

**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

Solutions America PAC

ADDRESS (number and street) 575 Eighth Avenue, 24th Floor

Check if different than previously reported. (ACC)

New York NY 10018

2. **FEC IDENTIFICATION NUMBER** C00335448

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:

<input type="checkbox"/> Feb 20 (M2)	<input type="checkbox"/> May 20 (M5)	<input type="checkbox"/> Aug 20 (M8)	<input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only)
<input type="checkbox"/> Mar 20 (M3)	<input type="checkbox"/> Jun 20 (M6)	<input type="checkbox"/> Sep 20 (M9)	<input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only)
<input type="checkbox"/> Apr 20 (M4)	<input type="checkbox"/> Jul 20 (M7)	<input type="checkbox"/> Oct 20 (M10)	<input type="checkbox"/> Jan 31 (YE)

(c) 12-Day **PRE-Election** Report for the:

<input type="checkbox"/> Primary (12P)	<input type="checkbox"/> General (12G)	<input type="checkbox"/> Runoff (12R)
<input type="checkbox"/> Convention (12C)	<input type="checkbox"/> Special (12G)	

Election on [] [] [] in the State of []

(d) 30-Day **Post -Election** Report for the:

<input checked="" type="checkbox"/> General (30G)	<input type="checkbox"/> Runoff (30R)	<input type="checkbox"/> Special (30S)
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Election on 11 07 2006 in the State of NY

5. Covering Period 10 19 2006 through 11 27 2006

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 Ryan Medrano (assistant treasurer)

Signature of Treasurer Electronically Filed by Ryan Medrano (assistant treasurer) Date 12 07 2006

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
Solutions America PAC

Report Covering the Period: From:

M	M
1	0

D	D
1	9

Y	Y	Y	Y
2	0	0	6

 To:

M	M
1	1

D	D
2	7

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		342988.75
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period	906911.43									
(c) Total Receipts (from Line 19)	28273.27	2091612.73								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	935184.70	2434601.48								
7. Total Disbursements (from Line 31)	334333.74	1833750.52								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	600850.96	600850.96								
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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
Solutions America PAC

Report Covering the Period: From:

M	M
1	0

D	D
1	9

Y	Y	Y	Y
2	0	0	6

 To:

M	M
1	1

D	D
2	7

Y	Y	Y	Y
2	0	0	6

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	23650.00	2032689.27
(i) Itemized (use Schedule A)		
(ii) Unitemized	1304.00	8450.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	24954.00	2041139.27
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	43500.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	24954.00	2084639.27
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)	2167.06	2167.06
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	1152.21	4806.40
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))	28273.27	2091612.73
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	28273.27	2091612.73

DETAILED SUMMARY PAGE

of Disbursements

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Page 4

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.....	279333.74	1336350.52
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	279333.74	1336350.52
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	55000.00	438500.00
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	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	5000.00
(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	5000.00
29. Other Disbursements.....	0.00	53900.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	334333.74	1833750.52
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	334333.74	1833750.52

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	24954.00	2084639.27
34. Total Contribution Refunds (from Line 28(d))	0.00	5000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	24954.00	2079639.27
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	279333.74	1336350.52
37. Offsets to Operating Expenditures (from Line 15, page 3)	2167.06	2167.06
38. Net Operating Expenditures (subtract Line 37 from Line 36)	277166.68	1334183.46

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 78
	<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	

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)
Solutions America PAC

A. Full Name (Last, First, Middle Initial)
Anthony Calabrese

Mailing Address 1918 N. Mohawk Street

City State Zip Code
Chicago IL 60614

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

Name of Employer Occupation
Sidley Austin LLP Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
200.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 4 / 2 0 0 6

Transaction ID: 61130.C952

Amount of Each Receipt this Period
200.00

Receipt

B. Full Name (Last, First, Middle Initial)
Darren Kaplan

Mailing Address 39 North Dr

City State Zip Code
Great Neck NY 11021-1333

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

Name of Employer Occupation
Chitwood Harley Harnes LLP Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 2 5 / 2 0 0 6

Transaction ID: 61130.C986

Amount of Each Receipt this Period
250.00

Receipt

C. Full Name (Last, First, Middle Initial)
Seth Kaye

Mailing Address 4525 Henry Hudson Pkwy Apt 605

City State Zip Code
Bronx NY 10471-3816

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

Name of Employer Occupation
Powers Global Strategies, LLC Consultant

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 0 7 / 2 0 0 6

Transaction ID: 61130.C958

Amount of Each Receipt this Period
500.00

Receipt

SUBTOTAL of Receipts This Page (optional) ► **950.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 78
	<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)
Solutions America PAC

A. Full Name (Last, First, Middle Initial) Kurt Kramer		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 6
Mailing Address 1 Linden Pl		Transaction ID: 61130.C969
City State Zip Code Great Neck NY 11021-2640	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. C	Receipt	
Name of Employer Occupation Self Employed Investor	Aggregate Year-to-Date ▼ 5000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B. Full Name (Last, First, Middle Initial) Ken Kurson		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 8 / 2 0 0 6
Mailing Address 292 Turrell Ave		Transaction ID: 61130.C976
City State Zip Code South Orange NJ 07079-2330	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	Receipt	
Name of Employer Occupation Giuliani Partners LLC Deputy Com. Director	Aggregate Year-to-Date ▼ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C. Full Name (Last, First, Middle Initial) Peter Lyman		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 6
Mailing Address 2755 SW 25th Drive		Transaction ID: 61130.C951
City State Zip Code Portland OR 97219	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C	Receipt	
Name of Employer Occupation Portland General Electric Manager	Aggregate Year-to-Date ▼ 600.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	5450.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 78
	<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)
Solutions America PAC

A. Full Name (Last, First, Middle Initial)
George Moore

Mailing Address 812 Park Ave # 11D

City State Zip Code
New York NY 10021-2759

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

Name of Employer Occupation
Hoak Capital Corp. VP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 6

Transaction ID: 61207.C992

Amount of Each Receipt this Period
5000.00

Receipt

B. Full Name (Last, First, Middle Initial)
Karl Poterack

Mailing Address 15815 E Burro Dr

City State Zip Code
Fountain Hills AZ 85268-5307

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

Name of Employer Occupation
Mayo Foundation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 0 1 / 2 0 0 6

Transaction ID: 61130.C953

Amount of Each Receipt this Period
1000.00

Receipt

C. Full Name (Last, First, Middle Initial)
Mary Jordan Saunders

Mailing Address 130 E 75th St

City State Zip Code
New York NY 10021-3241

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

Name of Employer Occupation
Self Employed Homemaker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 6

Transaction ID: 61207.C990

Amount of Each Receipt this Period
5000.00

Receipt

SUBTOTAL of Receipts This Page (optional) ► **11000.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 78
	<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)
Solutions America PAC

A. Full Name (Last, First, Middle Initial)
Thomas Saunders

Mailing Address 667 Madison Ave
21st Floor

City State Zip Code
New York NY 10021-8029

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

Name of Employer Ivorco Occupation Investor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
10 / 23 / 2006

Transaction ID: 61207.C991

Amount of Each Receipt this Period
5000.00

Receipt

B. Full Name (Last, First, Middle Initial)
Ronald Shade

Mailing Address 878 Bristol Dr

City State Zip Code
Deerfield IL 60015-4841

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

Name of Employer NW Oncology Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
11 / 21 / 2006

Transaction ID: 61130.C981

Amount of Each Receipt this Period
250.00

Receipt

C. Full Name (Last, First, Middle Initial)
David Woodruff

Mailing Address 1401 Orchard St

City State Zip Code
Alexandria VA 22302-4216

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

Name of Employer Volkswagen of America Occupation Government Relations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
11 / 15 / 2006

Transaction ID: 61207.C995

Amount of Each Receipt this Period
1000.00

Receipt

SUBTOTAL of Receipts This Page (optional)	6250.00
TOTAL This Period (last page this line number only)	23650.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 10 / 78	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Solutions America PAC

A. Full Name (Last, First, Middle Initial)
John Avlon

Mailing Address 1 Irving Pl
U19B

City State Zip Code
New York NY 10003-9728

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

Name of Employer Occupation
reimburse phone usage Information Requested

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ **2167.06**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	3	/	2	0	0	6

Transaction ID: 61207.C989

Amount of Each Receipt this Period
2167.06

Offsets to Operating Expenditure

SUBTOTAL of Receipts This Page (optional)	2167.06
TOTAL This Period (last page this line number only)	2167.06

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 78
	<input 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 checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Solutions America PAC

Full Name (Last, First, Middle Initial) Citibank, NA		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 1 / 2 0 0 6	
Mailing Address 666 5th Ave 6th Floor		Transaction ID: 61207.C993	
City State Zip Code New York NY 10103-0001	Amount of Each Receipt this Period 28.13		
FEC ID number of contributing federal political committee. C	Interest Received		
Name of Employer checking interest	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3682.32		

Full Name (Last, First, Middle Initial) Citibank, NA		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 1 / 2 0 0 6	
Mailing Address 666 5th Ave 6th Floor		Transaction ID: 61207.C994	
City State Zip Code New York NY 10103-0001	Amount of Each Receipt this Period 1124.08		
FEC ID number of contributing federal political committee. C	Interest Received		
Name of Employer checking interest	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4806.40		

SUBTOTAL of Receipts This Page (optional) ▶	1152.21
TOTAL This Period (last page this line number only) ▶	1152.21

**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 12 / 78

<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)
Solutions America PAC

Full Name (Last, First, Middle Initial) A. Administaff		Transaction ID: 61130.E751 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6
Mailing Address 19001 Crescent Springs Dr		Amount of Each Disbursement this Period 1901.03
City Kingwood State TX Zip Code 77339-3802	Category/ Type PAYROLL FEES/INSURANCE	
Purpose of Disbursement PAYROLL FEES/INSURANCE		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Administaff		Transaction ID: 61130.E752 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6
Mailing Address 19001 Crescent Springs Dr		Amount of Each Disbursement this Period 3485.27
City Kingwood State TX Zip Code 77339-3802	Category/ Type PAYROLL TAX	
Purpose of Disbursement PAYROLL TAX		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Administaff		Transaction ID: 61207.E911 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 6
Mailing Address 19001 Crescent Springs Dr		Amount of Each Disbursement this Period 1838.27
City Kingwood State TX Zip Code 77339-3802	Category/ Type PAYROLL FEES/INSURANCE	
Purpose of Disbursement PAYROLL FEES/INSURANCE		
Candidate Name		
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) ▶	7224.57
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)
Solutions America PAC

A. Administaff Full Name (Last, First, Middle Initial) Mailing Address 19001 Crescent Springs Dr City Kingwood State TX Zip Code 77339-3802 Purpose of Disbursement PAYROLL TAX Candidate Name 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) ▼		Transaction ID: 61207.E910 Date of Disbursement: M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 6 Amount of Each Disbursement this Period 3485.27 Category/Type PAYROLL TAX
--	--	---

B. American Express Full Name (Last, First, Middle Initial) Mailing Address PO Box 2855 City New York State NY Zip Code 10116-2855 Purpose of Disbursement CREDIT CARD: SEE BELOW Candidate Name 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) ▼		Transaction ID: 61130.E651 Date of Disbursement: M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6 Amount of Each Disbursement this Period 17821.30 Category/Type CREDIT CARD: SEE BELOW
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C. American Airlines Full Name (Last, First, Middle Initial) Mailing Address 2500 Victory Ave City Dallas State TX Zip Code 75219-7601 Purpose of Disbursement TRAVEL EXPENSE Candidate Name 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) ▼		Transaction ID: 61130.E701 Date of Disbursement: M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6 Amount of Each Disbursement this Period 384.61 Category/Type [MEMO ITEM] MEMO: TRAVEL EXPENSE
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SUBTOTAL of Disbursements This Page (optional) ▶	21306.57
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

