013-1318

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
M M / D D / Y Y Y Y Y
09 / 07 / 2010

Transaction ID: 18638987

Amount of Each Receipt this Period
150.00

B.

Full Name (Last, First, Middle Initial)
Mr Benjamin K Gingery

Mailing Address
1666 Law St

City State Zip Code
San Diego CA 92109-2228

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 / D D / Y Y Y Y Y
09 / 09 / 2010

Transaction ID: 18638990

Amount of Each Receipt this Period
100.00

C.

Full Name (Last, First, Middle Initial)
Mr John R Glennie

Mailing Address
910 Lindellen Avenue

City State Zip Code
Reisterstown MD 21136-3000

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
214.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 02 / 2010

Transaction ID: 18638991

Amount of Each Receipt this Period
114.00

SUBTOTAL of Receipts This Page (optional) ► **364.00**

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 27 / 86
(check only one)
 11a 11b 11c 12
 13 14 15 16 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)
Ms Sarah Heick

Mailing Address
2100 Eastchester Rd Apt 5G

City State Zip Code
Bronx NY 10461-2238

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
280.00

Date of Receipt
MM / DD / YYYY
09 / 10 / 2010

Transaction ID: 18638997

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Ella M Helm

Mailing Address
3385 Hallmark Dr SE

City State Zip Code
Marietta GA 30067-5110

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
09 / 01 / 2010

Transaction ID: 18638998

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
Mr James A Hitt

Mailing Address
6121 Janey Dr

City State Zip Code
Austin TX 78757-4435

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
09 / 08 / 2010

Transaction ID: 18639003

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **400.00**

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 28 / 86
(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
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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

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

A.

Full Name (Last, First, Middle Initial)
Mr John E Holloway

Mailing Address
PO Box 521

City State Zip Code
Airway Heights WA 99001-0521

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
MM / DD / YYYY
09 / 14 / 2010

Transaction ID: 18639004

Amount of Each Receipt this Period
150.00

B.

Full Name (Last, First, Middle Initial)
Mr Raymond F Huard

Mailing Address
463 Portland Ave

City State Zip Code
Rollinsford NH 03869-5907

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

Name of Employer Occupation
Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt
MM / DD / YYYY
09 / 15 / 2010

Transaction ID: 18639006

Amount of Each Receipt this Period
175.00

C.

Full Name (Last, First, Middle Initial)
Mr John L Johnson

Mailing Address
4925 84 St NE

City State Zip Code
Marysville WA 98270-3541

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

Name of Employer Occupation
Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
MM / DD / YYYY
09 / 10 / 2010

Transaction ID: 18639010

Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional) ► **525.00**

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

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

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

FOR LINE NUMBER: PAGE 29 / 86
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Ms Carmelita Juico

Mailing Address
5227 Hammill Rd

City State Zip Code
El Monte CA 91732-1118

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
09 / 03 / 2010

Transaction ID: 18639012

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Mr Alfred W Kaiser

Mailing Address
435 Madison St 2

City State Zip Code
Carlstadt NJ 07072-1438

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt
MM / DD / YYYY
09 / 08 / 2010

Transaction ID: 18639014

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Mr Armand J La Berge

Mailing Address
2601 Kenzie Ter # Iv520

City State Zip Code
Minneapolis MN 55418-4229

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
09 / 10 / 2010

Transaction ID: 18639020

Amount of Each Receipt this Period
100.00

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 30 / 86
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Mrs Ona F Lester

Mailing Address
1101 Humphries Rd NW

City State Zip Code
Conyers GA 30012-2015

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
483.00

Date of Receipt
MM / DD / YYYY
09 / 02 / 2010

Transaction ID: 18639021

Amount of Each Receipt this Period
229.00

B. Full Name (Last, First, Middle Initial)
Mr Robert J Lillie

Mailing Address
PO Box 125

City State Zip Code
Cornwall PA 17016-0125

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt
MM / DD / YYYY
09 / 08 / 2010

Transaction ID: 18639023

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Mrs Esther Lum

Mailing Address
45-705 Puohala St

City State Zip Code
Kaneohe HI 96744-2839

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
09 / 15 / 2010

Transaction ID: 18639026

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► **579.00**

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 31 / 86
(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)
Mr James Maddix

Mailing Address
PO Box 951

City State Zip Code
South Shore KY 41175-0951

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

Name of Employer Occupation
Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
MM / DD / YYYY
09 / 08 / 2010

Transaction ID: 18639027

Amount of Each Receipt this Period
125.00

B.

Full Name (Last, First, Middle Initial)
Ms Jeanne Martin

Mailing Address
613 N Linden Dr

City State Zip Code
Beverly Hills CA 90210-3223

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

Name of Employer Occupation
Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
425.00

Date of Receipt
MM / DD / YYYY
09 / 03 / 2010

Transaction ID: 18639029

Amount of Each Receipt this Period
225.00

C.

Full Name (Last, First, Middle Initial)
Ms Jane Martindale

Mailing Address
220 E Pueblo St

City State Zip Code
Santa Barbara CA 93105-3626

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
MM / DD / YYYY
09 / 02 / 2010

Transaction ID: 18639031

Amount of Each Receipt this Period
100.00

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 32 / 86
(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)
Mr Mario R Martinez

Mailing Address
2702 Pomeroy Ave

City State Zip Code
Los Angeles CA 90033-2037

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
MM / DD / YYYY
09 / 02 / 2010

Transaction ID: 18639032

Amount of Each Receipt this Period
150.00

B.

Full Name (Last, First, Middle Initial)
Mr Thomas Mignin

Mailing Address
402 Buckeye St

City State Zip Code
Archbold OH 43502-1165

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
MM / DD / YYYY
09 / 10 / 2010

Transaction ID: 18639037

Amount of Each Receipt this Period
125.00

C.

Full Name (Last, First, Middle Initial)
Mr Henry E Miller

Mailing Address
7858 Corona Ave

City State Zip Code
Hesperia CA 92345-7445

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
MM / DD / YYYY
09 / 03 / 2010

Transaction ID: 18639039

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► **375.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 / 86
(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)
Mrs Susan R Miller

Mailing Address
12718 Sawdust Dr

City State Zip Code
Glen Allen VA 23059-5701

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

Name of Employer Occupation
Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
323.00

Date of Receipt
MM / DD / YYYY
09 / 08 / 2010

Transaction ID: 18639041

Amount of Each Receipt this Period
148.00

B.

Full Name (Last, First, Middle Initial)
Ms Betty J Mitchell

Mailing Address
2538 N Haven Cv

City State Zip Code
Annapolis MD 21401-6894

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

Name of Employer Occupation
Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
253.00

Date of Receipt
MM / DD / YYYY
09 / 03 / 2010

Transaction ID: 18639043

Amount of Each Receipt this Period
139.00

C.

Full Name (Last, First, Middle Initial)
Mr John D Nicholoy

Mailing Address
PO Box 411

City State Zip Code
Rock Hall MD 21661-0411

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

Name of Employer Occupation
Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
MM / DD / YYYY
09 / 07 / 2010

Transaction ID: 18639048

Amount of Each Receipt this Period
150.00

SUBTOTAL of Receipts This Page (optional) ► **437.00**

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 34 / 86
	<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) Mr Elmer D Pettus		Date of Receipt
	Mailing Address 9601 Meadowbrook Rd		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 08 / 2010
	City	State	Zip Code
	Yakima	WA	98903-9236
	FEC ID number of contributing federal political committee.		Transaction ID: 18639055
	C <input type="text"/>		Amount of Each Receipt this Period 350.00
Name of Employer		Occupation	
		Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 350.00	

B.	Full Name (Last, First, Middle Initial) Ms Beatrice R Putnam		Date of Receipt
	Mailing Address 225 Putnam Rd		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 03 / 2010
	City	State	Zip Code
	Newbury	VT	05051-9504
	FEC ID number of contributing federal political committee.		Transaction ID: 18639063
	C <input type="text"/>		Amount of Each Receipt this Period 100.00
Name of Employer		Occupation	
		Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

