

**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

AMERICAN SOLUTIONS PAC

ADDRESS (number and street)

228 S. Washington St., Ste. 115

☐Check if different  
than previously  
reported. (ACC)

Alexandria

VA

22314

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00472324

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

08

01

2010

through

08

31

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

Lisa Lisker

Signature of Treasurer

Electronically Filed by Lisa Lisker

Date

09

19

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

FEC Form 3X (Rev. 02/2003)

2 / 28

Write or Type Committee Name  
AMERICAN SOLUTIONS PAC

Report Covering the Period: From: M M  
0 8 D D  
0 1 Y Y Y Y  
2 0 1 0 To: M M  
0 8 D D  
3 1 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 <span style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 1 0</span>		20.00
(b) Cash on Hand at Beginning of Reporting Period .....	54211.72	
(c) Total Receipts (from Line 19) .....	94635.70	208690.70
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	148847.42	208710.70
7. Total Disbursements (from Line 31) .....	15527.83	75391.11
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	133319.59	133319.59
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

### For further information contact:

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

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

# DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

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Write or Type Committee Name

AMERICAN SOLUTIONS PAC

Report Covering the Period:

From:

M	M
0	8

D	D
0	1

Y	Y	Y	Y
2	0	1	0

To:

M	M
0	8

D	D
3	1

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) .....	30250.00	95520.00
(ii) Unitemized .....	54385.70	98270.70
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	84635.70	193790.70
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	10000.00	15000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	94635.70	208790.70
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	-100.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
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)) .....	94635.70	208690.70
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	94635.70	208690.70

## DETAILED SUMMARY PAGE

of Disbursements

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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.....	14527.83	14527.83	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	14527.83	14527.83	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1000.00	5000.00	
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	20.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs) .....	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00	
29. Other Disbursements.....	0.00	55843.28	
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))..	15527.83	75391.11	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	15527.83	75391.11	

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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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) .....	94635.70	208790.70
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	94635.70	208790.70
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	14527.83	14527.83
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	14527.83	14527.83

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

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

FOR LINE NUMBER: PAGE 6 / 28

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**AMERICAN SOLUTIONS PAC**

**A.**

Full Name (Last, First, Middle Initial)  
 Mr. Paul Abler

Mailing Address 83752 S Highway 81

City State Zip Code  
 Norfolk NE 68701-3391

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Owner

Occupation  
High Meadow Farms

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 8 / 1 6 / 2 0 1 0

Transaction ID: SA11AI.11550

Amount of Each Receipt this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)  
 Mr. Frank W. Battaglino

Mailing Address 2905 Ann Way

City State Zip Code  
 Owings MD 20736-4260

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
self

Occupation  
Metro Test and Balance Inc.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.10565

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)  
 Mr. E. B. Brooks, Jr.

Mailing Address 4625 Greenville Ave Ste 204

City State Zip Code  
 Dallas TX 75206-5044

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self

Occupation  
Oil Producer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: SA11AI.11910

Amount of Each Receipt this Period

500.00

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

6500.00

**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 / 28

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**AMERICAN SOLUTIONS PAC**

**A.**

Full Name (Last, First, Middle Initial)

Mr. William Bundrick

Mailing Address 8712 Glenmora Dr.

City

Shreveport

State

LA

Zip Code

71106-6233

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Bone & Joint Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 3 / 2 0 1 0

Transaction ID: SA11AI.11354

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Kelly Burrows

Mailing Address 468 N 6 Mile Road

City

Casper

State

WY

Zip Code

82604-1806

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self

Occupation

Rancher

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.10816

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. E. Cheeley

Mailing Address 46-161 Nahiku Pl.

City

Kaneohe

State

HI

Zip Code

96744-3625

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self

Occupation

Farmer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 6 / 2 0 1 0

Transaction ID: SA11AI.11718

Amount of Each Receipt this Period

500.00

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

1750.00

**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 / 28

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**AMERICAN SOLUTIONS PAC**

**A.**

Full Name (Last, First, Middle Initial)  
 Mr. Donald Cochran

Mailing Address 2122 Vista Ridge Dr.