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(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)
Solutions America PAC

Full Name (Last, First, Middle Initial) A. American Express		Transaction ID: 61130.E681 Date of Disbursement 10 / 20 / 2006
Mailing Address PO Box 2855		Amount of Each Disbursement this Period 35.00
City New York State NY Zip Code 10116-2855	Purpose of Disbursement MEMBERSHIP FEE Candidate Name Category/Type	
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) ▼	[MEMO ITEM] MEMO: MEMBERSHIP FEE

Full Name (Last, First, Middle Initial) B. Amtrak		Transaction ID: 61130.E692 Date of Disbursement 10 / 20 / 2006
Mailing Address Grand Central Station		Amount of Each Disbursement this Period 84.00
City New York State NY Zip Code 10165-	Purpose of Disbursement TRAVEL EXPENSE Candidate Name Category/Type	
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) ▼	[MEMO ITEM] MEMO: TRAVEL EXPENSE

Full Name (Last, First, Middle Initial) C. Amtrak		Transaction ID: 61130.E716 Date of Disbursement 10 / 20 / 2006
Mailing Address Grand Central Station		Amount of Each Disbursement this Period 84.00
City New York State NY Zip Code 10165-	Purpose of Disbursement TRAVEL EXPENSE Candidate Name Category/Type	
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) ▼	[MEMO ITEM] MEMO: TRAVEL EXPENSE

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
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)

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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)
Solutions America PAC

Full Name (Last, First, Middle Initial) A. Amtrak		Transaction ID: 61130.E718 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6
Mailing Address Grand Central Station		Amount of Each Disbursement this Period 152.00
City New York State NY Zip Code 10165-	[MEMO ITEM] MEMO: TRAVEL EXPENSE	
Purpose of Disbursement TRAVEL EXPENSE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Amtrak		Transaction ID: 61130.E674 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6
Mailing Address Grand Central Station		Amount of Each Disbursement this Period 287.00
City New York State NY Zip Code 10165-	[MEMO ITEM] MEMO: TRAVEL EXPENSE	
Purpose of Disbursement TRAVEL EXPENSE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Amtrak		Transaction ID: 61130.E712 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6
Mailing Address Grand Central Station		Amount of Each Disbursement this Period 188.00
City New York State NY Zip Code 10165-	[MEMO ITEM] MEMO: TRAVEL EXPENSE	
Purpose of Disbursement TRAVEL EXPENSE Candidate Name		Category/Type
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) ▶	0.00
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:
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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)
Solutions America PAC

Full Name (Last, First, Middle Initial) A. Barnes & Noble.com		Transaction ID: 61130.E710 Date of Disbursement 10 / 20 / 2006
Mailing Address 111 8th Ave		Amount of Each Disbursement this Period -28.18
City New York State NY Zip Code 10011-5202	[MEMO ITEM] MEMO: OFFICE SUPPLIES (RE-TURN CREDIT)	
Purpose of Disbursement OFFICE SUPPLIES (RETURN CREDIT)		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) B. Barnes & Noble.com		Transaction ID: 61130.E666 Date of Disbursement 10 / 20 / 2006
Mailing Address 111 8th Ave		Amount of Each Disbursement this Period 128.37
City New York State NY Zip Code 10011-5202	[MEMO ITEM] MEMO: OFFICE SUPPLIES	
Purpose of Disbursement OFFICE SUPPLIES		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) C. Bryant Park Cafe		Transaction ID: 61130.E693 Date of Disbursement 10 / 20 / 2006
Mailing Address Bryant Park		Amount of Each Disbursement this Period 51.35
City New York State NY Zip Code 10018-	[MEMO ITEM] MEMO: MEETING EXPENSE	
Purpose of Disbursement MEETING EXPENSE		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
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:
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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)
Solutions America PAC

Full Name (Last, First, Middle Initial) A. Bryant Park Cafe		Transaction ID: 61130.E696 Date of Disbursement 10 / 20 / 2006
Mailing Address Bryant Park		Amount of Each Disbursement this Period 123.49
City New York State NY Zip Code 10018-	Purpose of Disbursement MEETING EXPENSE Candidate Name	
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) ▼	[MEMO ITEM] MEMO: MEETING EXPENSE

Full Name (Last, First, Middle Initial) B. Carbones Italian Restaurant		Transaction ID: 61130.E661 Date of Disbursement 10 / 20 / 2006
Mailing Address 331 W 38th St		Amount of Each Disbursement this Period 31.50
City New York State NY Zip Code 10018-2923	Purpose of Disbursement MEETING EXPENSE Candidate Name	
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) ▼	[MEMO ITEM] MEMO: MEETING EXPENSE

Full Name (Last, First, Middle Initial) C. Carbones Italian Restaurant		Transaction ID: 61130.E690 Date of Disbursement 10 / 20 / 2006
Mailing Address 331 W 38th St		Amount of Each Disbursement this Period 54.62
City New York State NY Zip Code 10018-2923	Purpose of Disbursement MEETING EXPENSE Candidate Name	
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) ▼	[MEMO ITEM] MEMO: MEETING EXPENSE

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
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

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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)
Solutions America PAC

Full Name (Last, First, Middle Initial) A. Carbones Italian Restaurant		Transaction ID: 61130.E698 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6
Mailing Address 331 W 38th St		Amount of Each Disbursement this Period 37.50
City New York State NY Zip Code 10018-2923	[MEMO ITEM] MEMO: MEETING EXPENSE	
Purpose of Disbursement MEETING EXPENSE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Checker Sedan		Transaction ID: 61130.E689 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6
Mailing Address 2128 Trumbull St		Amount of Each Disbursement this Period 380.00
City Detroit State MI Zip Code 48216-1344	[MEMO ITEM] MEMO: CAR SERVICE	
Purpose of Disbursement CAR SERVICE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Cingular		Transaction ID: 61130.E652 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6
Mailing Address PO Box 78405		Amount of Each Disbursement this Period 863.58
City Phoenix State AZ Zip Code 85062-8405	[MEMO ITEM] MEMO: CELL PHONE/BLACKBERRY EXPENSE	
Purpose of Disbursement CELL PHONE/BLACKBERRY EXPENSE Candidate Name		Category/Type
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) ▶	0.00
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

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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)
Solutions America PAC

Full Name (Last, First, Middle Initial) A. Coliseum Books		Transaction ID: 61130.E721 Date of Disbursement 10 / 20 / 2006
Mailing Address 11 W 42nd St		Amount of Each Disbursement this Period 227.26
City New York State NY Zip Code 10036-8002	Purpose of Disbursement PURCHASE BOOKS Candidate Name	
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) ▼	[MEMO ITEM] MEMO: PURCHASE BOOKS

Full Name (Last, First, Middle Initial) B. Delta Airlines		Transaction ID: 61130.E700 Date of Disbursement 10 / 20 / 2006
Mailing Address 1050 Delta Blvd		Amount of Each Disbursement this Period 541.10
City Atlanta State GA Zip Code 30354-1989	Purpose of Disbursement TRAVEL EXPENSE Candidate Name	
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) ▼	[MEMO ITEM] MEMO: TRAVEL EXPENSE

Full Name (Last, First, Middle Initial) C. Eastern American Data/Voice Inc.		Transaction ID: 61130.E653 Date of Disbursement 10 / 20 / 2006
Mailing Address PO Box 8043		Amount of Each Disbursement this Period 863.54
City Long Island City State NY Zip Code 11101-8043	Purpose of Disbursement PHONE INSTALLATION/REPAIR Candidate Name	
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) ▼	[MEMO ITEM] MEMO: PHONE INSTALLATION/-REPAIR

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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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)
Solutions America PAC

Full Name (Last, First, Middle Initial) A. Expedia Travel		Transaction ID: 61130.E702 Date of Disbursement 10 / 20 / 2006
Mailing Address 2897 N 4 Druid Hills Road		Amount of Each Disbursement this Period 10.00
City Atlanta State GA Zip Code 30329-	Purpose of Disbursement TRAVEL EXPENSE-FEES Candidate Name	
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) ▼	[MEMO ITEM] MEMO: TRAVEL EXPENSE-FEES

Full Name (Last, First, Middle Initial) B. Fairmont Hotel-IL		Transaction ID: 61130.E707 Date of Disbursement 10 / 20 / 2006
Mailing Address 200 N Columbus Dr		Amount of Each Disbursement this Period 728.17
City Chicago State IL Zip Code 60601-7802	Purpose of Disbursement TRAVEL EXPENSE-LODGING Candidate Name	
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) ▼	[MEMO ITEM] MEMO: TRAVEL EXPENSE-LODGING

Full Name (Last, First, Middle Initial) C. Federal Express		Transaction ID: 61130.E683 Date of Disbursement 10 / 20 / 2006
Mailing Address PO Box 371461		Amount of Each Disbursement this Period 23.42
City Pittsburgh State PA Zip Code 15250-7461	Purpose of Disbursement DELIVERY EXPENSE Candidate Name	
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) ▼	[MEMO ITEM] MEMO: DELIVERY EXPENSE

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
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

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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)
Solutions America PAC

Full Name (Last, First, Middle Initial) A. Fresh Direct		Transaction ID: 61130.E668 Date of Disbursement 10 / 20 / 2006	
Mailing Address 2330 Borden Ave		Amount of Each Disbursement this Period 118.04	
City Long Island City State NY Zip Code 11101-4515	Purpose of Disbursement SODA/COFFEE/TEA Candidate Name	Category/ Type	
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) ▼		

[MEMO ITEM]
MEMO: SODA/COFFEE/TEA

Full Name (Last, First, Middle Initial) B. IPRINT.COM		Transaction ID: 61130.E720 Date of Disbursement 10 / 20 / 2006	
Mailing Address 1475 Veterans Blvd		Amount of Each Disbursement this Period 1033.85	
City Redwood City State CA Zip Code 94063-2611	Purpose of Disbursement OFFICE STATIONARY Candidate Name	Category/ Type	
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) ▼		

[MEMO ITEM]
MEMO: OFFICE STATIONARY

Full Name (Last, First, Middle Initial) C. Island Hotel Newport Beach		Transaction ID: 61130.E654 Date of Disbursement 10 / 20 / 2006	
Mailing Address 690 Newport Center Dr		Amount of Each Disbursement this Period 2735.73	
City Newport Beach State CA Zip Code 92660-6431	Purpose of Disbursement MEETING EXPENSE Candidate Name	Category/ Type	
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) ▼		

[MEMO ITEM]
MEMO: MEETING EXPENSE

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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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)
Solutions America PAC

Full Name (Last, First, Middle Initial) A. Marriott Marquis NYC		Transaction ID: 61130.E713 Date of Disbursement 10 / 20 / 2006
Mailing Address 1535 Broadway		Amount of Each Disbursement this Period 398.55
City New York State NY Zip Code 10036-4077	Purpose of Disbursement TRAVEL EXPENSE-LODGING Candidate Name	
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) ▼	[MEMO ITEM] MEMO: TRAVEL EXPENSE-LODGING

Full Name (Last, First, Middle Initial) B. Marriott Marquis NYC		Transaction ID: 61130.E717 Date of Disbursement 10 / 20 / 2006
Mailing Address 1535 Broadway		Amount of Each Disbursement this Period 824.14
City New York State NY Zip Code 10036-4077	Purpose of Disbursement TRAVEL EXPENSE-LODGING Candidate Name	
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) ▼	[MEMO ITEM] MEMO: TRAVEL EXPENSE-LODGING