C.	Full Name (Last, First, Middle Initial) Mr Frank A Reed, Jr		Date of Receipt
	Mailing Address 3400 Wagner Heights Rd Apt 162		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 02 / 2010
	City	State	Zip Code
	Stockton	CA	95209-4874
	FEC ID number of contributing federal political committee.		Transaction ID: 18639064
	C <input type="text"/>		Amount of Each Receipt this Period 200.00
Name of Employer		Occupation	
		Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	▶	650.00
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 35 / 86
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Mr Bobby Romine

Mailing Address
151 Gilbert Ct Apt H10

City State Zip Code
Florence AL 35630-3009

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
885.00

Date of Receipt
MM / DD / YYYY
09 / 07 / 2010

Transaction ID: 18639068

Amount of Each Receipt this Period
350.00

B. Full Name (Last, First, Middle Initial)
Mr Clyde Rourd

Mailing Address
104 Coutny Rd 421

City State Zip Code
Stockdale TX 78160-6652

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
475.00

Date of Receipt
MM / DD / YYYY
09 / 02 / 2010

Transaction ID: 18639069

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Henry J Sancier

Mailing Address
45 Harvard Ct

City State Zip Code
White Plains NY 10605-1603

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
MM / DD / YYYY
09 / 14 / 2010

Transaction ID: 18639072

Amount of Each Receipt this Period
125.00

SUBTOTAL of Receipts This Page (optional) ► **725.00**

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 36 / 86
	<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) Mr Edwin C Sandham		Date of Receipt
	Mailing Address 1964 SW Saint Andrews Dr		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 01 / 2010
	City	State	Zip Code
	Palm City	FL	34990-2210
	FEC ID number of contributing federal political committee.		Transaction ID: 18639073
	C <input type="text"/>		Amount of Each Receipt this Period
Name of Employer		Occupation	
		Retired	
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/>	
<input type="checkbox"/> Other (specify) ▼		475.00	

B.	Full Name (Last, First, Middle Initial) Mr Richard Schofield		Date of Receipt
	Mailing Address 484 Temple Street		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 14 / 2010
	City	State	Zip Code
	Whitman	MA	02382-1078
	FEC ID number of contributing federal political committee.		Transaction ID: 18639076
	C <input type="text"/>		Amount of Each Receipt this Period
Name of Employer		Occupation	
		Retired	
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/>	
<input type="checkbox"/> Other (specify) ▼		250.00	

C.	Full Name (Last, First, Middle Initial) Claudia Shanks		Date of Receipt
	Mailing Address 4215 Harding Rd		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 10 / 2010
	City	State	Zip Code
	Nashville	TN	37205-2029
	FEC ID number of contributing federal political committee.		Transaction ID: 18639077
	C <input type="text"/>		Amount of Each Receipt this Period
Name of Employer		Occupation	
		Retired	
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/>	
<input type="checkbox"/> Other (specify) ▼		1010.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 37 / 86
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Mr Alexander Shapiro

Mailing Address
30 Gillett Street Apt 2C

City State Zip Code
Hartford CT 06105-2607

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
09 / 08 / 2010

Transaction ID: 18639078

Amount of Each Receipt this Period
150.00

B. Full Name (Last, First, Middle Initial)
Mr Ralph Seichi Shimabukuro

Mailing Address
1005 Alewa Dr

City State Zip Code
Honolulu HI 96817-1505

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
09 / 16 / 2010

Transaction ID: 18639080

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Walter Sokel

Mailing Address
1650 Jackson St Apt 609

City State Zip Code
San Francisco CA 94109-3031

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
MM / DD / YYYY
09 / 02 / 2010

Transaction ID: 18639082

Amount of Each Receipt this Period
150.00

SUBTOTAL of Receipts This Page (optional) ► **400.00**

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 38 / 86
(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 Milton H Stapen

Mailing Address
27010 Grand Central Pkwy Apt 14K

City State Zip Code
Floral Park NY 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 ▼ 275.00

Date of Receipt
MM / DD / YYYY
09 / 02 / 2010

Transaction ID: 18639085

Amount of Each Receipt this Period
150.00

B.

Full Name (Last, First, Middle Initial)
Miss Yolandae Strawinski

Mailing Address
1130 Sylvan Place

City State Zip Code
Monterey CA 93940-4903

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
MM / DD / YYYY
09 / 14 / 2010

Transaction ID: 18639088

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Mr Donald F Streveler

Mailing Address
6715 Missouri Avenue

City State Zip Code
Hammond IN 46323-1834

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
MM / DD / YYYY
09 / 02 / 2010

Transaction ID: 18639089

Amount of Each Receipt this Period
200.00

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: PAGE 39 / 86
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Johanna P Van Veen

Mailing Address 21378 Bryant Ave
Red Bluff Ranch

City Purcell State OK Zip Code 73080-4441

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 09 / 07 / 2010
Transaction ID: 18639093
Amount of Each Receipt this Period 150.00

B. Full Name (Last, First, Middle Initial)
Mr John L Wolf

Mailing Address 1017 W Oak Dr

City Yukon State OK Zip Code 73099-2422

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 09 / 02 / 2010
Transaction ID: 18639099
Amount of Each Receipt this Period 100.00

C. Full Name (Last, First, Middle Initial)
Mrs Doris Wright

Mailing Address 1014 N5th Street

City Independence State KS Zip Code 67301-2512

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 09 / 07 / 2010
Transaction ID: 18639101
Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ▶ 750.00

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 40 / 86
(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
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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) Ms Anna Zudonyi		Date of Receipt MM / DD / YYYY 09 / 13 / 2010	
Mailing Address 115 Green Pond Rd		Transaction ID: 18639103	
City Rockaway	State NJ	Zip Code 07866-2016	Amount of Each Receipt this Period 100.00
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 ▼ 275.00		

B.

Full Name (Last, First, Middle Initial) Ms Bess Cawthra		Date of Receipt MM / DD / YYYY 09 / 08 / 2010	
Mailing Address 8706 59th Avenue SW		Transaction ID: 18639106	
City Lakewood	State WA	Zip Code 98499-2405	Amount of Each Receipt this Period 250.00
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 ▼ 300.00		

C.

Full Name (Last, First, Middle Initial) Mr James J Duncan, Jr		Date of Receipt MM / DD / YYYY 09 / 03 / 2010	
Mailing Address 281 West Washington Street		Transaction ID: 18639108	
City Bristol	State CT	Zip Code 06010-5311	Amount of Each Receipt this Period 125.00
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00		

SUBTOTAL of Receipts This Page (optional)	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: PAGE 41 / 86

(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)

Mrs Elwin Hulett

Mailing Address

8859 Hwy 45 N

City

Columbus

State

MS

Zip Code

39705-0934

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

379.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 01 / 2010

Transaction ID: 18639110

Amount of Each Receipt this Period

143.00

B.

Full Name (Last, First, Middle Initial)

Mr Tommy Maupin

Mailing Address

13104 Road 4

City

Liberal

State

KS

Zip Code

67901-5984

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 07 / 2010

Transaction ID: 18639112

Amount of Each Receipt this Period

225.00

C.