City State Zip Code  
 Kerrville TX 78028-9137

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
self

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.10673

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)  
 Mr. Robert Dellenback

Mailing Address PO Box 8610

City State Zip Code  
 Jackson WY 83002-8610

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  
 0 8 / 1 6 / 2 0 1 0

Transaction ID: SA11AI.11724

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)  
 Mr. Terry Dulany

Mailing Address 6933 Sunflower School Road

City State Zip Code  
 Clarksdale MS 38614-9013

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Dulany See, Inc

Occupation  
Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.10866

Amount of Each Receipt this Period

1000.00

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

2500.00

**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 9 / 28

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**AMERICAN SOLUTIONS PAC**

**A.**

Full Name (Last, First, Middle Initial)  
 Mr. Tom Eden, III

Mailing Address 2650 Lake Sahara Drive  
 Ste. 200

City State Zip Code  
**Las Vegas NV 89117-3451**

FEC ID number of contributing  
 federal political committee.

**C**

Name of Employer  
 Self

Occupation  
 Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.10874

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)  
 Mr. Warren Galkin

Mailing Address 29 Sage Dr.

City State Zip Code  
**Warwick RI 02886-6826**

FEC ID number of contributing  
 federal political committee.

**C**

Name of Employer  
 NATCO Product

Occupation  
 Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 8 / 1 6 / 2 0 1 0**

Transaction ID: SA11AI.11666

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)  
 Mr. Jean Gordon

Mailing Address 1244 Rancho Cir

City State Zip Code  
**Las Vegas NV 89107-4629**

FEC ID number of contributing  
 federal political committee.

**C**

Name of Employer

Occupation  
 Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 8 / 1 3 / 2 0 1 0**

Transaction ID: SA11AI.11240

Amount of Each Receipt this Period

250.00

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

**1000.00**

**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 10 / 28

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
AMERICAN SOLUTIONS PAC

**A.**

Full Name (Last, First, Middle Initial)  
Mr Mario Kranjac

Mailing Address 30 Wasll Street  
12th Floor

City State Zip Code  
New York NY 10005

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Kranjac Mahuali & Viskov-  
ic, L

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 3 / 2 0 1 0

Transaction ID: SA11AI.10443

Amount of Each Receipt this Period

5000.00

donation

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Edward Kutler

Mailing Address 6405 Treetop Circle

City State Zip Code  
Columbia MD 21045

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Clark & Weinstock

Occupation  
Managing Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: SA11AI.10501

Amount of Each Receipt this Period

5000.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Dennis Leary

Mailing Address 83 Old Cow Pasture Ln

City State Zip Code  
Kinnelon NJ 07405-2413

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  
0 8 / 1 6 / 2 0 1 0

Transaction ID: SA11AI.11654

Amount of Each Receipt this Period

500.00

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

10500.00

**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 / 28

(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)  
AMERICAN SOLUTIONS PAC**A.**Full Name (Last, First, Middle Initial)  
Dr. William V. Lewit

Mailing Address 25 Valley Rd.

City	State	Zip Code
Scarsdale	NY	10583-1126

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfOccupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.10537

Amount of Each Receipt this Period

500.00

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

Mailing Address 75 N Neck Road

City	State	Zip Code
Edgartown	MA	02539-4107

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
0	8	/	1	2	/	2	0	1	0

Transaction ID: SA11AI.10990

Amount of Each Receipt this Period

500.00

**C.**Full Name (Last, First, Middle Initial)  
Mr. Joseph M. MurphyMailing Address 655 3rd Avenue  
Floor 9

City	State	Zip Code
New York	NY	10017-9121

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Value InvestorsOccupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.11024

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional) .....

2000.00

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 / 28

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**AMERICAN SOLUTIONS PAC**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Floyd Reece

Mailing Address 807 Forestcrest Ct.

City

Euless

State

TX

Zip Code

76039-7738

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Hurapm And Assoc.Occupation  
Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.10754

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Maurice Reese

Mailing Address 713 Lakewood Blvd

City

Madison

State

WI

Zip Code

53704-6048

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  
 0 8 / 1 3 / 2 0 1 0

Transaction ID: SA11AI.11410

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Thomas Runyon

Mailing Address 2293 S Mount Prospect Rd

City

Des Plaines

State

IL

Zip Code

60018-1810

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Seedburn Equip CoOccupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 8 / 1 6 / 2 0 1 0

Transaction ID: SA11AI.11636

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) .....