Full Name (Last, First, Middle Initial) C. NYC MTA		Transaction ID: 61130.E708 Date of Disbursement 10 / 20 / 2006
Mailing Address 347 Madison Avenue		Amount of Each Disbursement this Period 116.00
City New York State NY Zip Code 10017-	Purpose of Disbursement TRAVEL-METROCARDS Candidate Name	
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) ▼	[MEMO ITEM] MEMO: TRAVEL-METROCARDS

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
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 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)
Solutions America PAC

Full Name (Last, First, Middle Initial) A. NYC MTA		Transaction ID: 61130.E691 Date of Disbursement 10 / 20 / 2006	
Mailing Address 347 Madison Avenue		Amount of Each Disbursement this Period 70.00	
City New York State NY Zip Code 10017-	Purpose of Disbursement TRAVEL-METROCARDS	Category/ Type	
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM] MEMO: TRAVEL-METROCARDS		

Full Name (Last, First, Middle Initial) B. Omega Travel		Transaction ID: 61130.E685 Date of Disbursement 10 / 20 / 2006	
Mailing Address 350 5th Ave		Amount of Each Disbursement this Period 42.00	
City New York State NY Zip Code 10118-0100	Purpose of Disbursement TRAVEL EXPENSE-FEES	Category/ Type	
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM] MEMO: TRAVEL EXPENSE-FEES		

Full Name (Last, First, Middle Initial) C. Omega Travel		Transaction ID: 61130.E659 Date of Disbursement 10 / 20 / 2006	
Mailing Address 350 5th Ave		Amount of Each Disbursement this Period 42.00	
City New York State NY Zip Code 10118-0100	Purpose of Disbursement TRAVEL EXPENSE-FEES	Category/ Type	
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM] MEMO: TRAVEL EXPENSE-FEES		

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
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)
Solutions America PAC

Full Name (Last, First, Middle Initial) A. Omega Travel		Transaction ID: 61130.E664 Date of Disbursement 10 / 20 / 2006
Mailing Address 350 5th Ave		Amount of Each Disbursement this Period 42.00
City New York	State NY Zip Code 10118-0100	
Purpose of Disbursement TRAVEL EXPENSE-FEES		[MEMO ITEM] MEMO: TRAVEL EXPENSE-FEES
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Park Central Hotel		Transaction ID: 61130.E699 Date of Disbursement 10 / 20 / 2006
Mailing Address 870 7th Ave		Amount of Each Disbursement this Period 402.69
City New York	State NY Zip Code 10019-4308	
Purpose of Disbursement TRAVEL EXPENSE-LODGING		[MEMO ITEM] MEMO: TRAVEL EXPENSE-LODGING
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Park Central Hotel		Transaction ID: 61130.E695 Date of Disbursement 10 / 20 / 2006
Mailing Address 870 7th Ave		Amount of Each Disbursement this Period 610.64
City New York	State NY Zip Code 10019-4308	
Purpose of Disbursement TRAVEL EXPENSE-LODGING		[MEMO ITEM] MEMO: TRAVEL EXPENSE-LODGING
Candidate Name		
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) ▶	0.00
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)
Solutions America PAC

Full Name (Last, First, Middle Initial) A. Park Central Hotel		Transaction ID: 61130.E703 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6
Mailing Address 870 7th Ave		Amount of Each Disbursement this Period 353.53
City New York State NY Zip Code 10019-4308	[MEMO ITEM] MEMO: TRAVEL EXPENSE-LODGING	
Purpose of Disbursement TRAVEL EXPENSE-LODGING Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Poland Spring Water		Transaction ID: 61130.E662 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6
Mailing Address 50 Commerce Way		Amount of Each Disbursement this Period 33.52
City Norton State MA Zip Code 02766-3313	[MEMO ITEM] MEMO: PURCHASE WATER	
Purpose of Disbursement PURCHASE WATER Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. RMA Chauffeured Transportation		Transaction ID: 61130.E656 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6
Mailing Address 6010 Executive Blvd Ste 101		Amount of Each Disbursement this Period 1024.00
City Rockville State MD Zip Code 20852-3807	[MEMO ITEM] MEMO: CAR SERVICE	
Purpose of Disbursement CAR SERVICE Candidate Name		Category/Type
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) ▶	0.00
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)

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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)
Solutions America PAC

Full Name (Last, First, Middle Initial) A. Speakwrite LLC		Transaction ID: 61130.E715 Date of Disbursement 10 / 20 / 2006	
Mailing Address 6011 Courtyard Drive		Amount of Each Disbursement this Period 103.82	
City Austin State TX Zip Code 78701-	Purpose of Disbursement DICTATION SERVICE	Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	[MEMO ITEM] MEMO: DICTATION SERVICE		

Full Name (Last, First, Middle Initial) B. Staples		Transaction ID: 61130.E709 Date of Disbursement 10 / 20 / 2006	
Mailing Address PO Box 30851		Amount of Each Disbursement this Period 70.81	
City Hartford State CT Zip Code 06150-0851	Purpose of Disbursement OFFICE SUPPLIES	Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	[MEMO ITEM] MEMO: OFFICE SUPPLIES		

Full Name (Last, First, Middle Initial) C. The Hay Adams Hotel		Transaction ID: 61130.E676 Date of Disbursement 10 / 20 / 2006	
Mailing Address 800 16th St NW		Amount of Each Disbursement this Period 304.10	
City Washington State DC Zip Code 20006-4102	Purpose of Disbursement TRAVEL EXPENSE-LODGING	Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	[MEMO ITEM] MEMO: TRAVEL EXPENSE-LODGING		

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
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)
Solutions America PAC

Full Name (Last, First, Middle Initial) A. The Jupiter Beach Resort		Transaction ID: 61130.E657	
Mailing Address 5 North A1A		Date of Disbursement 10 / 20 / 2006	
City Jupiter	State FL	Zip Code 33477-	Amount of Each Disbursement this Period 573.96
Purpose of Disbursement TRAVEL EXPENSE-LODGING		Category/ Type	
Candidate Name		[MEMO ITEM] MEMO: TRAVEL EXPENSE-LODGING	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. The Jupiter Beach Resort		Transaction ID: 61130.E697	
Mailing Address 5 North A1A		Date of Disbursement 10 / 20 / 2006	
City Jupiter	State FL	Zip Code 33477-	Amount of Each Disbursement this Period 52.60
Purpose of Disbursement TRAVEL EXPENSE-LODGING		Category/ Type	
Candidate Name		[MEMO ITEM] MEMO: TRAVEL EXPENSE-LODGING	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. US Air		Transaction ID: 61130.E660	
Mailing Address 2345 Crystal Dr		Date of Disbursement 10 / 20 / 2006	
City Arlington	State VA	Zip Code 22227-0001	Amount of Each Disbursement this Period 297.95
Purpose of Disbursement TRAVEL EXPENSE		Category/ Type	
Candidate Name		[MEMO ITEM] MEMO: TRAVEL EXPENSE	
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)	0.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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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)
Solutions America PAC

Full Name (Last, First, Middle Initial) A. US Air		Transaction ID: 61130.E663 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6
Mailing Address 2345 Crystal Dr		Amount of Each Disbursement this Period 297.95
City Arlington State VA Zip Code 22227-0001	[MEMO ITEM] MEMO: TRAVEL EXPENSE	
Purpose of Disbursement TRAVEL EXPENSE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. US Air		Transaction ID: 61130.E684 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6
Mailing Address 2345 Crystal Dr		Amount of Each Disbursement this Period 297.95
City Arlington State VA Zip Code 22227-0001	[MEMO ITEM] MEMO: TRAVEL EXPENSE	
Purpose of Disbursement TRAVEL EXPENSE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. USPS		Transaction ID: 61130.E694 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6
Mailing Address 8th Ave. & 33rd Street		Amount of Each Disbursement this Period 49.14
City New York State NY Zip Code 10001-	[MEMO ITEM] MEMO: OFFICE POSTAGE	
Purpose of Disbursement OFFICE POSTAGE Candidate Name		Category/Type
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) ▶	0.00
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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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)
Solutions America PAC

Full Name (Last, First, Middle Initial) A. Verizon Inc.		Transaction ID: 61130.E658 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6
Mailing Address PO Box 1100		Amount of Each Disbursement this Period 438.03
City Albany State NY Zip Code 12250-0001	[MEMO ITEM] MEMO: PHONE EXPENSE	
Purpose of Disbursement PHONE EXPENSE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. American Express		Transaction ID: 61207.E914 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 6
Mailing Address PO Box 2855		Amount of Each Disbursement this Period 15.00
City New York State NY Zip Code 10116-2855	CREDIT CARD PROCESSING FEE	
Purpose of Disbursement CREDIT CARD PROCESSING FEE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. American Express		Transaction ID: 61207.E783 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 7 / 2 0 0 6
Mailing Address PO Box 2855		Amount of Each Disbursement this Period 28151.93
City New York State NY Zip Code 10116-2855	CREDIT CARD: SEE BELOW	
Purpose of Disbursement CREDIT CARD: SEE BELOW		Category/ Type
Candidate Name		
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) ▶	28166.93
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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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)
Solutions America PAC

Full Name (Last, First, Middle Initial) A. Amazon.Com		Transaction ID: 61207.E844 Date of Disbursement 11 / 27 / 2006	
Mailing Address 1200 12th Ave S		Amount of Each Disbursement this Period 20.00	
City Seattle State WA Zip Code 98144-2712	Purpose of Disbursement OFFICE SUPPLIES Candidate Name Category/Type	[MEMO ITEM] MEMO: OFFICE SUPPLIES	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. American Airlines		Transaction ID: 61207.E793 Date of Disbursement 11 / 27 / 2006	
Mailing Address 2500 Victory Ave		Amount of Each Disbursement this Period 340.30	
City Dallas State TX Zip Code 75219-7601	Purpose of Disbursement TRAVEL EXPENSE Candidate Name Category/Type	[MEMO ITEM] MEMO: TRAVEL EXPENSE	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Amtrak		Transaction ID: 61207.E857 Date of Disbursement 11 / 27 / 2006	
Mailing Address Grand Central Station		Amount of Each Disbursement this Period 129.00	
City New York State NY Zip Code 10165-	Purpose of Disbursement TRAVEL EXPENSE Candidate Name Category/Type	[MEMO ITEM] MEMO: TRAVEL EXPENSE	
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) ▶	0.00
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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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)
Solutions America PAC

Full Name (Last, First, Middle Initial) A. Amtrak		Transaction ID: 61207.E806 Date of Disbursement 11 / 27 / 2006
Mailing Address Grand Central Station		Amount of Each Disbursement this Period 193.00
City New York State NY Zip Code 10165-	Purpose of Disbursement TRAVEL EXPENSE Candidate Name	
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) ▼	[MEMO ITEM] MEMO: TRAVEL EXPENSE

Full Name (Last, First, Middle Initial) B. Amtrak		Transaction ID: 61207.E826 Date of Disbursement 11 / 27 / 2006
Mailing Address Grand Central Station		Amount of Each Disbursement this Period 218.00
City New York State NY Zip Code 10165-	Purpose of Disbursement TRAVEL EXPENSE Candidate Name	
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) ▼	[MEMO ITEM] MEMO: TRAVEL EXPENSE