Full Name (Last, First, Middle Initial)

Mr Louis Ryan

Mailing Address

14431 Miranda Rd

City

Los Altos

State

CA

Zip Code

94022-2027

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

M M / D D / Y Y Y Y
09 / 02 / 2010

Transaction ID: 18639115

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional) ▶

668.00

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 42 / 86
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Mr Joseph Schiavi

Mailing Address
24 Bedford Ave

City State Zip Code
Lackawanna NY 14218-2903

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
368.00

Date of Receipt
MM / DD / YYYY
09 / 08 / 2010

Transaction ID: 18639116

Amount of Each Receipt this Period
156.00

B. Full Name (Last, First, Middle Initial)
Ms Ingeborg Schlingloff

Mailing Address
103 Collins St

City State Zip Code
Scotia NY 12302-2512

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt
MM / DD / YYYY
09 / 09 / 2010

Transaction ID: 18639117

Amount of Each Receipt this Period
350.00

C. Full Name (Last, First, Middle Initial)
Mrs David M Shea

Mailing Address
29 Stowecroft Rd

City State Zip Code
Arlington MA 02474-2239

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
09 / 02 / 2010

Transaction ID: 18639118

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional) ► **806.00**

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 43 / 86
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Mrs Martha J Powers

Mailing Address Apt 303
11550 Education St

City Auburn State CA Zip Code 95602-2466

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 09 / 09 / 2010
Transaction ID: 18639123
Amount of Each Receipt this Period 300.00

B. Full Name (Last, First, Middle Initial)
Mr Marshall Todd

Mailing Address 1115 Hunt St

City Newberry State SC Zip Code 29108-3545

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 09 / 08 / 2010
Transaction ID: 18639124
Amount of Each Receipt this Period 300.00

C. Full Name (Last, First, Middle Initial)
Mrs H W Hickey

Mailing Address 1512 Chase Arbor Cmn

City Virginia Bch State VA Zip Code 22203-1412

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 09 / 09 / 2010
Transaction ID: 18639213
Amount of Each Receipt this Period 300.00

SUBTOTAL of Receipts This Page (optional) ▶ 900.00

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 44 / 86
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Mr Harold Beldt

Mailing Address
2672 Lily Ave

City State Zip Code
Sheldon IA 51201-7004

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
09 / 07 / 2010

Transaction ID: 18639226

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Ms Paula L Maher

Mailing Address
111 Primrose Dr

City State Zip Code
Belle Chasse LA 70037-4501

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
MM / DD / YYYY
09 / 02 / 2010

Transaction ID: 18639239

Amount of Each Receipt this Period
350.00

C. Full Name (Last, First, Middle Initial)
Georgene Ference

Mailing Address
4944 Barat Cir

City State Zip Code
Anchorage AK 99508-4835

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
09 / 13 / 2010

Transaction ID: 18639246

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **850.00**

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 45 / 86
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Mr William K Bryant

Mailing Address
407 First Dr

City State Zip Code
Lady Lake FL 32159-4627

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
MM / DD / YYYY
09 / 03 / 2010

Transaction ID: 18641333

Amount of Each Receipt this Period
75.00

B. Full Name (Last, First, Middle Initial)
Mrs Ingrid Ludscheidt

Mailing Address
1230 Taylor Lane Ext Unit 126

City State Zip Code
Lehigh Acres FL 33936-6160

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
MM / DD / YYYY
09 / 02 / 2010

Transaction ID: 18641402

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Mr Rell Rives

Mailing Address
116 E 300 S

City State Zip Code
Kaysville UT 84037-3504

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
216.00

Date of Receipt
MM / DD / YYYY
09 / 03 / 2010

Transaction ID: 18641444

Amount of Each Receipt this Period
75.00

SUBTOTAL of Receipts This Page (optional) ► **400.00**

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 46 / 86

(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)

Ms Nell T Steele

Mailing Address

1034 Arkansas

City

Helena

State

AR

Zip Code

72342-3609

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

202.00

Date of Receipt

MM / DD / YYYY
09 / 10 / 2010

Transaction ID: 18641474

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Ms Barbara Evans

Mailing Address

13172 S Lee Shore Dr

City

Willis

State

TX

Zip Code

77318-7409

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

MM / DD / YYYY
09 / 07 / 2010

Transaction ID: 18641533

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)

Ms Donna E Nichols

Mailing Address

267 Franklin St

City

Braintree

State

MA

Zip Code

02184-5544

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

MM / DD / YYYY
09 / 08 / 2010

Transaction ID: 18641535

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)

500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 47 / 86
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Jenepher W Moseley

Mailing Address
2611 Marcey Rd

City State Zip Code
Arlington VA 22207-5231

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
MM / DD / YYYY
09 / 10 / 2010

Transaction ID: 18641543

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Ms Eleanor Ramirez

Mailing Address
4079 San Simeon Way

City State Zip Code
San Jose CA 95111-3541

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
MM / DD / YYYY
09 / 16 / 2010

Transaction ID: 18641550

Amount of Each Receipt this Period
125.00

C. Full Name (Last, First, Middle Initial)
Dr & Mrs Gary M Heymann, PhD

Mailing Address
7497 S Elliot Ln

City State Zip Code
Tucson AZ 85747-9627

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
MM / DD / YYYY
09 / 03 / 2010

Transaction ID: 18641568

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► **325.00**

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 48 / 86
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Mr Dolliver W Pierce

Mailing Address
59 Grandview Ave

City State Zip Code
Baden PA 15005-2016

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
245.00

Date of Receipt
MM / DD / YYYY
09 / 07 / 2010

Transaction ID: 18641577

Amount of Each Receipt this Period
100.00

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

Mailing Address
1932 Augsburg Dr

City State Zip Code
Mt Pleasant SC 29464-3951

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
526.00

Date of Receipt
MM / DD / YYYY
09 / 08 / 2010

Transaction ID: 18643439

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Ms Patricia Rengel

Mailing Address
6908 Western Ave

City State Zip Code
Chevy Chase MD 20815-3209

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
MM / DD / YYYY
09 / 16 / 2010

Transaction ID: 18644167

Amount of Each Receipt this Period
125.00

SUBTOTAL of Receipts This Page (optional) ► **725.00**

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 49 / 86
(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)
Aralda Jones

Mailing Address
113 N Terrace Rd

City State Zip Code
Eureka UT 84628

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
MM / DD / YYYY
09 / 01 / 2010

Transaction ID: 18644173

Amount of Each Receipt this Period
125.00

B.

Full Name (Last, First, Middle Initial)
Mrs Eileen Page

Mailing Address
620 E Ash St

City State Zip Code
Taylorville IL 62568-1655

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
09 / 07 / 2010

Transaction ID: 18647840

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Mr David Kubas

Mailing Address Unit 58
1266 Signal Butte

City State Zip Code
Dickinson ND 58601-3768

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
09 / 03 / 2010

Transaction ID: 18651106

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)	▶	875.00
TOTAL This Period (last page this line number only)	▶	22542.00

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

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

FOR LINE NUMBER: (check only one)

PAGE 50 / 86

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

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

A.	Full Name (Last, First, Middle Initial) DMH MARKETING PARTNERS	Transaction ID: 18545354
	Mailing Address 1720 WATTERSON TRAIL	Date of Disbursement 09 / 01 / 2010
	City LOUISVILLE State KY Zip Code 40299	Amount of Each Disbursement this Period 959.30
	Purpose of Disbursement NO EXPRESS ADVOCACY, PRINTING, INV. #7254/7259, JOB. #01108005	NO EXPRESS ADVOCACY, PRINTING, INV. #7254/7259, JOB. #01108005
	Candidate Name 006 Category/Type	
	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.	Full Name (Last, First, Middle Initial) MOORE WALLACE RESPONSE MARKETING SERVICES	Transaction ID: 18545356
	Mailing Address PO Box 93514	Date of Disbursement 09 / 01 / 2010
	City CHICAGO State IL Zip Code 60673-3514	Amount of Each Disbursement this Period 111249.79
	Purpose of Disbursement NO EXPRESS ADVOCACY, PRINTING, INV. #200169, JOB # 01108003	NO EXPRESS ADVOCACY, PRINTING, INV. #200169, JOB # 01108003
	Candidate Name 006 Category/Type	
	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:	