1500.00

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 / 28

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**AMERICAN SOLUTIONS PAC**

**A.**

Full Name (Last, First, Middle Initial)  
 Mr. James Sherlock

Mailing Address 2835 Charlemagne Drive

City State Zip Code  
 Virginia Beach VA 23451

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
none

Occupation  
retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 8 / 0 5 / 2 0 1 0

Transaction ID: SA11AI.10455

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)  
 Mr. Dean Stephan

Mailing Address 84 S La Senda Drive

City State Zip Code  
 Laguna Beach CA 92651-6736

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
none

Occupation  
retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.11762

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)  
 Mr. Kurt Swogger

Mailing Address 4211 Waters Edge Cv

City State Zip Code  
 Austin TX 78731-5139

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  
 0 8 / 1 3 / 2 0 1 0

Transaction ID: SA11AI.11312

Amount of Each Receipt this Period

500.00

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

2500.00

**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 14 / 28

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**AMERICAN SOLUTIONS PAC**

**A.**

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

Mailing Address 8655 Jefferson Hwy  
 Unit 13

City State Zip Code  
 Baton Rouge LA 70809-2244

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  
 0 8 / 1 3 / 2 0 1 0

Transaction ID: SA11AI.11332

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)  
 Mr. Thomas E. Yeary

Mailing Address 9523 Bay Vista Estates Blvd.

City State Zip Code  
 Orlando FL 32836-6311

FEC ID number of contributing  
 federal political committee.

**C**

Name of Employer

Occupation  
 retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.11196

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)  
 Mr. Robert Young

Mailing Address 20 Paget Ct

City State Zip Code  
 Vero Beach FL 32963-3732

FEC ID number of contributing  
 federal political committee.

**C**

Name of Employer  
 none

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  
 0 8 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.11816

Amount of Each Receipt this Period

500.00

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

2000.00

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

30250.00

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

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

FOR LINE NUMBER: PAGE 15 / 28

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**AMERICAN SOLUTIONS PAC**

**A.**

Full Name (Last, First, Middle Initial)  
**LONE STAR LEADERSHIP PAC**

Mailing Address **7315 Wisconsin Avenue**  
**Suite 310 East**

City State Zip Code  
**Bethesda MD 20814**

FEC ID number of contributing  
federal political committee.

**C** C00415208

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 8 / 0 5 / 2 0 1 0**

**Transaction ID: SA11C.9266**

Amount of Each Receipt this Period

5000.00

donation

**B.**

Full Name (Last, First, Middle Initial)  
**Michael Burgess for Congress**

Mailing Address **PO Box 2334**

City State Zip Code  
**Denton TX 76202**

FEC ID number of contributing  
federal political committee.

**C** C00372532

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 8 / 0 5 / 2 0 1 0**

**Transaction ID: SA11C.9267**

Amount of Each Receipt this Period

5000.00

contribution

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

10000.00

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

10000.00

# **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 16 / 28

<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)  
AMERICAN SOLUTIONS PAC

<b>A.</b> Full Name (Last, First, Middle Initial) A.J. Young & Associates	<b>Transaction ID:</b> SB21B.12972 <b>Date of Disbursement</b>																				
Mailing Address 8021 Chippenham Court	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	4		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	4		2	0	1	0												
City State Zip Code Fairfax Station VA 22039 Purpose of Disbursement PAC Accounting/Data Management Candidate Name	Amount of Each Disbursement this Period <div>4341.63</div>																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<div>001</div> Category/ Type																				
<b>B.</b> Full Name (Last, First, Middle Initial) American Express-Merchant	<b>Transaction ID:</b> SB21B.12988 <b>Date of Disbursement</b>																				
Mailing Address PO Box 1270	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	2		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		0	2		2	0	1	0												
City State Zip Code Newark NJ 07101 Purpose of Disbursement PAC Merchant Fees Candidate Name	Amount of Each Disbursement this Period <div>3.94</div>																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<div>001</div> Category/ Type																				
<b>C.</b> Full Name (Last, First, Middle Initial) American Express-Merchant	<b>Transaction ID:</b> SB21B.12990 <b>Date of Disbursement</b>																				
Mailing Address PO Box 1270	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	3		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		0	3		2	0	1	0												
City State Zip Code Newark NJ 07101 Purpose of Disbursement PAC Merchant Fees Candidate Name	Amount of Each Disbursement this Period <div>2.68</div>																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<div>001</div> Category/ Type																				