Full Name (Last, First, Middle Initial) C. Amtrak		Transaction ID: 61207.E818 Date of Disbursement 11 / 27 / 2006
Mailing Address Grand Central Station		Amount of Each Disbursement this Period 112.00
City New York State NY Zip Code 10165-	Purpose of Disbursement TRAVEL EXPENSE Candidate Name	
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) ▼	[MEMO ITEM] MEMO: TRAVEL EXPENSE

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
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 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)
Solutions America PAC

Full Name (Last, First, Middle Initial) A. Amtrak		Transaction ID: 61207.E850 Date of Disbursement 11 / 27 / 2006	
Mailing Address Grand Central Station		Amount of Each Disbursement this Period 135.00	
City New York State NY Zip Code 10165-	Purpose of Disbursement TRAVEL EXPENSE	Category/ Type	
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) ▼	[MEMO ITEM] MEMO: TRAVEL EXPENSE	

Full Name (Last, First, Middle Initial) B. B&H Photo		Transaction ID: 61207.E835 Date of Disbursement 11 / 27 / 2006	
Mailing Address 420 9th Ave		Amount of Each Disbursement this Period 362.95	
City New York State NY Zip Code 10001-1603	Purpose of Disbursement PURCHASE CAMERA	Category/ Type	
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) ▼	[MEMO ITEM] MEMO: PURCHASE CAMERA	

Full Name (Last, First, Middle Initial) C. Barnes & Noble.com		Transaction ID: 61207.E853 Date of Disbursement 11 / 27 / 2006	
Mailing Address 111 8th Ave		Amount of Each Disbursement this Period 134.47	
City New York State NY Zip Code 10011-5202	Purpose of Disbursement OFFICE SUPPLIES	Category/ Type	
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) ▼	[MEMO ITEM] MEMO: OFFICE SUPPLIES	

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
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

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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)
Solutions America PAC

Full Name (Last, First, Middle Initial) A. Barnes & Noble.com		Transaction ID: 61207.E862 Date of Disbursement 11 / 27 / 2006	
Mailing Address 111 8th Ave		Amount of Each Disbursement this Period 55.22	
City New York State NY Zip Code 10011-5202	Purpose of Disbursement OFFICE SUPPLIES	Category/ Type	
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) ▼	[MEMO ITEM] MEMO: OFFICE SUPPLIES	

Full Name (Last, First, Middle Initial) B. Carbones Italian Restaurant		Transaction ID: 61207.E807 Date of Disbursement 11 / 27 / 2006	
Mailing Address 331 W 38th St		Amount of Each Disbursement this Period 78.78	
City New York State NY Zip Code 10018-2923	Purpose of Disbursement MEETING EXPENSE	Category/ Type	
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) ▼	[MEMO ITEM] MEMO: MEETING EXPENSE	

Full Name (Last, First, Middle Initial) C. Carbones Italian Restaurant		Transaction ID: 61207.E801 Date of Disbursement 11 / 27 / 2006	
Mailing Address 331 W 38th St		Amount of Each Disbursement this Period 46.19	
City New York State NY Zip Code 10018-2923	Purpose of Disbursement MEETING EXPENSE	Category/ Type	
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) ▼	[MEMO ITEM] MEMO: MEETING EXPENSE	

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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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)
Solutions America PAC

<p>A. Cingular</p> <p>Full Name (Last, First, Middle Initial) Cingular</p> <p>Mailing Address PO Box 78405</p> <p>City Phoenix State AZ Zip Code 85062-8405</p> <p>Purpose of Disbursement CELL PHONE/BLACKBERRY EXPENSE</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>Transaction ID: 61207.E786</p> <p>Date of Disbursement 11 / 27 / 2006</p> <p>Amount of Each Disbursement this Period 3239.42</p> <p>[MEMO ITEM] MEMO: CELL PHONE/BLACKBERRY EXPENSE</p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

<p>B. Coliseum Books</p> <p>Full Name (Last, First, Middle Initial) Coliseum Books</p> <p>Mailing Address 11 W 42nd St</p> <p>City New York State NY Zip Code 10036-8002</p> <p>Purpose of Disbursement PURCHASE BOOKS</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>Transaction ID: 61207.E834</p> <p>Date of Disbursement 11 / 27 / 2006</p> <p>Amount of Each Disbursement this Period 28.18</p> <p>[MEMO ITEM] MEMO: PURCHASE BOOKS</p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

<p>C. Common Man</p> <p>Full Name (Last, First, Middle Initial) Common Man</p> <p>Mailing Address 25 Water St</p> <p>City Concord State NH Zip Code 03301-4845</p> <p>Purpose of Disbursement MEETING EXPENSE</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>Transaction ID: 61207.E893</p> <p>Date of Disbursement 11 / 27 / 2006</p> <p>Amount of Each Disbursement this Period 277.65</p> <p>[MEMO ITEM] MEMO: MEETING EXPENSE</p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>0.00</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

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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)
Solutions America PAC

Full Name (Last, First, Middle Initial) A. Damico & Sons		Transaction ID: 61207.E791 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 7 / 2 0 0 6
Mailing Address 900 2nd Ave. S		Amount of Each Disbursement this Period 342.85
City Minneapolis State MN Zip Code 55403-	[MEMO ITEM] MEMO: MEETING EXPENSE	
Purpose of Disbursement MEETING EXPENSE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Delta Airlines		Transaction ID: 61207.E797 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 7 / 2 0 0 6
Mailing Address 1050 Delta Blvd		Amount of Each Disbursement this Period 494.02
City Atlanta State GA Zip Code 30354-1989	[MEMO ITEM] MEMO: TRAVEL EXPENSE	
Purpose of Disbursement TRAVEL EXPENSE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Delta Airlines		Transaction ID: 61207.E859 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 7 / 2 0 0 6
Mailing Address 1050 Delta Blvd		Amount of Each Disbursement this Period 48.50
City Atlanta State GA Zip Code 30354-1989	[MEMO ITEM] MEMO: TRAVEL EXPENSE-CHAN-GE FEE	
Purpose of Disbursement TRAVEL EXPENSE-CHANGE FEE Candidate Name		Category/Type
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) ▶	0.00
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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)
Solutions America PAC

Full Name (Last, First, Middle Initial) A. Enterprise Rentacar Concord		Transaction ID: 61207.E870 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 7 / 2 0 0 6
Mailing Address 36 Manchester St		Amount of Each Disbursement this Period 114.22
City Concord State NH Zip Code 03301-5105	[MEMO ITEM] MEMO: TRAVEL EXPENSE	
Purpose of Disbursement TRAVEL EXPENSE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Enterprise Rentacar Concord		Transaction ID: 61207.E887 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 7 / 2 0 0 6
Mailing Address 36 Manchester St		Amount of Each Disbursement this Period 330.68
City Concord State NH Zip Code 03301-5105	[MEMO ITEM] MEMO: TRAVEL EXPENSE	
Purpose of Disbursement TRAVEL EXPENSE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Executive Towncar		Transaction ID: 61207.E800 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 7 / 2 0 0 6
Mailing Address 836 Hewlett St		Amount of Each Disbursement this Period 350.99
City Franklin Square State NY Zip Code 11010-3111	[MEMO ITEM] MEMO: TRAVEL-CAR SERVICE	
Purpose of Disbursement TRAVEL-CAR SERVICE Candidate Name		Category/Type
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) ▶	0.00
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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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)
Solutions America PAC

Full Name (Last, First, Middle Initial) A. Expedia Travel		Transaction ID: 61207.E840 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 7 / 2 0 0 6
Mailing Address 2897 N 4 Druid Hills Road		Amount of Each Disbursement this Period 10.00
City Atlanta State GA Zip Code 30329-	[MEMO ITEM] MEMO: TRAVEL EXPENSE-FEES	
Purpose of Disbursement TRAVEL EXPENSE-FEES Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Filemaker Inc.		Transaction ID: 61207.E852 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 7 / 2 0 0 6
Mailing Address 5201 Patrick Henry Dr		Amount of Each Disbursement this Period 324.04
City Santa Clara State CA Zip Code 95054-1164	[MEMO ITEM] MEMO: PURCHASE SOFTWARE	
Purpose of Disbursement PURCHASE SOFTWARE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Fresco By Scotto		Transaction ID: 61207.E796 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 7 / 2 0 0 6
Mailing Address 34 E 52nd St		Amount of Each Disbursement this Period 226.68
City New York State NY Zip Code 10022-5914	[MEMO ITEM] MEMO: MEETING EXPENSE	
Purpose of Disbursement MEETING EXPENSE Candidate Name		Category/Type
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) ▼

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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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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)
Solutions America PAC

Full Name (Last, First, Middle Initial) A. Hanover Street Chophouse		Transaction ID: 61207.E866 Date of Disbursement 11 / 27 / 2006
Mailing Address 149 Hanover St		Amount of Each Disbursement this Period 372.39
City Manchester State NH Zip Code 03101-2235	Purpose of Disbursement MEETING EXPENSE Candidate Name	
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) ▼	[MEMO ITEM] MEMO: MEETING EXPENSE

Full Name (Last, First, Middle Initial) B. Hanover Street Chophouse		Transaction ID: 61207.E898 Date of Disbursement 11 / 27 / 2006
Mailing Address 149 Hanover St		Amount of Each Disbursement this Period 117.20
City Manchester State NH Zip Code 03101-2235	Purpose of Disbursement MEETING EXPENSE Candidate Name	
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) ▼	[MEMO ITEM] MEMO: MEETING EXPENSE

Full Name (Last, First, Middle Initial) C. Hertz Car Rental Columbia, SC		Transaction ID: 61207.E829 Date of Disbursement 11 / 27 / 2006
Mailing Address 508 Gervais St		Amount of Each Disbursement this Period 202.63
City Columbia State SC Zip Code 29201-3046	Purpose of Disbursement TRAVEL EXPENSE Candidate Name	
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) ▼	[MEMO ITEM] MEMO: TRAVEL EXPENSE

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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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)
Solutions America PAC

Full Name (Last, First, Middle Initial) A. Hertz Manchester		Transaction ID: 61207.E847 Date of Disbursement 11 / 27 / 2006	
Mailing Address Manchester Airport		Amount of Each Disbursement this Period 449.84	
City Manchester State NH Zip Code 03101-	Purpose of Disbursement TRAVEL EXPENSE	Category/ Type	
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) ▼	[MEMO ITEM] MEMO: TRAVEL EXPENSE	

Full Name (Last, First, Middle Initial) B. Hertz NYC		Transaction ID: 61207.E874 Date of Disbursement 11 / 27 / 2006	
Mailing Address 75 Varick St		Amount of Each Disbursement this Period 959.59	
City New York State NY Zip Code 10013-1917	Purpose of Disbursement TRAVEL EXPENSE	Category/ Type	
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) ▼	[MEMO ITEM] MEMO: TRAVEL EXPENSE	

Full Name (Last, First, Middle Initial) C. Hilton Garden Inn Manchester		Transaction ID: 61207.E790 Date of Disbursement 11 / 27 / 2006	
Mailing Address 101 S Commercial St		Amount of Each Disbursement this Period 932.60	
City Manchester State NH Zip Code 03101-2610	Purpose of Disbursement TRAVEL EXPENSE-LODGING	Category/ Type	
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) ▼	[MEMO ITEM] MEMO: TRAVEL EXPENSE-LODGING	

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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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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)
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Full Name (Last, First, Middle Initial) A. Hilton Garden Inn Manchester		Transaction ID: 61207.E867 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 7 / 2 0 0 6	
Mailing Address 101 S Commercial St		Amount of Each Disbursement this Period 608.46	
City Manchester State NH Zip Code 03101-2610	Purpose of Disbursement TRAVEL EXPENSE-LODGING	Category/ Type	
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) ▼	[MEMO ITEM] MEMO: TRAVEL EXPENSE-LODGING	