C.	Full Name (Last, First, Middle Initial) DMH MARKETING PARTNERS	Transaction ID: 18559163
	Mailing Address 1720 WATTERSON TRAIL	Date of Disbursement 09 / 10 / 2010
	City LOUISVILLE State KY Zip Code 40299	Amount of Each Disbursement this Period 331.76
	Purpose of Disbursement NO EXPRESS ADVOCACY, INV. #7333, JOB#01108006,POSTAGE	NO EXPRESS ADVOCACY, INV. #7333, JOB#01108006,POSTAGE
	Candidate Name 001 Category/Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	112540.85
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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) DMH MARKETING PARTNERS</p> <p>Mailing Address 1720 WATTERSON TRAIL</p> <p>City LOUISVILLE State KY Zip Code 40299</p> <p>Purpose of Disbursement NO EXPRESS ADVOCACY, INV. #7339, JOB #01108006, POSTAGE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18563859</p> <p>Date of Disbursement 09 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 190.96</p> <p>001 Category/Type</p> <p>NO EXPRESS ADVOCACY, INV. #7339, JOB #01108006, POSTAGE</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) DMH MARKETING PARTNERS</p> <p>Mailing Address 1720 WATTERSON TRAIL</p> <p>City LOUISVILLE State KY Zip Code 40299</p> <p>Purpose of Disbursement NO EXPRESS ADVOCACY, JOB #01108006, INV. #7341, POSTAGE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18581801</p> <p>Date of Disbursement 09 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 87.12</p> <p>001 Category/Type</p> <p>NO EXPRESS ADVOCACY, JOB #01108006, INV. #7341, POSTAGE</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) NCPSSM</p> <p>Mailing Address 10 G Street, NE Suite 600</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement NO EXPRESS ADVOCACY, REIMB. OF PHIL'S SAL. AND BENEFITS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18581804</p> <p>Date of Disbursement 09 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 17892.34</p> <p>001 Category/Type</p> <p>NO EXPRESS ADVOCACY, REIMB. OF PHIL'S SAL. AND BENEFITS</p>

SUBTOTAL of Disbursements This Page (optional)	18170.42
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

A.	Full Name (Last, First, Middle Initial) NCPSSM	Transaction ID: 18581805 Date of Disbursement 09 / 29 / 2010
	Mailing Address 10 G Street, NE Suite 600	Amount of Each Disbursement this Period 2056.91
	City Washington State DC Zip Code 20002	
	Purpose of Disbursement NO EXPRESS ADVOCACY, REIMB. OF TRAVEL EXPENSES	002 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) ▼	NO EXPRESS ADVOCACY, REIM-B. OF TRAVEL EXPENSES
	State: District:	

B.	Full Name (Last, First, Middle Initial) DMH MARKETING PARTNERS	Transaction ID: 18583067 Date of Disbursement 09 / 29 / 2010
	Mailing Address 1720 WATTERSON TRAIL	Amount of Each Disbursement this Period 14.52
	City LOUISVILLE State KY Zip Code 40299	
	Purpose of Disbursement NO EXPRESS ADVOCACY, POSTAGE, INV. #7360, JOB #01108006	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) ▼	NO EXPRESS ADVOCACY, POST-AGE, INV. #7360, JOB #0110-8006
	State: District:	

C.	Full Name (Last, First, Middle Initial) NCPSSM	Transaction ID: 18584810 Date of Disbursement 09 / 30 / 2010
	Mailing Address 10 G Street, NE Suite 600	Amount of Each Disbursement this Period 15000.00
	City Washington State DC Zip Code 20002	
	Purpose of Disbursement Advance for Future In-Kind	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) ▼	Advance for Future In-Kind
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	17071.43
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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) NCPSSM</p> <p>Mailing Address 10 G Street, NE Suite 600</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement ADVANCE FOR FUTURE IN-KIND CONTRIBUTIONS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18663415 Date of Disbursement 09 / 20 / 2010</p> <p>Amount of Each Disbursement this Period -984.48</p> <p>011 Category/ Type</p> <p>ADVANCE FOR FUTURE IN-KIND CONTRIBUTIONS</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) NCPSSM</p> <p>Mailing Address 10 G Street, NE Suite 600</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement ADVANCE FOR FUTURE IN-KIND CONTRIBUTIONS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18663417 Date of Disbursement 09 / 13 / 2010</p> <p>Amount of Each Disbursement this Period -806.55</p> <p>011 Category/ Type</p> <p>ADVANCE FOR FUTURE IN-KIND CONTRIBUTIONS</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) NCPSSM</p> <p>Mailing Address 10 G Street, NE Suite 600</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement ADVANCE FOR FUTURE IN-KIND CONTRIBUTIONS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18663420 Date of Disbursement 09 / 14 / 2010</p> <p>Amount of Each Disbursement this Period -1343.32</p> <p>011 Category/ Type</p> <p>ADVANCE FOR FUTURE IN-KIND CONTRIBUTIONS</p>

SUBTOTAL of Disbursements This Page (optional) ▶

-3134.35

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 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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) NCPSSM</p> <p>Mailing Address 10 G Street, NE Suite 600</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement ADVANCE FOR FUTURE IN-KIND CONTRIBUTIONS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18663424</p> <p>Date of Disbursement 09 / 15 / 2010</p> <p>Amount of Each Disbursement this Period -920.18</p> <p>011 Category/ Type</p> <p>ADVANCE FOR FUTURE IN-KIND CONTRIBUTIONS</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) NCPSSM</p> <p>Mailing Address 10 G Street, NE Suite 600</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement ADVANCE FOR FUTURE IN-KIND CONTRIBUTIONS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18664553</p> <p>Date of Disbursement 09 / 09 / 2010</p> <p>Amount of Each Disbursement this Period -1188.07</p> <p>011 Category/ Type</p> <p>ADVANCE FOR FUTURE IN-KIND CONTRIBUTIONS</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) NCPSSM</p> <p>Mailing Address 10 G Street, NE Suite 600</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement ADVANCE FOR FUTURE IN-KIND CONTRIBUTIONS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18664555</p> <p>Date of Disbursement 09 / 02 / 2010</p> <p>Amount of Each Disbursement this Period -1728.43</p> <p>011 Category/ Type</p> <p>ADVANCE FOR FUTURE IN-KIND CONTRIBUTIONS</p>

SUBTOTAL of Disbursements This Page (optional) ▶

-3836.68

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 55 / 86

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

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

A.

Full Name (Last, First, Middle Initial)
NCPSSM

Mailing Address 10 G Street, NE
Suite 600

City Washington State DC Zip Code 20002

Purpose of Disbursement
ADVANCE FOR FUTURE IN-KIND CONTRIBUTIONS

Candidate Name

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 18664557

Date of Disbursement

09 / 23 / 2010

Amount of Each Disbursement this Period

-304.25

ADVANCE FOR FUTURE IN-KIND
CONTRIBUTIONS

B.

Full Name (Last, First, Middle Initial)
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

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 18678729

Date of Disbursement

09 / 30 / 2010

Amount of Each Disbursement this Period

187.86

BANK FEES

SUBTOTAL of Disbursements This Page (optional)

-116.39

TOTAL This Period (last page this line number only)

140695.28

**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

A. Full Name (Last, First, Middle Initial) John Carney For Congress <hr/> Mailing Address PO Box 2162 <hr/> City Wilmington State DE Zip Code 19899 <hr/> Purpose of Disbursement Contribution Candidate Name Mr. John Carney Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: DE District: 01 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 18557807 Date of Disbursement M M / D D / Y Y Y Y 09 / 10 / 2010
	Amount of Each Disbursement this Period 1000.00
	Contribution
	Category/Type 011
B. Full Name (Last, First, Middle Initial) Arcuri For Congress <hr/> Mailing Address P.O. Box 8508 <hr/> City Utica State NY Zip Code 13505 <hr/> Purpose of Disbursement Contribution Candidate Name Mr. Michael Arcuri Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 24 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 18557809 Date of Disbursement M M / D D / Y Y Y Y 09 / 10 / 2010
	Amount of Each Disbursement this Period 1000.00
	Contribution
	Category/Type 011
C. Full Name (Last, First, Middle Initial) Joe Garcia For Congress <hr/> Mailing Address P.O. Box 0595 Suite 102 <hr/> City Miami State FL Zip Code 33196 <hr/> Purpose of Disbursement Contribution Candidate Name Mr. Joe Garcia Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 25 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 18557810 Date of Disbursement M M / D D / Y Y Y Y 09 / 10 / 2010
	Amount of Each Disbursement this Period 1000.00
	Contribution
	Category/Type 011