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

4348.25

**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 17 / 28

<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)  
AMERICAN SOLUTIONS PAC

<b>A.</b> Full Name (Last, First, Middle Initial) American Express-Merchant	<b>Transaction ID:</b> SB21B.13016 <b>Date of Disbursement</b>																				
Mailing Address PO Box 1270	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	6		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		0	6		2	0	1	0												
City Newark State NJ Zip Code 07101	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAC Merchant Fees Candidate Name	<table border="1"> <tr> <td colspan="10">3.78</td> </tr> </table>	3.78																			
3.78																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) American Express-Merchant	<b>Transaction ID:</b> SB21B.12995 <b>Date of Disbursement</b>																				
Mailing Address PO Box 1270	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	9		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		0	9		2	0	1	0												
City Newark State NJ Zip Code 07101	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAC Merchant Fees Candidate Name	<table border="1"> <tr> <td colspan="10">3.15</td> </tr> </table>	3.15																			
3.15																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) American Express-Merchant	<b>Transaction ID:</b> SB21B.12996 <b>Date of Disbursement</b>																				
Mailing Address PO Box 1270	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	9		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		0	9		2	0	1	0												
City Newark State NJ Zip Code 07101	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAC Merchant Fees Candidate Name	<table border="1"> <tr> <td colspan="10">2.52</td> </tr> </table>	2.52																			
2.52																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

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

9.45

**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 18 / 28

<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)  
AMERICAN SOLUTIONS PAC

<b>A.</b> Full Name (Last, First, Middle Initial) American Express-Merchant	<b>Transaction ID:</b> SB21B.12998 <b>Date of Disbursement</b>																				
Mailing Address PO Box 1270	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	0		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	0		2	0	1	0												
City Newark State NJ Zip Code 07101	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAC Merchant Fees Candidate Name	<table border="1"> <tr> <td colspan="10">1.10</td> </tr> </table>	1.10																			
1.10																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) American Express-Merchant	<b>Transaction ID:</b> SB21B.13001 <b>Date of Disbursement</b>																				
Mailing Address PO Box 1270	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	3		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	3		2	0	1	0												
City Newark State NJ Zip Code 07101	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAC Merchant Fees Candidate Name	<table border="1"> <tr> <td colspan="10">2.21</td> </tr> </table>	2.21																			
2.21																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) American Express-Merchant	<b>Transaction ID:</b> SB21B.13005 <b>Date of Disbursement</b>																				
Mailing Address PO Box 1270	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	6		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	6		2	0	1	0												
City Newark State NJ Zip Code 07101	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAC Merchant Fees Candidate Name	<table border="1"> <tr> <td colspan="10">0.79</td> </tr> </table>	0.79																			
0.79																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

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

4.10

**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 19 / 28

<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)  
AMERICAN SOLUTIONS PAC

<b>A.</b> Full Name (Last, First, Middle Initial) American Express-Merchant	<b>Transaction ID:</b> SB21B.13006 <b>Date of Disbursement</b>																				
Mailing Address PO Box 1270	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	6		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	6		2	0	1	0												
City Newark State NJ Zip Code 07101	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAC Merchant Fees Candidate Name	<table border="1"> <tr> <td colspan="10">5.04</td> </tr> </table>	5.04																			
5.04																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) American Express-Merchant	<b>Transaction ID:</b> SB21B.13007 <b>Date of Disbursement</b>																				
Mailing Address PO Box 1270	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	7		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	7		2	0	1	0												
City Newark State NJ Zip Code 07101	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAC Merchant Fees Candidate Name	<table border="1"> <tr> <td colspan="10">0.47</td> </tr> </table>	0.47																			
0.47																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) American Express-Merchant	<b>Transaction ID:</b> SB21B.13009 <b>Date of Disbursement</b>																				
Mailing Address PO Box 1270	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	0		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	0		2	0	1	0												
City Newark State NJ Zip Code 07101	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAC Merchant Fees Candidate Name	<table border="1"> <tr> <td colspan="10">0.95</td> </tr> </table>	0.95																			
0.95																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

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

6.46

**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 20 / 28

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
AMERICAN SOLUTIONS PAC

A.

Full Name (Last, First, Middle Initial)  
American Express-Merchant

Mailing Address PO Box 1270

City Newark State NJ Zip Code 07101

Purpose of Disbursement  
PAC Merchant Fees

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.13010

Date of Disbursement

08 / 23 / 2010

Amount of Each Disbursement this Period

2.53

B.

Full Name (Last, First, Middle Initial)  
American Express-Merchant

Mailing Address PO Box 1270

City Newark State NJ Zip Code 07101

Purpose of Disbursement  
PAC Merchant Fees

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.13011

Date of Disbursement

08 / 24 / 2010

Amount of Each Disbursement this Period

0.63

C.