Full Name (Last, First, Middle Initial) B. Hilton Garden Inn Manchester		Transaction ID: 61207.E885 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 7 / 2 0 0 6	
Mailing Address 101 S Commercial St		Amount of Each Disbursement this Period 171.72	
City Manchester State NH Zip Code 03101-2610	Purpose of Disbursement TRAVEL EXPENSE-LODGING	Category/ Type	
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) ▼	[MEMO ITEM] MEMO: TRAVEL EXPENSE-LODGING	

Full Name (Last, First, Middle Initial) C. Holiday Inn Concord		Transaction ID: 61207.E889 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 7 / 2 0 0 6	
Mailing Address 172 N Main St		Amount of Each Disbursement this Period 387.44	
City Concord State NH Zip Code 03301-5067	Purpose of Disbursement TRAVEL EXPENSE-LODGING	Category/ Type	
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) ▼	[MEMO ITEM] MEMO: TRAVEL EXPENSE-LODGING	

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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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
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NAME OF COMMITTEE (In Full)
Solutions America PAC

Full Name (Last, First, Middle Initial) A. Holiday Inn Concord		Transaction ID: 61207.E894 Date of Disbursement MM / DD / YYYY 11 / 27 / 2006
Mailing Address 172 N Main St		Amount of Each Disbursement this Period 160.92
City Concord State NH Zip Code 03301-5067	[MEMO ITEM] MEMO: TRAVEL EXPENSE-LODGING	
Purpose of Disbursement TRAVEL EXPENSE-LODGING Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Holiday Inn Concord		Transaction ID: 61207.E819 Date of Disbursement MM / DD / YYYY 11 / 27 / 2006
Mailing Address 172 N Main St		Amount of Each Disbursement this Period 316.32
City Concord State NH Zip Code 03301-5067	[MEMO ITEM] MEMO: TRAVEL EXPENSE-LODGING	
Purpose of Disbursement TRAVEL EXPENSE-LODGING Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Holiday Inn Concord		Transaction ID: 61207.E858 Date of Disbursement MM / DD / YYYY 11 / 27 / 2006
Mailing Address 172 N Main St		Amount of Each Disbursement this Period 182.52
City Concord State NH Zip Code 03301-5067	[MEMO ITEM] MEMO: TRAVEL EXPENSE-LODGING	
Purpose of Disbursement TRAVEL EXPENSE-LODGING Candidate Name		Category/Type
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) ▼

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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)
Solutions America PAC

Full Name (Last, First, Middle Initial) A. Jacks Restaurant		Transaction ID: 61207.E802 Date of Disbursement 11 / 27 / 2006
Mailing Address 147 W 40th St		Amount of Each Disbursement this Period 78.30
City New York State NY Zip Code 10018-1902	[MEMO ITEM] MEMO: MEETING EXPENSE	
Purpose of Disbursement MEETING EXPENSE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Jacks Restaurant		Transaction ID: 61207.E810 Date of Disbursement 11 / 27 / 2006
Mailing Address 147 W 40th St		Amount of Each Disbursement this Period 40.35
City New York State NY Zip Code 10018-1902	[MEMO ITEM] MEMO: MEETING EXPENSE	
Purpose of Disbursement MEETING EXPENSE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Jet Blue		Transaction ID: 61207.E794 Date of Disbursement 11 / 27 / 2006
Mailing Address 11829 Queens Blvd		Amount of Each Disbursement this Period 289.30
City Forest Hills State NY Zip Code 11375-7203	[MEMO ITEM] MEMO: TRAVEL EXPENSE	
Purpose of Disbursement TRAVEL EXPENSE Candidate Name		Category/Type
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) ▶	0.00
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)
Solutions America PAC

Full Name (Last, First, Middle Initial) A. Jovia Restaurant		Transaction ID: 61207.E882 Date of Disbursement MM / DD / YYYY 11 / 27 / 2006
Mailing Address 135 E 62nd St		Amount of Each Disbursement this Period 438.46
City New York	State NY Zip Code 10021-7301	
Purpose of Disbursement MEETING EXPENSE		[MEMO ITEM] MEMO: MEETING EXPENSE
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Lexis Nexis		Transaction ID: 61207.E848 Date of Disbursement MM / DD / YYYY 11 / 27 / 2006
Mailing Address PO Box 7247		Amount of Each Disbursement this Period 741.28
City Philadelphia	State PA Zip Code 19170-0001	
Purpose of Disbursement SUBSCRIPTION		[MEMO ITEM] MEMO: SUBSCRIPTION
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Marriott Marquis NYC		Transaction ID: 61207.E824 Date of Disbursement MM / DD / YYYY 11 / 27 / 2006
Mailing Address 1535 Broadway		Amount of Each Disbursement this Period 3061.67
City New York	State NY Zip Code 10036-4077	
Purpose of Disbursement MEETING EXPENSE		[MEMO ITEM] MEMO: MEETING EXPENSE
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
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)
Solutions America PAC

Full Name (Last, First, Middle Initial) A. Marriott Providence		Transaction ID: 61207.E855 Date of Disbursement 11 / 27 / 2006	
Mailing Address 1 Orms St		Amount of Each Disbursement this Period 270.07	
City Providence State RI Zip Code 02904-2221	Purpose of Disbursement TRAVEL EXPENSE-LODGING	Category/ Type	
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) ▼	[MEMO ITEM] MEMO: TRAVEL EXPENSE-LODGING	

Full Name (Last, First, Middle Initial) B. Marriott Providence		Transaction ID: 61207.E817 Date of Disbursement 11 / 27 / 2006	
Mailing Address 1 Orms St		Amount of Each Disbursement this Period 274.07	
City Providence State RI Zip Code 02904-2221	Purpose of Disbursement TRAVEL EXPENSE-LODGING	Category/ Type	
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) ▼	[MEMO ITEM] MEMO: TRAVEL EXPENSE-LODGING	

Full Name (Last, First, Middle Initial) C. Minetta Tavern		Transaction ID: 61207.E875 Date of Disbursement 11 / 27 / 2006	
Mailing Address 113 Macdougall St		Amount of Each Disbursement this Period 819.05	
City New York State NY Zip Code 10012-1201	Purpose of Disbursement MEETING EXPENSE	Category/ Type	
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) ▼	[MEMO ITEM] MEMO: MEETING EXPENSE	

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
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 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)
Solutions America PAC

A. Full Name (Last, First, Middle Initial)
NYC MTA

Mailing Address 347 Madison Avenue

City New York State NY Zip Code 10017-

Purpose of Disbursement TRAVEL-METROCARDS

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 61207.E795

Date of Disbursement

/ /

Amount of Each Disbursement this Period

[MEMO ITEM]

MEMO: TRAVEL-METROCARDS

B. Full Name (Last, First, Middle Initial)
NYC MTA

Mailing Address 347 Madison Avenue

City New York State NY Zip Code 10017-

Purpose of Disbursement TRAVEL-METROCARDS

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 61207.E803

Date of Disbursement

/ /

Amount of Each Disbursement this Period

[MEMO ITEM]

MEMO: TRAVEL-METROCARDS

C. Full Name (Last, First, Middle Initial)
Northwest Airlines

Mailing Address 1270 6th Ave.

City New York State NY Zip Code 10020-

Purpose of Disbursement TRAVEL EXPENSE

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 61207.E787

Date of Disbursement

/ /

Amount of Each Disbursement this Period

[MEMO ITEM]

MEMO: TRAVEL EXPENSE

SUBTOTAL of Disbursements This Page (optional) ▶

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Solutions America PAC

Full Name (Last, First, Middle Initial) A. Office Depot		Transaction ID: 61207.E841 Date of Disbursement 11 / 27 / 2006
Mailing Address 1441 Broadway		Amount of Each Disbursement this Period 131.43
City New York State NY Zip Code 10018-1805	Purpose of Disbursement OFFICE SUPPLIES Candidate Name Category/Type	
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) ▼	[MEMO ITEM] MEMO: OFFICE SUPPLIES

Full Name (Last, First, Middle Initial) B. Office Depot		Transaction ID: 61207.E815 Date of Disbursement 11 / 27 / 2006
Mailing Address 1441 Broadway		Amount of Each Disbursement this Period 133.70
City New York State NY Zip Code 10018-1805	Purpose of Disbursement OFFICE SUPPLIES Candidate Name Category/Type	
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) ▼	[MEMO ITEM] MEMO: OFFICE SUPPLIES

Full Name (Last, First, Middle Initial) C. Omega Travel		Transaction ID: 61207.E788 Date of Disbursement 11 / 27 / 2006
Mailing Address 350 5th Ave		Amount of Each Disbursement this Period 42.00
City New York State NY Zip Code 10118-0100	Purpose of Disbursement TRAVEL EXPENSE-FEES Candidate Name Category/Type	
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) ▼	[MEMO ITEM] MEMO: TRAVEL EXPENSE-FEES

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
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)
Solutions America PAC

Full Name (Last, First, Middle Initial) A. Park Central Hotel		Transaction ID: 61207.E805 Date of Disbursement MM / DD / YYYY 11 / 27 / 2006
Mailing Address 870 7th Ave		Amount of Each Disbursement this Period 352.33
City New York	State NY Zip Code 10019-4308	
Purpose of Disbursement TRAVEL EXPENSE-LODGING		[MEMO ITEM] MEMO: TRAVEL EXPENSE-LODGING
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Poland Spring Water		Transaction ID: 61207.E816 Date of Disbursement MM / DD / YYYY 11 / 27 / 2006
Mailing Address 50 Commerce Way		Amount of Each Disbursement this Period 8.10
City Norton	State MA Zip Code 02766-3313	
Purpose of Disbursement PURCHASE WATER		[MEMO ITEM] MEMO: PURCHASE WATER
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Renaissance Mayflower Hotel		Transaction ID: 61207.E851 Date of Disbursement MM / DD / YYYY 11 / 27 / 2006
Mailing Address 1127 Connecticut Ave NW		Amount of Each Disbursement this Period 307.04
City Washington	State DC Zip Code 20036-4301	
Purpose of Disbursement TRAVEL EXPENSE-LODGING		[MEMO ITEM] MEMO: TRAVEL EXPENSE-LODGING
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
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)
Solutions America PAC

Full Name (Last, First, Middle Initial) A. Richards Bistro		Transaction ID: 61207.E869 Date of Disbursement 11 / 27 / 2006	
Mailing Address 36 Lowell St		Amount of Each Disbursement this Period 1109.75	
City Manchester State NH Zip Code 03101-1649	Purpose of Disbursement MEETING EXPENSE Candidate Name	Category/ Type	
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) ▼		

[MEMO ITEM]
MEMO: MEETING EXPENSE

Full Name (Last, First, Middle Initial) B. Richards Bistro		Transaction ID: 61207.E888 Date of Disbursement 11 / 27 / 2006	
Mailing Address 36 Lowell St		Amount of Each Disbursement this Period 767.88	
City Manchester State NH Zip Code 03101-1649	Purpose of Disbursement MEETING EXPENSE Candidate Name	Category/ Type	
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) ▼		

[MEMO ITEM]
MEMO: MEETING EXPENSE

Full Name (Last, First, Middle Initial) C. Speakwrite LLC		Transaction ID: 61207.E856 Date of Disbursement 11 / 27 / 2006	
Mailing Address 6011 Courtyard Drive		Amount of Each Disbursement this Period 74.64	
City Austin State TX Zip Code 78701-	Purpose of Disbursement DICTATION SERVICE Candidate Name	Category/ Type	
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) ▼		