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

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

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

FOR LINE NUMBER:
(check only one)

<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

<p>A. Full Name (Last, First, Middle Initial) Scott Murphy For Congress</p> <p>Mailing Address 5 South Side Dr. #224</p> <p>City Clifton Park State NY Zip Code 12065</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Scott M. Murphy</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 20</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18557811 Date of Disbursement 09 / 10 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) FRIENDS OF DICK DURBIN</p> <p>Mailing Address 200 East Jefferson Street</p> <p>City Falls Church State VA Zip Code 22046</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name RICHARD DURBIN</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IL District:</p> <p>Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18557812 Date of Disbursement 09 / 10 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Langevin for Congress</p> <p>Mailing Address 181-A Knight Street</p> <p>City Warwick State RI Zip Code 02886</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name James Langevin</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: RI District: 02</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18557813 Date of Disbursement 09 / 10 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

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(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

<p>A. Full Name (Last, First, Middle Initial) Richmond For Congress</p> <p>Mailing Address 1631 Elysian Fields Suite 150</p> <p>City New Orleans State LA Zip Code 70126</p> <p>Purpose of Disbursement Contribution <input type="checkbox"/> 011 Category/Type</p> <p>Candidate Name Mr. Cedric Richmond</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 02</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18557814 Date of Disbursement: 09 / 10 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Chad Causey For Congress</p> <p>Mailing Address PO Box 16966</p> <p>City Jonesboro State AR Zip Code 72403</p> <p>Purpose of Disbursement Contribution <input type="checkbox"/> 011 Category/Type</p> <p>Candidate Name Mr. Chad Causey</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 01</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18557815 Date of Disbursement: 09 / 10 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) John Callahan For Congress</p> <p>Mailing Address PO Box 1386</p> <p>City Bethlehem State PA Zip Code 18017</p> <p>Purpose of Disbursement Contribution <input type="checkbox"/> 011 Category/Type</p> <p>Candidate Name Mr. John Callahan</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 15</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18557816 Date of Disbursement: 09 / 10 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>

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

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FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Julie Lassa For Congress Mailing Address PO Box 112 City Stevens Point State WI Zip Code 54481 Purpose of Disbursement Contribution Candidate Name Ms. Julie Lassa Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 07 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 18557817 Date of Disbursement 09 / 10 / 2010 Amount of Each Disbursement this Period 1000.00 Contribution	011 Category/ Type
B.	Full Name (Last, First, Middle Initial) Raj Goyle For Congress, Inc. Mailing Address P.O. Box 780971 City Wichita State KS Zip Code 67278 Purpose of Disbursement Contribution Candidate Name Raj Goyle Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: 04 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 18557818 Date of Disbursement 09 / 10 / 2010 Amount of Each Disbursement this Period 1000.00 Contribution	011 Category/ Type
C.	Full Name (Last, First, Middle Initial) Delbene For Congress Mailing Address PO Box 1406 City Bellevue State WA Zip Code 98009 Purpose of Disbursement Contribution Candidate Name Ms. Suzan Delbene Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 08 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 18557819 Date of Disbursement 09 / 10 / 2010 Amount of Each Disbursement this Period 1000.00 Contribution	011 Category/ Type

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

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<input type="checkbox"/> 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

<p>A. Full Name (Last, First, Middle Initial) Blumenthal For Senate</p> <p>Mailing Address 777 Summer Street</p> <p>City Stamford State CT Zip Code 06901</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name Mr. Richard Blumenthal</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CT District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18559185 Date of Disbursement 09 / 10 / 2010</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>011 Category/ Type</p> <p>CONTRIBUTION</p>
<p>B. Full Name (Last, First, Middle Initial) John Spratt for Congress</p> <p>Mailing Address PO Box 636</p> <p>City Annandale State VA Zip Code 22003</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name John Spratt</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 05</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18559187 Date of Disbursement 09 / 10 / 2010</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>011 Category/ Type</p> <p>CONTRIBUTION</p>
<p>C. Full Name (Last, First, Middle Initial) Castle Campaign Fund</p> <p>Mailing Address PO Box 133</p> <p>City Wilmington State DE Zip Code 19899</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name Mr. Michael Castle</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: DE District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18559204 Date of Disbursement 09 / 10 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>CONTRIBUTION</p>

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5500.00

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

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

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

<p>A. Full Name (Last, First, Middle Initial) Committee To Elect Chris Murphy</p> <p>Mailing Address P.O. Box 127</p> <p>City Cheshire State CT Zip Code 06410</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name Mr. Christopher Murphy</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 05</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18559206 Date of Disbursement 09 / 10 / 2010</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>011 Category/ Type</p> <p>CONTRIBUTION</p>
<p>B. Full Name (Last, First, Middle Initial) PAC to the Future</p> <p>Mailing Address ATTN.: Carmela Clendening 430 South Capitol Street, SE, 1st</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement 2010 CALENDAR YEAR</p> <p>Candidate Name PAC to the Future</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18559912 Date of Disbursement 09 / 13 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>2010 CALENDAR YEAR</p>
<p>C. Full Name (Last, First, Middle Initial) Kagen 4 Congress</p> <p>Mailing Address 100 W. College Ave. 50 D</p> <p>City Appleton State WI Zip Code 54911</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Steve Kagen</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 08</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18559913 Date of Disbursement 09 / 13 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Contribution</p>

SUBTOTAL of Disbursements This Page (optional) ►

5000.00

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

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

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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Chris Coons For Delaware</p> <p>Mailing Address PO Box 9900</p> <p>City Newark State DE Zip Code 19714</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name Mr. Christopher Coons</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: DE District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18567372</p> <p>Date of Disbursement 09 / 16 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>CONTRIBUTION</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Hodes For Senate</p> <p>Mailing Address 379 Elm Street</p> <p>City Manchester State NH Zip Code 03101</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name Mr. Paul Hodes</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NH District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18567460</p> <p>Date of Disbursement 09 / 16 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p> <p>CONTRIBUTION</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Friends of Barbara Boxer</p> <p>Mailing Address PO Box 64151</p> <p>City Los Angeles State CA Zip Code 90064</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name BARBARA BOXER</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CA District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18570772</p> <p>Date of Disbursement 09 / 20 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p> <p>CONTRIBUTION</p>

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**SCHEDULE B (FEC Form 3X)
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<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

<p>A. Full Name (Last, First, Middle Initial) BOBBY SCOTT FOR CONGRESS</p> <p>Mailing Address PO Box 251</p> <p>City Newport News State VA Zip Code 23607</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name ROBERT SCOTT</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 03</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18570773</p> <p>Date of Disbursement 09 / 20 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>CONTRIBUTION</p>
<p>B. Full Name (Last, First, Middle Initial) Martin Heinrich For Congress, Inc.</p> <p>Mailing Address 2118 Central Avenue Se #71</p> <p>City Albuquerque State NM Zip Code 87106</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name Mr. Martin Heinrich</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NM District: 01</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18570774</p> <p>Date of Disbursement 09 / 20 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>CONTRIBUTION</p>
<p>C. Full Name (Last, First, Middle Initial) Loebsack For Congress</p> <p>Mailing Address PO Box 2720</p> <p>City Cedar Rapids State IA Zip Code 52406</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name Rep. David Wayne Loebsack</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 02</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18570775</p> <p>Date of Disbursement 09 / 20 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>CONTRIBUTION</p>

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

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

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

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

<p>A. Full Name (Last, First, Middle Initial) Dutch Ruppensberger For Congress</p> <p>Mailing Address 22 West Padonia Road Suite C-141</p> <p>City Timonium State MD Zip Code 21093</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name Rep. C.A. Dutch Ruppensberger</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 02</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18570776 Date of Disbursement 09 / 20 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>CONTRIBUTION</p>
<p>B. Full Name (Last, First, Middle Initial) Betty Sutton For Congress</p> <p>Mailing Address 1700 W Market St #155</p> <p>City Akron State OH Zip Code 44313</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name Ms. Betty Sutton</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 13</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18570777 Date of Disbursement 09 / 20 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>CONTRIBUTION</p>
<p>C. Full Name (Last, First, Middle Initial) Giffords For Congress</p> <p>Mailing Address PO Box 12886</p> <p>City Tucson State AZ Zip Code 85732</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name Ms. Gabrielle Giffords</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 08</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18570778 Date of Disbursement 09 / 20 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>CONTRIBUTION</p>