Full Name (Last, First, Middle Initial)  
American Express-Merchant

Mailing Address PO Box 1270

City Newark State NJ Zip Code 07101

Purpose of Disbursement  
PAC Merchant Fees

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.13012

Date of Disbursement

08 / 27 / 2010

Amount of Each Disbursement this Period

5.67

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

8.83

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 21 / 28

<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

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)  
AMERICAN SOLUTIONS PAC

A.

Full Name (Last, First, Middle Initial)  
American Express-Merchant

Mailing Address PO Box 1270

City Newark State NJ Zip Code 07101

Purpose of Disbursement  
PAC Merchant Fees

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.13013

Date of Disbursement

08 / 30 / 2010

Amount of Each Disbursement this Period

1.10

B.

Full Name (Last, First, Middle Initial)  
American Express-Merchant

Mailing Address PO Box 1270

City Newark State NJ Zip Code 07101

Purpose of Disbursement  
PAC Merchant Fees

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.13014

Date of Disbursement

08 / 30 / 2010

Amount of Each Disbursement this Period

2.37

C.

Full Name (Last, First, Middle Initial)  
American Express-Merchant

Mailing Address PO Box 1270

City Newark State NJ Zip Code 07101

Purpose of Disbursement  
PAC Merchant Fees

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.13015

Date of Disbursement

08 / 31 / 2010

Amount of Each Disbursement this Period

0.63

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

4.10

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
AMERICAN SOLUTIONS PAC

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) GF Strategies, LLC</p> <p>Mailing Address 3720 39th Street, NW #a163</p> <p>City Washington State DC Zip Code 20016</p> <p>Purpose of Disbursement PAC Fundraising Consulting</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><b>Transaction ID:</b> SB21B.12957</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="1"/> <input type="text" value="7"/> / <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="6000.00"/></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Gingrich Group LLC</p> <p>Mailing Address 5555 Glenridge Connector, Ste. 425</p> <p>City Atlanta State GA Zip Code 30342</p> <p>Purpose of Disbursement PAC Rent</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><b>Transaction ID:</b> SB21B.12959</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="1"/> <input type="text" value="7"/> / <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><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Infocision Management Corp.</p> <p>Mailing Address 325 Springside Drive</p> <p>City Akron State OH Zip Code 44333</p> <p>Purpose of Disbursement PAC Telemarketing</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><b>Transaction ID:</b> SB21B.12984</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="1"/> <input type="text" value="7"/> / <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="1350.00"/></p>

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

**8350.00**

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

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

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

FOR LINE NUMBER:  
(check only one)

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<input 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)  
AMERICAN SOLUTIONS PAC

<b>A.</b> Full Name (Last, First, Middle Initial) JP Morgan Chase Bank	<b>Transaction ID:</b> SB21B.12978 <b>Date of Disbursement</b>																				
Mailing Address PO Box 659732	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	3		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		0	3		2	0	1	0												
City San Antonio State TX Zip Code 78265	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAC Merchant Fees Candidate Name	<table border="1"> <tr> <td colspan="10">286.70</td> </tr> </table>	286.70																			
286.70																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) JP Morgan Chase Bank	<b>Transaction ID:</b> SB21B.12982 <b>Date of Disbursement</b>																				
Mailing Address PO Box 659732	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	6		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	6		2	0	1	0												
City San Antonio State TX Zip Code 78265	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAC Bank Fees Candidate Name	<table border="1"> <tr> <td colspan="10">96.63</td> </tr> </table>	96.63																			
96.63																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) McKenna Long & Aldridge	<b>Transaction ID:</b> SB21B.12974 <b>Date of Disbursement</b>																				
Mailing Address 1900 K Street, NW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	4		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	4		2	0	1	0												
City Washington State DC Zip Code 20006	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAC Legal Fees Candidate Name	<table border="1"> <tr> <td colspan="10">792.00</td> </tr> </table>	792.00																			
792.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

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

**1175.33**

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
AMERICAN SOLUTIONS PAC

**A.**

Full Name (Last, First, Middle Initial)  
PayPal, Inc.

Mailing Address 1840 Embarcadero Road

City Palo Alto State CA Zip Code 94303

Purpose of Disbursement  
PAC Bank Fee

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.12980

Date of Disbursement

08 / 04 / 2010

Amount of Each Disbursement this Period

30.00

**B.**

Full Name (Last, First, Middle Initial)  
PayPal, Inc.