[MEMO ITEM]
MEMO: DICTATION SERVICE

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
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 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)
Solutions America PAC

Full Name (Last, First, Middle Initial) A. Speakwrite LLC		Transaction ID: 61207.E843 Date of Disbursement 11 / 27 / 2006	
Mailing Address 6011 Courtyard Drve		Amount of Each Disbursement this Period 52.20	
City Austin State TX Zip Code 78701-	Purpose of Disbursement DICTATION SERVICE Candidate Name	Category/ Type	
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) ▼		

[MEMO ITEM]
MEMO: DICTATION SERVICE

Full Name (Last, First, Middle Initial) B. Speakwrite LLC		Transaction ID: 61207.E828 Date of Disbursement 11 / 27 / 2006	
Mailing Address 6011 Courtyard Drve		Amount of Each Disbursement this Period 148.54	
City Austin State TX Zip Code 78701-	Purpose of Disbursement DICTATION SERVICE Candidate Name	Category/ Type	
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) ▼		

[MEMO ITEM]
MEMO: DICTATION SERVICE

Full Name (Last, First, Middle Initial) C. The Benson Hotel		Transaction ID: 61207.E785 Date of Disbursement 11 / 27 / 2006	
Mailing Address 309 SW Broadway		Amount of Each Disbursement this Period 335.26	
City Portland State OR Zip Code 97205-3725	Purpose of Disbursement TRAVEL EXPENSE-LODGING Candidate Name	Category/ Type	
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) ▼		

[MEMO ITEM]
MEMO: TRAVEL EXPENSE-LODGING

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
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)
Solutions America PAC

Full Name (Last, First, Middle Initial) A. US Air		Transaction ID: 61207.E845 Date of Disbursement 11 / 27 / 2006	
Mailing Address 2345 Crystal Dr		Amount of Each Disbursement this Period 314.30	
City Arlington	State VA	Zip Code 22227-0001	
Purpose of Disbursement TRAVEL EXPENSE		Category/ Type	
Candidate Name		[MEMO ITEM] MEMO: TRAVEL EXPENSE	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. US Air		Transaction ID: 61207.E839 Date of Disbursement 11 / 27 / 2006	
Mailing Address 2345 Crystal Dr		Amount of Each Disbursement this Period 303.10	
City Arlington	State VA	Zip Code 22227-0001	
Purpose of Disbursement TRAVEL EXPENSE		Category/ Type	
Candidate Name		[MEMO ITEM] MEMO: TRAVEL EXPENSE	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. US Air		Transaction ID: 61207.E838 Date of Disbursement 11 / 27 / 2006	
Mailing Address 2345 Crystal Dr		Amount of Each Disbursement this Period 518.60	
City Arlington	State VA	Zip Code 22227-0001	
Purpose of Disbursement TRAVEL EXPENSE		Category/ Type	
Candidate Name		[MEMO ITEM] MEMO: TRAVEL EXPENSE	
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) ▶	0.00
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

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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)
Solutions America PAC

Full Name (Last, First, Middle Initial) A. USPS		Transaction ID: 61207.E814 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 7 / 2 0 0 6
Mailing Address 8th Ave. & 33rd Street		Amount of Each Disbursement this Period 22.65
City New York State NY Zip Code 10001-	[MEMO ITEM] MEMO: OFFICE POSTAGE	
Purpose of Disbursement OFFICE POSTAGE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. United Airlines		Transaction ID: 61207.E822 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 7 / 2 0 0 6
Mailing Address Laganardia Airport		Amount of Each Disbursement this Period 115.30
City Elmhurst State NY Zip Code 11373-	[MEMO ITEM] MEMO: TRAVEL EXPENSE	
Purpose of Disbursement TRAVEL EXPENSE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. United Airlines		Transaction ID: 61207.E861 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 7 / 2 0 0 6
Mailing Address Laganardia Airport		Amount of Each Disbursement this Period 130.30
City Elmhurst State NY Zip Code 11373-	[MEMO ITEM] MEMO: TRAVEL EXPENSE	
Purpose of Disbursement TRAVEL EXPENSE Candidate Name		Category/Type
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) ▶	0.00
TOTAL This Period (last page this line number only) ▶	[]

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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)
Solutions America PAC

Full Name (Last, First, Middle Initial) A. United Airlines		Transaction ID: 61207.E804 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 7 / 2 0 0 6
Mailing Address Laguardia Airport		Amount of Each Disbursement this Period 443.11
City Elmhurst State NY Zip Code 11373-	Purpose of Disbursement TRAVEL EXPENSE Candidate Name	
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) ▼	[MEMO ITEM] MEMO: TRAVEL EXPENSE

Full Name (Last, First, Middle Initial) B. Verizon Inc.		Transaction ID: 61207.E821 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 7 / 2 0 0 6
Mailing Address PO Box 1100		Amount of Each Disbursement this Period 32.50
City Albany State NY Zip Code 12250-0001	Purpose of Disbursement PHONE EXPENSE Candidate Name	
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) ▼	[MEMO ITEM] MEMO: PHONE EXPENSE

Full Name (Last, First, Middle Initial) C. Verizon Inc.		Transaction ID: 61207.E789 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 7 / 2 0 0 6
Mailing Address PO Box 1100		Amount of Each Disbursement this Period 241.53
City Albany State NY Zip Code 12250-0001	Purpose of Disbursement PHONE EXPENSE Candidate Name	
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) ▼	[MEMO ITEM] MEMO: PHONE EXPENSE

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
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)
Solutions America PAC

Full Name (Last, First, Middle Initial) A. AON Risk Services		Transaction ID: 61207.E776 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 0 6
Mailing Address 55 East 52nd Street		Amount of Each Disbursement this Period 6886.85
City New York State NY Zip Code 10055-0001	Category/ Type INSURANCE	
Purpose of Disbursement INSURANCE		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. AON Risk Services		Transaction ID: 61207.E777 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 0 6
Mailing Address 55 East 52nd Street		Amount of Each Disbursement this Period 823.00
City New York State NY Zip Code 10055-0001	Category/ Type INSURANCE	
Purpose of Disbursement INSURANCE		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. John Avlon		Transaction ID: 61130.E755 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6
Mailing Address 1 Irving Pl U19B		Amount of Each Disbursement this Period 2932.78
City New York State NY Zip Code 10003-9728	Category/ Type PAYROLL	
Purpose of Disbursement PAYROLL		
Candidate Name		
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) ▶	10642.63
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)
Solutions America PAC

Full Name (Last, First, Middle Initial) A. John Avlon		Transaction ID: 61207.E909 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 6
Mailing Address 1 Irving Pl U19B		Amount of Each Disbursement this Period 2932.78
City New York State NY Zip Code 10003-9728		
Purpose of Disbursement PAYROLL		PAYROLL
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Roy W. Bailey		Transaction ID: 61207.E763 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 6
Mailing Address 5942 Colhurst St		Amount of Each Disbursement this Period 2297.85
City Dallas State TX Zip Code 75230-5022		
Purpose of Disbursement REIMBURSE-TRAVEL EXPENSES		REIMBURSE-TRAVEL EXPENSES
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Roy W. Bailey		Transaction ID: 61207.E780 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 3 / 2 0 0 6
Mailing Address 5942 Colhurst St		Amount of Each Disbursement this Period 96.80
City Dallas State TX Zip Code 75230-5022		
Purpose of Disbursement REIMBURSE-TRAVEL EXPENSE		REIMBURSE-TRAVEL EXPENSE
Candidate Name		
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) ▶	5327.43
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 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)
Solutions America PAC

Full Name (Last, First, Middle Initial) A. Timothy Brown		Transaction ID: 61130.E742 Date of Disbursement MM / DD / YYYY 11 / 01 / 2006
Mailing Address 320 E 42nd St		Amount of Each Disbursement this Period 4025.35
City New York State NY Zip Code 10017-5900	REIMBURSE-TRAVEL EXPENSE	
Purpose of Disbursement REIMBURSE-TRAVEL EXPENSE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Timothy Brown		Transaction ID: 61130.E741 Date of Disbursement MM / DD / YYYY 11 / 01 / 2006
Mailing Address 320 E 42nd St		Amount of Each Disbursement this Period 416.08
City New York State NY Zip Code 10017-5900	REIMBURSE-MEETING EXPENSE	
Purpose of Disbursement REIMBURSE-MEETING EXPENSE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Timothy Brown		Transaction ID: 61130.E740 Date of Disbursement MM / DD / YYYY 11 / 01 / 2006
Mailing Address 320 E 42nd St		Amount of Each Disbursement this Period 56.02
City New York State NY Zip Code 10017-5900	REIMBURSE-OFFICE SUPPLIES	
Purpose of Disbursement REIMBURSE-OFFICE SUPPLIES		Category/ Type
Candidate Name		
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) ▶	4497.45
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)

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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)
Solutions America PAC

Full Name (Last, First, Middle Initial) A. Timothy Brown		Transaction ID: 61207.E781 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 7 / 2 0 0 6
Mailing Address 320 E 42nd St		Amount of Each Disbursement this Period 5000.00
City New York State NY Zip Code 10017-5900	ADVANCE CONSULTANT	
Purpose of Disbursement ADVANCE CONSULTANT		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Timothy Brown		Transaction ID: 61207.E905 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 7 / 2 0 0 6
Mailing Address 320 E 42nd St		Amount of Each Disbursement this Period 274.07
City New York State NY Zip Code 10017-5900	REIMBURSE-MEETING EXPENSE	
Purpose of Disbursement REIMBURSE-MEETING EXPENSE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Timothy Brown		Transaction ID: 61207.E904 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 7 / 2 0 0 6
Mailing Address 320 E 42nd St		Amount of Each Disbursement this Period 1460.38
City New York State NY Zip Code 10017-5900	REIMBURSE-TRAVEL EXPENSE	
Purpose of Disbursement REIMBURSE-TRAVEL EXPENSE		Category/ Type
Candidate Name		
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) ▶	6734.45
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)

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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)
Solutions America PAC

Full Name (Last, First, Middle Initial) A. Citibank, NA		Transaction ID: 61207.E913 Date of Disbursement 10 / 24 / 2006
Mailing Address 666 5th Ave 6th Floor		Amount of Each Disbursement this Period -30.00
City New York State NY Zip Code 10103-0001		
Purpose of Disbursement CREDIT OF BANK FEE		CREDIT OF BANK FEE
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Citibank, NA		Transaction ID: 61207.E915 Date of Disbursement 11 / 08 / 2006
Mailing Address 666 5th Ave 6th Floor		Amount of Each Disbursement this Period 12.58
City New York State NY Zip Code 10103-0001		
Purpose of Disbursement BANK FEES		BANK FEES
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Citibank, NA		Transaction ID: 61207.E916 Date of Disbursement 11 / 21 / 2006
Mailing Address 666 5th Ave 6th Floor		Amount of Each Disbursement this Period 12.50
City New York State NY Zip Code 10103-0001		
Purpose of Disbursement BANK FEES		BANK FEES
Candidate Name		
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) ▶	-4.92
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

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(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)
Solutions America PAC