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

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

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

A. Full Name (Last, First, Middle Initial) Larson for Congress <hr/> Mailing Address 6282 Occquan Forest Drive <hr/> City Manassas State VA Zip Code 20112 <hr/> Purpose of Disbursement CONTRIBUTION Candidate Name John Larson <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 01 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 18570779 Date of Disbursement 09 / 20 / 2010
	Amount of Each Disbursement this Period 1000.00
	011 Category/ Type
	CONTRIBUTION
B. Full Name (Last, First, Middle Initial) Rush Holt for Congress <hr/> Mailing Address PO Box 782 <hr/> City Pennington State NJ Zip Code 08534 <hr/> Purpose of Disbursement CONTRIBUTION Candidate Name Rush Holt <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 12 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 18570780 Date of Disbursement 09 / 20 / 2010
	Amount of Each Disbursement this Period 1000.00
	011 Category/ Type
	CONTRIBUTION
C. Full Name (Last, First, Middle Initial) Mark Critz For Congress Committee <hr/> Mailing Address 551 Main Street Suite 120 <hr/> City Johnstown State PA Zip Code 15901 <hr/> Purpose of Disbursement Contribution Candidate Name Mr. Mark Critz <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 12 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 18572781 Date of Disbursement 09 / 21 / 2010
	Amount of Each Disbursement this Period 1000.00
	011 Category/ Type
	Contribution

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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

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

A.	Full Name (Last, First, Middle Initial) Kirkpatrick For Arizona Mailing Address PO Box 993 City Prescott State AZ Zip Code 86302 Purpose of Disbursement Contribution Candidate Name Ms. Ann Kirkpatrick Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 01 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 18575261 Date of Disbursement 09 / 22 / 2010 Amount of Each Disbursement this Period 1000.00 Contribution
B.	Full Name (Last, First, Middle Initial) Bera For Congress Mailing Address Post Office Box 582496 City Elk Grove State CA Zip Code 95758 Purpose of Disbursement Contribution Candidate Name Amerish Bera Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 03 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 18578933 Date of Disbursement 09 / 24 / 2010 Amount of Each Disbursement this Period 1000.00 Contribution
C.	Full Name (Last, First, Middle Initial) Hastings For Congress Mailing Address P.O. Box 100277 City Ft. Lauderdale State FL Zip Code 33310 Purpose of Disbursement Contribution Candidate Name Rep. Alcee L. Hastings Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 23 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 18578935 Date of Disbursement 09 / 24 / 2010 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

<p>A. Full Name (Last, First, Middle Initial) Friends Of Dan Maffei</p> <p>Mailing Address PO Box 74</p> <p>City Syracuse State NY Zip Code 13214</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name Mr. Daniel Maffei</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NY District: 25</p>	<p>Transaction ID: 18578936 Date of Disbursement: 09 / 24 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Bocchieri For Congress</p> <p>Mailing Address 337 Third Street Nw</p> <p>City Canton State OH Zip Code 44702</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name Mr. John Bocchieri</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OH District: 16</p>	<p>Transaction ID: 18578937 Date of Disbursement: 09 / 24 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Jim Himes For Congress</p> <p>Mailing Address 857 Post Road, #312</p> <p>City Fairfield State CT Zip Code 06824</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name Mr. Jim Himes</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CT District: 04</p>	<p>Transaction ID: 18578949 Date of Disbursement: 09 / 24 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>Contribution</p>

SUBTOTAL of Disbursements This Page (optional) ▶

5500.00

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

A.	Full Name (Last, First, Middle Initial) John Spratt for Congress	Transaction ID: 18578950 Date of Disbursement 09 / 24 / 2010
	Mailing Address PO Box 636	Amount of Each Disbursement this Period 1000.00
	City Annandale State VA Zip Code 22003	
	Purpose of Disbursement Contribution Candidate Name John Spratt Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 05	011 Category/Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Contribution

B.	Full Name (Last, First, Middle Initial) Yarmuth For Congress	Transaction ID: 18578952 Date of Disbursement 09 / 24 / 2010
	Mailing Address 1819 Brownsboro Road	Amount of Each Disbursement this Period 1000.00
	City Louisville State KY Zip Code 40202	
	Purpose of Disbursement Contribution Candidate Name Rep. John A. Yarmuth Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 03	011 Category/Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Contribution

C.	Full Name (Last, First, Middle Initial) Patrick Murphy For Congress	Transaction ID: 18578953 Date of Disbursement 09 / 24 / 2010
	Mailing Address P.O. Box 868	Amount of Each Disbursement this Period 2000.00
	City Levittown State PA Zip Code 19058	
	Purpose of Disbursement Contribution Candidate Name Mr. Patrick Murphy Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 08	011 Category/Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Contribution

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

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

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FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Pete Stark Re-Election Committee</p> <p>Mailing Address PO Box 75214</p> <p>City Washington State DC Zip Code 20013</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Pete Stark</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: CA District: 13</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18578954</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p> <p>Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Richard E. Neal for Congress Committee</p> <p>Mailing Address PO Box 15906</p> <p>City Chevy Chase State MD Zip Code 20825</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Richard E. Neal</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: MA District: 02</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18578955</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p> <p>Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Klein For Congress</p> <p>Mailing Address 21301 Powerline Road, Suite 204</p> <p>City Boca Raton State FL Zip Code 33433</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Mr. Ron Klein</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: FL District: 22</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18578956</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2000.00"/></p> <p>Contribution</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="4000.00"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text" value=""/></p>

**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

<p>A. Full Name (Last, First, Middle Initial) Bishop for Congress</p> <p>Mailing Address PO Box 909</p> <p>City Columbus State GA Zip Code 31902</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Sanford Bishop</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 02</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18578957 Date of Disbursement 09 / 24 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Markey For Congress</p> <p>Mailing Address PO Box 1333</p> <p>City Fort Collins State CO Zip Code 80521</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Ms. Betsy Markey</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 04</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18578958 Date of Disbursement 09 / 24 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Wasserman-Schultz For Congress</p> <p>Mailing Address 1071 Twin Branch Ln</p> <p>City Weston State FL Zip Code 33326</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Wasserman Schultz Debbie</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 20</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18578959 Date of Disbursement 09 / 24 / 2010</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>Contribution</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3500.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Melissa Bean For Congress</p> <p>Mailing Address PO Box 3068</p> <p>City Barrington State IL Zip Code 60010</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Melissa L. Bean</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: IL District: 08</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18578960</p> <p>Date of Disbursement 09 / 24 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Dan Seals For Congress</p> <p>Mailing Address P.O. Box 584</p> <p>City Wilmette State IL Zip Code 60091</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Mr. Daniel Seals</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: IL District: 10</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18578961</p> <p>Date of Disbursement 09 / 24 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Bennet for Colorado</p> <p>Mailing Address 1900 GRANT STREET Suite 1170</p> <p>City Denver State CO Zip Code 80203</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Michael Bennet</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: CO District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18578962</p> <p>Date of Disbursement 09 / 24 / 2010</p> <p>Amount of Each Disbursement this Period 3500.00</p> <p>Contribution</p>

SUBTOTAL of Disbursements This Page (optional) ▶

5500.00

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

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FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) SCHAKOWSKY FOR CONGRESS</p> <p>Mailing Address PO Box 58</p> <p>City EVANSTON State IL Zip Code 60204</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name JAN SCHAKOWSKY</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 09</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18578963</p> <p>Date of Disbursement 09 / 24 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Joe Donnelly For Congress</p> <p>Mailing Address PO Box 1961</p> <p>City South Bend State IN Zip Code 46634</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Mr. Joseph Donnelly</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 02</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18579276</p> <p>Date of Disbursement 09 / 27 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Woolsey for Congress</p> <p>Mailing Address Po Box 750176</p> <p>City Petaluma State CA Zip Code 94975-0176</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Lynn Woolsey</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 06</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18579279</p> <p>Date of Disbursement 09 / 27 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>Contribution</p>