Mailing Address 1840 Embarcadero Road

City Palo Alto State CA Zip Code 94303

Purpose of Disbursement  
PAC Merchant Fees

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.12992

Date of Disbursement

08 / 05 / 2010

Amount of Each Disbursement this Period

31.30

**C.**

Full Name (Last, First, Middle Initial)  
PayPal, Inc.

Mailing Address 1840 Embarcadero Road

City Palo Alto State CA Zip Code 94303

Purpose of Disbursement  
PAC Merchant Fees

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.12997

Date of Disbursement

08 / 10 / 2010

Amount of Each Disbursement this Period

41.88

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

103.18

**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 25 / 28

<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)  
AMERICAN SOLUTIONS PAC

<b>A.</b> Full Name (Last, First, Middle Initial) PayPal, Inc.	<b>Transaction ID:</b> SB21B.12999 <b>Date of Disbursement</b>																				
Mailing Address 1840 Embarcadero Road	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	1		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	1		2	0	1	0												
City Palo Alto State CA Zip Code 94303	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAC Merchant Fees Candidate Name	<table border="1"> <tr> <td colspan="10">38.98</td> </tr> </table>	38.98																			
38.98																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) PayPal, Inc.	<b>Transaction ID:</b> SB21B.13000 <b>Date of Disbursement</b>																				
Mailing Address 1840 Embarcadero Road	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	2		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	2		2	0	1	0												
City Palo Alto State CA Zip Code 94303	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAC Merchant Fees Candidate Name	<table border="1"> <tr> <td colspan="10">72.16</td> </tr> </table>	72.16																			
72.16																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) PayPal, Inc.	<b>Transaction ID:</b> SB21B.13002 <b>Date of Disbursement</b>																				
Mailing Address 1840 Embarcadero Road	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	6		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	6		2	0	1	0												
City Palo Alto State CA Zip Code 94303	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAC Merchant Fees Candidate Name	<table border="1"> <tr> <td colspan="10">10.80</td> </tr> </table>	10.80																			
10.80																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

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

121.94

**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 26 / 28

<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)  
AMERICAN SOLUTIONS PAC

<b>A.</b> Full Name (Last, First, Middle Initial) PayPal, Inc.	<b>Transaction ID:</b> SB21B.13003 <b>Date of Disbursement</b>																				
Mailing Address 1840 Embarcadero Road	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	6		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	6		2	0	1	0												
City Palo Alto State CA Zip Code 94303	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAC Merchant Fees Candidate Name	<table border="1"> <tr> <td colspan="10">22.12</td> </tr> </table>	22.12																			
22.12																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) PayPal, Inc.	<b>Transaction ID:</b> SB21B.13004 <b>Date of Disbursement</b>																				
Mailing Address 1840 Embarcadero Road	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	6		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	6		2	0	1	0												
City Palo Alto State CA Zip Code 94303	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAC Merchant Fees Candidate Name	<table border="1"> <tr> <td colspan="10">47.59</td> </tr> </table>	47.59																			
47.59																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) PayPal, Inc.	<b>Transaction ID:</b> SB21B.13008 <b>Date of Disbursement</b>																				
Mailing Address 1840 Embarcadero Road	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	8		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	8		2	0	1	0												
City Palo Alto State CA Zip Code 94303	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAC Merchant Fees Candidate Name	<table border="1"> <tr> <td colspan="10">1.85</td> </tr> </table>	1.85																			
1.85																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

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

71.56

**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 27 / 28

<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)  
AMERICAN SOLUTIONS PAC

A.

Full Name (Last, First, Middle Initial)

Ana Smith

Mailing Address 5711 11th Street, N

City  
Arlington

State  
VA

Zip Code  
22205

Purpose of Disbursement  
PAC Receipts Processing

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.12964

Date of Disbursement

MM / DD / YYYY  
08 / 19 / 2010

Amount of Each Disbursement this Period

103.13

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

103.13

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

14306.33

# **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 28 / 28

<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)  
AMERICAN SOLUTIONS PAC

A.

Full Name (Last, First, Middle Initial)  
ZAUN FOR CONGRESS

Mailing Address PO BOX 42221

City URBANDALE State IA Zip Code 50323

Purpose of Disbursement  
Contribution

Candidate Name  
BRAD ZAUN

Office Sought: ☒ House  
☐ Senate  
☐ President

State: IA District: 03

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

011  
Category/  
Type

Transaction ID: SB23.12962

Date of Disbursement

08 / 17 / 2010

Amount of Each Disbursement this Period

1000.00

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

1000.00

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

1000.00