Full Name (Last, First, Middle Initial) A. Chris Coffee		Transaction ID: 61207.E764 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 6
Mailing Address 110 E 1st St Apt 12		Amount of Each Disbursement this Period 6000.00
City New York State NY Zip Code 10009-7948		
Purpose of Disbursement POLITICAL CONSULTANT		POLITICAL CONSULTANT
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Covington & Burling		Transaction ID: 61207.E768 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 6
Mailing Address 1201 Pennsylvania Ave NW		Amount of Each Disbursement this Period 5499.90
City Washington State DC Zip Code 20004-2402		
Purpose of Disbursement LEGAL FEES		LEGAL FEES
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Melissa Davis		Transaction ID: 61130.E724 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 6
Mailing Address 335 E 13th St #13		Amount of Each Disbursement this Period 458.00
City New York State NY Zip Code 10003-5850		
Purpose of Disbursement REIMBURSE-TRAVEL EXPENSE		REIMBURSE-TRAVEL EXPENSE
Candidate Name		
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) ▶	11957.90
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)
Solutions America PAC

Full Name (Last, First, Middle Initial) A. Melissa Davis		Transaction ID: 61130.E754 Date of Disbursement 10 / 31 / 2006
Mailing Address 335 E 13th St #13		Amount of Each Disbursement this Period 2246.27
City New York State NY Zip Code 10003-5850		
Purpose of Disbursement PAYROLL Candidate Name		PAYROLL
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) B. Melissa Davis		Transaction ID: 61207.E761 Date of Disbursement 11 / 07 / 2006
Mailing Address 335 E 13th St #13		Amount of Each Disbursement this Period 59.69
City New York State NY Zip Code 10003-5850		
Purpose of Disbursement REIMBURSE-MEETING EXPENSE Candidate Name		REIMBURSE-MEETING EXPENSE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) C. Melissa Davis		Transaction ID: 61207.E760 Date of Disbursement 11 / 07 / 2006
Mailing Address 335 E 13th St #13		Amount of Each Disbursement this Period 24.56
City New York State NY Zip Code 10003-5850		
Purpose of Disbursement REIMBURSE-OFFICE SUPPLIES Candidate Name		REIMBURSE-OFFICE SUPPLIES
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) ▶	2330.52
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)
Solutions America PAC

Full Name (Last, First, Middle Initial) A. Melissa Davis		Transaction ID: 61207.E908 Date of Disbursement 11 / 15 / 2006
Mailing Address 335 E 13th St #13		Amount of Each Disbursement this Period 2246.27
City New York State NY Zip Code 10003-5850		
Purpose of Disbursement PAYROLL Candidate Name		PAYROLL
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Stephen Davis		Transaction ID: 61207.E903 Date of Disbursement 11 / 27 / 2006
Mailing Address 294 Nanaquaket Rd		Amount of Each Disbursement this Period 250.00
City Tiverton State RI Zip Code 02878-4752		
Purpose of Disbursement GRAPHIC DESIGN Candidate Name		GRAPHIC DESIGN
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. DGM & Associates		Transaction ID: 61130.E737 Date of Disbursement 11 / 01 / 2006
Mailing Address 46350 Grand River Ave Suite A		Amount of Each Disbursement this Period 25000.00
City Novi State MI Zip Code 48374-1322		
Purpose of Disbursement FUNDRAISING CONSULTANT Candidate Name		FUNDRAISING CONSULTANT
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) ▶	27496.27
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)
Solutions America PAC

Full Name (Last, First, Middle Initial) A. DGM & Associates		Transaction ID: 61130.E739 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 6
Mailing Address 46350 Grand River Ave Suite A		Amount of Each Disbursement this Period 35.85
City Novi State MI Zip Code 48374-1322		
Purpose of Disbursement REIMBURSE-MEETING EXPENSE		REIMBURSE-MEETING EXPENSE
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. DGM & Associates		Transaction ID: 61130.E738 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 6
Mailing Address 46350 Grand River Ave Suite A		Amount of Each Disbursement this Period 487.10
City Novi State MI Zip Code 48374-1322		
Purpose of Disbursement REIMBURSE-TRAVEL EXPENSE		REIMBURSE-TRAVEL EXPENSE
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. DGM & Associates		Transaction ID: 61130.E749 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 6
Mailing Address 46350 Grand River Ave Suite A		Amount of Each Disbursement this Period 8259.73
City Novi State MI Zip Code 48374-1322		
Purpose of Disbursement REIMBURSE-TRAVEL EXPENSE		REIMBURSE-TRAVEL EXPENSE
Candidate Name		
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) ▶	8782.68
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)

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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)
Solutions America PAC

Full Name (Last, First, Middle Initial) A. Great American Leasing Corp.		Transaction ID: 61130.E722 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 6
Mailing Address 8742 Innovation Way		Amount of Each Disbursement this Period 3084.65
City Chicago State IL Zip Code 60682-0087	LEASE COPIER	
Purpose of Disbursement LEASE COPIER Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Great American Leasing Corp.		Transaction ID: 61207.E765 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 6
Mailing Address 8742 Innovation Way		Amount of Each Disbursement this Period 3084.65
City Chicago State IL Zip Code 60682-0087	LEASE COPIER	
Purpose of Disbursement LEASE COPIER Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Margaret Hoover		Transaction ID: 61207.E906 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 0 6
Mailing Address 355 I St SW Apt S506		Amount of Each Disbursement this Period 5000.00
City Washington State DC Zip Code 20024-4241	FUNDRAISING CONSULTANT	
Purpose of Disbursement FUNDRAISING CONSULTANT Candidate Name		Category/Type
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) ▶	11169.30
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)
Solutions America PAC

Full Name (Last, First, Middle Initial) A. IESI		Transaction ID: 61207.E902 Date of Disbursement 11 / 27 / 2006	
Mailing Address 1099 Wall St W		Amount of Each Disbursement this Period 216.70	
City Lyndhurst State NJ Zip Code 07071-3678	Purpose of Disbursement WASTE REMOVAL	Category/ Type	
Candidate Name		WASTE REMOVAL	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. InfoHighway		Transaction ID: 61130.E723 Date of Disbursement 10 / 24 / 2006	
Mailing Address PO Box 26915		Amount of Each Disbursement this Period 503.73	
City New York State NY Zip Code 10087-6915	Purpose of Disbursement TELEPHONE EXPENSE	Category/ Type	
Candidate Name		TELEPHONE EXPENSE	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. InfoHighway		Transaction ID: 61207.E766 Date of Disbursement 11 / 09 / 2006	
Mailing Address PO Box 26915		Amount of Each Disbursement this Period 777.98	
City New York State NY Zip Code 10087-6915	Purpose of Disbursement TELEPHONE EXPENSE	Category/ Type	
Candidate Name		TELEPHONE EXPENSE	
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) ▶	1498.41
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)
Solutions America PAC

Full Name (Last, First, Middle Initial) A. Karr Graphics		Transaction ID: 61207.E758 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6
Mailing Address 250 Hudson St		Amount of Each Disbursement this Period 233.00
City New York State NY Zip Code 10013-1413	PRINTING EXPENSE	
Purpose of Disbursement PRINTING EXPENSE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Matthew Mahoney		Transaction ID: 61130.E748 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 6
Mailing Address 474 48th Ave 7M		Amount of Each Disbursement this Period 154.18
City Long Island City State NY Zip Code 11109-5609	REIMBURSE-MEETING EXPENSE	
Purpose of Disbursement REIMBURSE-MEETING EXPENSE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Matthew Mahoney		Transaction ID: 61130.E747 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 6
Mailing Address 474 48th Ave 7M		Amount of Each Disbursement this Period 4500.00
City Long Island City State NY Zip Code 11109-5609	OPERATIONS CONSULTANT	
Purpose of Disbursement OPERATIONS CONSULTANT		Category/ Type
Candidate Name		
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) ▶	4887.18
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)

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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)
Solutions America PAC

Full Name (Last, First, Middle Initial) A. Matthew Mahoney		Transaction ID: 61207.E762 Date of Disbursement 11 / 08 / 2006
Mailing Address 474 48th Ave 7M		Amount of Each Disbursement this Period 2147.41
City Long Island City State NY Zip Code 11109-5609	Purpose of Disbursement REIMBURSE-TRAVEL EXPENSES Candidate Name Category/Type	
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) ▼	REIMBURSE-TRAVEL EXPENSES

Full Name (Last, First, Middle Initial) B. McDermott Will & Emery LLP		Transaction ID: 61207.E767 Date of Disbursement 11 / 09 / 2006
Mailing Address 600 13th St NW		Amount of Each Disbursement this Period 1391.15
City Washington State DC Zip Code 20005-3005	Purpose of Disbursement LEGAL FEES Candidate Name Category/Type	
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) ▼	LEGAL FEES

Full Name (Last, First, Middle Initial) C. Ryan Medrano		Transaction ID: 61207.E775 Date of Disbursement 11 / 10 / 2006
Mailing Address 5 E 22nd St		Amount of Each Disbursement this Period 2500.00
City New York State NY Zip Code 10010-5315	Purpose of Disbursement COMPLIANCE CONSULTANT Candidate Name Category/Type	
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) ▼	COMPLIANCE CONSULTANT

SUBTOTAL of Disbursements This Page (optional) ▶	6038.56
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)

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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)
Solutions America PAC

Full Name (Last, First, Middle Initial) A. James Menges		Transaction ID: 61130.E756 Date of Disbursement 10 / 20 / 2006	
Mailing Address 354 Lattingtown Rd		Amount of Each Disbursement this Period 12000.00	
City Locust Valley State NY Zip Code 11560-1023	Purpose of Disbursement POLITICAL CONSULTANT	Category/ Type POLITICAL CONSULTANT	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. James Menges		Transaction ID: 61207.E912 Date of Disbursement 11 / 21 / 2006	
Mailing Address 354 Lattingtown Rd		Amount of Each Disbursement this Period 12000.00	
City Locust Valley State NY Zip Code 11560-1023	Purpose of Disbursement POLITICAL CONSULTANT	Category/ Type POLITICAL CONSULTANT	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Moby Dick Air		Transaction ID: 61130.E746 Date of Disbursement 11 / 02 / 2006	
Mailing Address 1530 16th St NW # 602		Amount of Each Disbursement this Period 29500.00	
City Washington State DC Zip Code 20036-1455	Purpose of Disbursement AIR CHARTER	Category/ Type AIR CHARTER	
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) ▶	53500.00
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)

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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)
Solutions America PAC

Full Name (Last, First, Middle Initial) A. Moby Dick Air		Transaction ID: 61207.E782 Date of Disbursement 11 / 17 / 2006
Mailing Address 1530 16th St NW # 602		Amount of Each Disbursement this Period 45152.00
City Washington State DC Zip Code 20036-1455	AIR CHARTER	
Purpose of Disbursement AIR CHARTER Candidate Name		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:		

Full Name (Last, First, Middle Initial) B. Murphys Maids Inc.		Transaction ID: 61130.E757 Date of Disbursement 11 / 07 / 2006
Mailing Address 4224 Little Neck Pkwy		Amount of Each Disbursement this Period 300.00
City Little Neck State NY Zip Code 11363-1933	OFFICE CLEANER	
Purpose of Disbursement OFFICE CLEANER Candidate Name		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:		

Full Name (Last, First, Middle Initial) C. Pennbus Realties		Transaction ID: 61130.E743 Date of Disbursement 11 / 01 / 2006
Mailing Address 575 8th Ave 24th Floor		Amount of Each Disbursement this Period 4947.07
City New York State NY Zip Code 10018-3011	RENT	
Purpose of Disbursement RENT Candidate Name		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) ▶	50399.07
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)
Solutions America PAC