SUBTOTAL of Disbursements This Page (optional) ▶

4000.00

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

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

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<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

<p>A. Full Name (Last, First, Middle Initial) Trivedi For Congress</p> <p>Mailing Address 83 West Main Street Suite 2</p> <p>City Elverson State PA Zip Code 19520</p> <p>Purpose of Disbursement Contribution Candidate Name Manan Trivedi</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 06</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18579284 Date of Disbursement: 09 / 27 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Friends Of Steve Pougnet</p> <p>Mailing Address 1212 S Victory Blvd</p> <p>City Burbank State CA Zip Code 91502</p> <p>Purpose of Disbursement Contribution Candidate Name Mr. Stephen Pougnet</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 45</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18579286 Date of Disbursement: 09 / 27 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Conway For Senate</p> <p>Mailing Address PO Box 6168</p> <p>City Louisville State KY Zip Code 40206</p> <p>Purpose of Disbursement Contribution Candidate Name Jack Conway</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KY District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18579287 Date of Disbursement: 09 / 27 / 2010</p> <p>Amount of Each Disbursement this Period 3500.00</p> <p>Contribution</p>

SUBTOTAL of Disbursements This Page (optional) ▶

6500.00

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

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

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

A.	Full Name (Last, First, Middle Initial) Feingold Senate Committee Mailing Address PO Box 620062 City Middleton State WI Zip Code 53562 Purpose of Disbursement Contribution Candidate Name Russ Feingold Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 18579288 Date of Disbursement 09 / 27 / 2010 Amount of Each Disbursement this Period 4111.18 Contribution	011 Category/ Type
B.	Full Name (Last, First, Middle Initial) Friends of Anthony Weiner Mailing Address PO Box 290-346 City Brooklyn State NY Zip Code 11229 Purpose of Disbursement Contribution Candidate Name Anthony Weiner Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 09 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 18579289 Date of Disbursement 09 / 27 / 2010 Amount of Each Disbursement this Period 1000.00 Contribution	011 Category/ Type
C.	Full Name (Last, First, Middle Initial) RANGEL FOR CONGRESS Mailing Address PO Box 5577 City New York State NY Zip Code 10027 Purpose of Disbursement Contribution Candidate Name CHARLES RANGEL Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 15 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 18579291 Date of Disbursement 09 / 27 / 2010 Amount of Each Disbursement this Period 1000.00 Contribution	011 Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶

6111.18

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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(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

A.	Full Name (Last, First, Middle Initial) Friends Of Charlie Wilson Mailing Address P.O. Box 160 City Bellaire State OH Zip Code 43906 Purpose of Disbursement Contribution Candidate Name Mr. Charles Wilson Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 06 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 18579292 Date of Disbursement 09 / 27 / 2010	Amount of Each Disbursement this Period 1000.00 Contribution
B.	Full Name (Last, First, Middle Initial) Mcnerney For Congress Mailing Address 6520 Village Parkway Second Floor City Dublin State CA Zip Code 94568 Purpose of Disbursement Contribution Candidate Name Rep. Jerry McNerney Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 11 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 18579293 Date of Disbursement 09 / 27 / 2010	Amount of Each Disbursement this Period 1000.00 Contribution
C.	Full Name (Last, First, Middle Initial) John D. Dingell for Congress Committee Mailing Address PO Box 75214 City Washington State DC Zip Code 20013 Purpose of Disbursement Contribution Candidate Name John Dingell Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 15 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 18579294 Date of Disbursement 09 / 27 / 2010	Amount of Each Disbursement this Period 2000.00 Contribution

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Perriello For Congress Mailing Address PO Box 306 City Ivy State VA Zip Code 22945 Purpose of Disbursement Contribution Candidate Name Rep. Thomas Stuart Price Perriello Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 05 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 18579295 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 7 / 2 0 1 0	Amount of Each Disbursement this Period 1000.00
		Contribution	
B.	Full Name (Last, First, Middle Initial) Team Emerson For Jo Ann Emerson Mailing Address P.O. Box 822 400 Broadway, Suite 501 City Cape Girardeau State MO Zip Code 63702 Purpose of Disbursement Contribution Candidate Name Rep. Jo Ann Emerson Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 08 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 18579308 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 7 / 2 0 1 0	Amount of Each Disbursement this Period 2000.00
		Contribution	
C.	Full Name (Last, First, Middle Initial) Richardson For Congress Mailing Address 1212 S Victory Blvd City Burbank State CA Zip Code 91502 Purpose of Disbursement Contribution Candidate Name Ms. Laura Richardson Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 37 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 18579310 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 7 / 2 0 1 0	Amount of Each Disbursement this Period 1000.00
		Contribution	

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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

<p>A. Full Name (Last, First, Middle Initial) Friends of Lois Capps</p> <p>Mailing Address 38 Ivy Street SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Contribution Candidate Name Lois Capps Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 23</p>	<p>Transaction ID: 18579317 Date of Disbursement: 09 / 27 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) The Committee to Re-Elect Loretta Sanchez</p> <p>Mailing Address 604 South Harbor Boulevard</p> <p>City Santa Ana State CA Zip Code 92704</p> <p>Purpose of Disbursement Contribution Candidate Name Loretta Sanchez Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 47</p>	<p>Transaction ID: 18579320 Date of Disbursement: 09 / 27 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) FRIENDS OF ROSA DELAURO</p> <p>Mailing Address P.O. Box 75214</p> <p>City Washington State DC Zip Code 20013</p> <p>Purpose of Disbursement Contribution Candidate Name ROSA DELAURO Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CT District: 03</p>	<p>Transaction ID: 18579327 Date of Disbursement: 09 / 27 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>

SUBTOTAL of Disbursements This Page (optional) ►

3000.00

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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

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

<p>A. Full Name (Last, First, Middle Initial) Shelley Berkley for Congress</p> <p>Mailing Address P.O. Box 636</p> <p>City Annandale State VA Zip Code 22003</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Shelley Berkley</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NV District: 01</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18579329</p> <p>Date of Disbursement 09 / 27 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Kosmas For Congress</p> <p>Mailing Address PO Box 1547</p> <p>City New Smyrna Beach State FL Zip Code 32170</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Ms. Suzanne Kosmas</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: FL District: 24</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18579330</p> <p>Date of Disbursement 09 / 27 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Hodes For Senate</p> <p>Mailing Address 379 Elm Street</p> <p>City Manchester State NH Zip Code 03101</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Mr. Paul Hodes</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NH District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18579331</p> <p>Date of Disbursement 09 / 27 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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FOR LINE NUMBER:
(check only one)

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

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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Chris Coons For Delaware</p> <p>Mailing Address PO Box 9900</p> <p>City Newark State DE Zip Code 19714</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name Mr. Christopher Coons</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: DE District:</p>	<p>Transaction ID: 18579332 Date of Disbursement: 09 / 27 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>Contribution</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) People for Patty Murray</p> <p>Mailing Address 122 Maryland Avenue, NE</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name Patty Murray</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: WA District:</p>	<p>Transaction ID: 18579333 Date of Disbursement: 09 / 27 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>Contribution</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Bill Foster for Congress</p> <p>Mailing Address P.O. Box 703</p> <p>City Geneva State IL Zip Code 60134</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name Bill Foster</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IL District: 14</p>	<p>Transaction ID: 18579334 Date of Disbursement: 09 / 27 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>

SUBTOTAL of Disbursements This Page (optional) ►

5500.00

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

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FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Congressman Waxman Campaign Committee	Transaction ID: 18579338 Date of Disbursement 09 / 27 / 2010
	Mailing Address 6380 Wilshire Boulevard Suite 1612	Amount of Each Disbursement this Period 1000.00
	City Los Angeles State CA Zip Code 90048	
	Purpose of Disbursement Contribution Candidate Name Henry A. Waxman Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 30	011 Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Contribution

B.	Full Name (Last, First, Middle Initial) Schauer For Congress	Transaction ID: 18579340 Date of Disbursement 09 / 27 / 2010
	Mailing Address PO Box 100	Amount of Each Disbursement this Period 2000.00
	City Battle Creek State MI Zip Code 49016	
	Purpose of Disbursement Contribution Candidate Name Mr. Mark Schauer Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 07	011 Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Contribution

C.	Full Name (Last, First, Middle Initial) Pennsylvania for Kanjorski	Transaction ID: 18579341 Date of Disbursement 09 / 27 / 2010
	Mailing Address 126 South Franklin	Amount of Each Disbursement this Period 1000.00
	City Wilkes-Barre State PA Zip Code 18701	
	Purpose of Disbursement Contribution Candidate Name Paul Kanjorski Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 11	011 Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Contribution

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

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

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

FOR LINE NUMBER: (check only one)

<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

<p>A. Full Name (Last, First, Middle Initial) Citizens to Elect Rick Larsen</p> <p>Mailing Address PO Box 326</p> <p>City Everett State WA Zip Code 98206</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name Rick Larsen</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 02</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18579342 Date of Disbursement: 09 / 27 / 2010</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Friends of Farr</p> <p>Mailing Address c/o Jennifer Frost 3422 Porter Street, NW</p> <p>City Washington State DC Zip Code 20016</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name Sam Farr</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 17</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18579373 Date of Disbursement: 09 / 27 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Kagen 4 Congress</p> <p>Mailing Address 100 W. College Ave. 50 D</p> <p>City Appleton State WI Zip Code 54911</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name Rep. Steve Kagen</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 08</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18579374 Date of Disbursement: 09 / 27 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>

SUBTOTAL of Disbursements This Page (optional) ► **3500.00**

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

<p>A. Full Name (Last, First, Middle Initial) Becerra for Congress Committee</p> <p>Mailing Address PO Box 116</p> <p>City Hyattsville State MD Zip Code 20781-0116</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name Xavier Becerra</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 31</p>	<p>Transaction ID: 18579375 Date of Disbursement: 09 / 27 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Dina Titus For Congress</p> <p>Mailing Address PO Box 50614</p> <p>City Henderson State NV Zip Code 89016</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name Rep. Dina Constadina Titus</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NV District: 03</p>	<p>Transaction ID: 18579376 Date of Disbursement: 09 / 27 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) McIntyre for Congress</p> <p>Mailing Address PO Box 1</p> <p>City Lumberton State NC Zip Code 28359</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name Mike McIntyre</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NC District: 07</p>	<p>Transaction ID: 18584655 Date of Disbursement: 09 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>4000.00</p>
<p>TOTAL This Period (last page this line number only)</p>	

**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

<p>A. Full Name (Last, First, Middle Initial) Friends Of Tarryl Clark</p> <p>Mailing Address PO Box 489</p> <p>City St Cloud State MN Zip Code 56302</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Tarryl Clark</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 06</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18584807 Date of Disbursement 09 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Mike Honda For Congress</p> <p>Mailing Address P.O. Box 8180</p> <p>City San Jose State CA Zip Code 95155</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Michael M. Honda</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 15</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18584808 Date of Disbursement 09 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Kosmas For Congress</p> <p>Mailing Address PO Box 1547</p> <p>City New Smyrna Beach State FL Zip Code 32170</p> <p>Purpose of Disbursement IN-KIND CONTRIBUTIONS</p> <p>Candidate Name Ms. Suzanne Kosmas</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 24</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18663416 Date of Disbursement 09 / 20 / 2010</p> <p>Amount of Each Disbursement this Period 984.48</p> <p>IN-KIND CONTRIBUTIONS</p>

SUBTOTAL of Disbursements This Page (optional) ►

2984.48

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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

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

<p>A. Full Name (Last, First, Middle Initial) Bill Foster for Congress</p> <p>Mailing Address P.O. Box 703</p> <p>City Geneva State IL Zip Code 60134</p> <p>Purpose of Disbursement IN-KIND CONTRIBUTIONS</p> <p>Candidate Name Bill Foster</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 14</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18663418 Date of Disbursement: 09 / 13 / 2010</p> <p>Amount of Each Disbursement this Period 806.55</p> <p>011 Category/ Type</p> <p>IN-KIND CONTRIBUTIONS</p>
<p>B. Full Name (Last, First, Middle Initial) Friends Of Phil Hare</p> <p>Mailing Address 224 18th Street P.O. Box 4183</p> <p>City Rock Island State IL Zip Code 61204</p> <p>Purpose of Disbursement IN-KIND CONTRIBUTIONS</p> <p>Candidate Name Mr. Philip Hare</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 17</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18663422 Date of Disbursement: 09 / 14 / 2010</p> <p>Amount of Each Disbursement this Period 1343.32</p> <p>011 Category/ Type</p> <p>IN-KIND CONTRIBUTIONS</p>
<p>C. Full Name (Last, First, Middle Initial) Dan Seals For Congress</p> <p>Mailing Address P.O. Box 584</p> <p>City Wilmette State IL Zip Code 60091</p> <p>Purpose of Disbursement IN-KIND CONTRIBUTIONS</p> <p>Candidate Name Mr. Daniel Seals</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 10</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18663425 Date of Disbursement: 09 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 920.18</p> <p>011 Category/ Type</p> <p>IN-KIND CONTRIBUTIONS</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3070.05

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

<p>A. Full Name (Last, First, Middle Initial) Friends Of Dan Maffei</p> <p>Mailing Address PO Box 74</p> <p>City Syracuse State NY Zip Code 13214</p> <p>Purpose of Disbursement IN-KIND CONTRIBUTIONS</p> <p>Candidate Name Mr. Daniel Maffei</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 25</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18664554 Date of Disbursement 09 / 09 / 2010</p> <p>Amount of Each Disbursement this Period 1188.07</p> <p>011 Category/ Type</p> <p>IN-KIND CONTRIBUTIONS</p>
<p>B. Full Name (Last, First, Middle Initial) Arcuri For Congress</p> <p>Mailing Address P.O. Box 8508</p> <p>City Utica State NY Zip Code 13505</p> <p>Purpose of Disbursement IN-KIND CONTRIBUTIONS</p> <p>Candidate Name Mr. Michael Arcuri</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 24</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18664556 Date of Disbursement 09 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 1728.43</p> <p>011 Category/ Type</p> <p>IN-KIND CONTRIBUTIONS</p>
<p>C. Full Name (Last, First, Middle Initial) John Callahan For Congress</p> <p>Mailing Address PO Box 1386</p> <p>City Bethlehem State PA Zip Code 18017</p> <p>Purpose of Disbursement IN-KIND CONTRIBUTIONS</p> <p>Candidate Name Mr. John Callahan</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 15</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18664558 Date of Disbursement 09 / 23 / 2010</p> <p>Amount of Each Disbursement this Period 304.25</p> <p>011 Category/ Type</p> <p>IN-KIND CONTRIBUTIONS</p>

SUBTOTAL of Disbursements This Page (optional) ►

3220.75

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

120386.46

**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 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

A. Full Name (Last, First, Middle Initial) International Foundation for Electoral Systems <hr/> Mailing Address 1850 K Street, NW, 5th Floor ATTN: LAUREN TERRELL <hr/> City Washington State DC Zip Code 20006 <hr/> Purpose of Disbursement 501(c)(3) Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 18563850 Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2010
	Amount of Each Disbursement this Period 2500.00 <hr/> 501(c)(3) Contribution
B. Full Name (Last, First, Middle Initial) Americans for Indian Opportunity <hr/> Mailing Address 1001 Marquette Avenue <hr/> City Albuquerque State NM Zip Code 87102 <hr/> Purpose of Disbursement 501(c)(3) Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 18570771 Date of Disbursement M M / D D / Y Y Y Y 09 / 20 / 2010
	Amount of Each Disbursement this Period 500.00 <hr/> 501(c)(3) Contribution

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