Full Name (Last, First, Middle Initial) A. Colin Probert		Transaction ID: 61130.E726 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 6
Mailing Address 319 W 100th St Apt 2A 2A		Amount of Each Disbursement this Period 28.08
City New York State NY Zip Code 10025-5356		
Purpose of Disbursement REIMBURSE-POSTAGE Candidate Name		REIMBURSE-POSTAGE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) B. Colin Probert		Transaction ID: 61130.E725 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 6
Mailing Address 319 W 100th St Apt 2A 2A		Amount of Each Disbursement this Period 112.48
City New York State NY Zip Code 10025-5356		
Purpose of Disbursement REIMBURSE-OFFICE SUPPLIES Candidate Name		REIMBURSE-OFFICE SUPPLIES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) C. Colin Probert		Transaction ID: 61130.E753 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Mailing Address 319 W 100th St Apt 2A 2A		Amount of Each Disbursement this Period 1231.52
City New York State NY Zip Code 10025-5356		
Purpose of Disbursement PAYROLL Candidate Name		PAYROLL
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) ▶	1372.08
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)
Solutions America PAC

Full Name (Last, First, Middle Initial) A. Colin Probert		Transaction ID: 61130.E727 Date of Disbursement 11 / 07 / 2006
Mailing Address 319 W 100th St Apt 2A 2A		Amount of Each Disbursement this Period 25.00
City New York State NY Zip Code 10025-5356	REIMBURSE-TRAVEL EXPENSE	
Purpose of Disbursement REIMBURSE-TRAVEL EXPENSE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Colin Probert		Transaction ID: 61207.E769 Date of Disbursement 11 / 09 / 2006
Mailing Address 319 W 100th St Apt 2A 2A		Amount of Each Disbursement this Period 245.81
City New York State NY Zip Code 10025-5356	REIMBURSE-TRAVEL EXPENSES	
Purpose of Disbursement REIMBURSE-TRAVEL EXPENSES Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Colin Probert		Transaction ID: 61207.E770 Date of Disbursement 11 / 09 / 2006
Mailing Address 319 W 100th St Apt 2A 2A		Amount of Each Disbursement this Period 161.30
City New York State NY Zip Code 10025-5356	REIMBURSE-OFFICE SUPPLIES	
Purpose of Disbursement REIMBURSE-OFFICE SUPPLIES Candidate Name		Category/Type
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) ▶	432.11
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)
Solutions America PAC

Full Name (Last, First, Middle Initial) A. Colin Probert		Transaction ID: 61207.E771 Date of Disbursement 11 / 09 / 2006
Mailing Address 319 W 100th St Apt 2A 2A		Amount of Each Disbursement this Period 12.99
City New York State NY Zip Code 10025-5356	REIMBURSE-POSTAGE EXPENSE	
Purpose of Disbursement REIMBURSE-POSTAGE EXPENSE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Colin Probert		Transaction ID: 61207.E907 Date of Disbursement 11 / 15 / 2006
Mailing Address 319 W 100th St Apt 2A 2A		Amount of Each Disbursement this Period 1231.52
City New York State NY Zip Code 10025-5356	PAYROLL	
Purpose of Disbursement PAYROLL Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Rightclick Strategies LLC		Transaction ID: 61207.E759 Date of Disbursement 11 / 07 / 2006
Mailing Address 1140 Connecticut Ave NW Suite 610		Amount of Each Disbursement this Period 7225.00
City Washington State DC Zip Code 20036-4012	WEBSITE CONSULTANT	
Purpose of Disbursement WEBSITE CONSULTANT Candidate Name		Category/Type
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) ▶	8469.51
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)
Solutions America PAC

Full Name (Last, First, Middle Initial) A. Rightclick Strategies LLC		Transaction ID: 61207.E917 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 7 / 2 0 0 6
Mailing Address 1140 Connecticut Ave NW Suite 610		Amount of Each Disbursement this Period 626.78
City Washington State DC Zip Code 20036-4012		
Purpose of Disbursement CREDIT CARD PROCESSING FEES		CREDIT CARD PROCESSING FEES
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. The American Spectator		Transaction ID: 61207.E778 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 0 6
Mailing Address 1611 N Kent St Ste 901		Amount of Each Disbursement this Period 532.26
City Arlington State VA Zip Code 22209-2111		
Purpose of Disbursement PRINTING/BINDING EXPENSE		PRINTING/BINDING EXPENSE
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. TheBravest.com		Transaction ID: 61130.E650 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6
Mailing Address PO Box 3845		Amount of Each Disbursement this Period 1431.00
City New York State NY Zip Code 10163-3845		
Purpose of Disbursement PURCHASE HATS/PINS		PURCHASE HATS/PINS
Candidate Name		
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) ▶	2590.04
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)
Solutions America PAC

Full Name (Last, First, Middle Initial) A. Velo Corp.		Transaction ID: 61207.E901 Date of Disbursement 11 / 27 / 2006
Mailing Address 267 W 17th St Fl 3 3rd Floor		Amount of Each Disbursement this Period 15.00
City New York State NY Zip Code 10011-5300	DELIVERY EXPENSE	
Purpose of Disbursement DELIVERY EXPENSE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Joseph Weinkam		Transaction ID: 61207.E772 Date of Disbursement 11 / 09 / 2006
Mailing Address 60 W 23rd St #942		Amount of Each Disbursement this Period 4500.00
City New York State NY Zip Code 10010-5297	OPERATION CONSULTANT	
Purpose of Disbursement OPERATION CONSULTANT Candidate Name		Category/Type
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)	4515.00
TOTAL This Period (last page this line number only)	279333.74

**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)
Solutions America PAC

Full Name (Last, First, Middle Initial) A. Bob Corker for US Senate		Transaction ID: 61130.E745 Date of Disbursement 11 / 01 / 2006	
Mailing Address 518 Georgia Ave		Amount of Each Disbursement this Period 5000.00 GENERAL CONTRIBUTION	
City Chattanooga	State TN		Zip Code 37403-3401
Purpose of Disbursement GENERAL CONTRIBUTION			Category/ Type
Candidate Name ROBERT P CORKER JR			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: TN District: 00			

Full Name (Last, First, Middle Initial) B. CT Republicans Federal Recount Fund		Transaction ID: 61207.E774 Date of Disbursement 11 / 10 / 2006	
Mailing Address 1010 Wethersfield Ave Ste 101N		Amount of Each Disbursement this Period 5000.00 FEDERAL CONTRIBUTION	
City Hartford	State CT		Zip Code 06114-3149
Purpose of Disbursement FEDERAL CONTRIBUTION			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 checked="" type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Chris Wakim for Congress		Transaction ID: 61130.E733 Date of Disbursement 10 / 31 / 2006	
Mailing Address PO Box 2176		Amount of Each Disbursement this Period 2000.00 GENERAL CONTRIBUTION	
City Wheeling	State WV		Zip Code 26003-0263
Purpose of Disbursement GENERAL CONTRIBUTION			Category/ Type
Candidate Name CHRIS WAKIM			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: WV District: 01			

SUBTOTAL of Disbursements This Page (optional) ▶	12000.00
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 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)
Solutions America PAC

Full Name (Last, First, Middle Initial) A. Christopher Shays for Congress		Transaction ID: 61130.E744 Date of Disbursement 11 / 01 / 2006	
Mailing Address 98 Avenue E Rear BLDG		Amount of Each Disbursement this Period 5000.00	
City Norwalk State CT Zip Code 06854-2630	Purpose of Disbursement GENERAL CONTRIBUTION	Category/ Type	
Candidate Name CHRISTOPHER SHAYS	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 04	GENERAL CONTRIBUTION		

Full Name (Last, First, Middle Initial) B. Craig Romero for Congress Inc.		Transaction ID: 61130.E734 Date of Disbursement 10 / 31 / 2006	
Mailing Address PO Box 13657		Amount of Each Disbursement this Period 2000.00	
City New Iberia State LA Zip Code 70562-3657	Purpose of Disbursement GENERAL CONTRIBUTION	Category/ Type	
Candidate Name CRAIG F ROMERO	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 03	GENERAL CONTRIBUTION		

Full Name (Last, First, Middle Initial) C. Friends of Jeb Hensarling		Transaction ID: 61130.E730 Date of Disbursement 10 / 31 / 2006	
Mailing Address PO Box 820504		Amount of Each Disbursement this Period 5000.00	
City Dallas State TX Zip Code 75382-0504	Purpose of Disbursement GENERAL CONTRIBUTION	Category/ Type	
Candidate Name JEB MR. HENSARLING	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 05	GENERAL CONTRIBUTION		

SUBTOTAL of Disbursements This Page (optional) ▶	12000.00
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 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)
Solutions America PAC

Full Name (Last, First, Middle Initial) A. Friends of Max Burns		Transaction ID: 61130.E731 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6
Mailing Address 6409 Abercorn St Ste 5		Amount of Each Disbursement this Period 3000.00
City Savannah State GA Zip Code 31405-5796	GENERAL CONTRIBUTION	
Purpose of Disbursement GENERAL CONTRIBUTION		Category/ Type
Candidate Name OTHELL MAXIE BURNS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 12	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Haleys PAC		Transaction ID: 61130.E728 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 6
Mailing Address PO Box 1186		Amount of Each Disbursement this Period 5000.00
City Jackson State MS Zip Code 39215-1186	FEDERAL CONTRIBUTION	
Purpose of Disbursement FEDERAL CONTRIBUTION		Category/ Type
Candidate Name		
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 checked="" type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Mac Collins for Congress		Transaction ID: 61130.E732 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6
Mailing Address 189 Buttrill Rd		Amount of Each Disbursement this Period 3000.00
City Jackson State GA Zip Code 30233-5461	GENERAL CONTRIBUTION	
Purpose of Disbursement GENERAL CONTRIBUTION		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	11000.00
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 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)
Solutions America PAC

Full Name (Last, First, Middle Initial) A. Rep. Federal Committee of PA		Transaction ID: 61130.E729 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 6
Mailing Address 301 Market St		Amount of Each Disbursement this Period 5000.00
City Harrisburg State PA Zip Code 17101-2224	FEDERAL CONTRIBUTION	
Purpose of Disbursement FEDERAL CONTRIBUTION		Category/ Type
Candidate Name		
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 checked="" type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Roskam for Congress		Transaction ID: 61130.E736 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6
Mailing Address 423 W Wesley St		Amount of Each Disbursement this Period 5000.00
City Wheaton State IL Zip Code 60187-4925	GENERAL CONTRIBUTION	
Purpose of Disbursement GENERAL CONTRIBUTION		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Simmons Recount 2006		Transaction ID: 61207.E773 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 0 6
Mailing Address PO Box 268		Amount of Each Disbursement this Period 5000.00
City Stonington State CT Zip Code 06378-0268	FEDERAL CONTRIBUTION	
Purpose of Disbursement FEDERAL CONTRIBUTION		Category/ Type
Candidate Name		
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 checked="" type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	15000.00
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 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)
Solutions America PAC

Full Name (Last, First, Middle Initial) A. Sue Kelly for Congress		Transaction ID: 61130.E750																					
Mailing Address PO Box 599		Date of Disbursement																					
City Katonah State NY Zip Code 10536-0599		<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>1</td><td>1</td><td>/</td><td>0</td><td>3</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	0	3	/	2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
1	1	/	0	3	/	2	0	0	6														
Purpose of Disbursement FEDERAL CONTRIBUTION		Amount of Each Disbursement this Period																					
Candidate Name SUE W KELLY		<table border="1"> <tr> <td colspan="2">5000.00</td> </tr> </table>		5000.00																			
5000.00																							
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2006																					
State: NY District: 19		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
		FEDERAL CONTRIBUTION																					

SUBTOTAL of Disbursements This Page (optional)	▶	5000.00
TOTAL This Period (last page this line number only)	▶	55000.00

Image# 26930699196

Form/Schedule: **F3XN** All expenses disclosed on Schedule B, Line 21b were made for the sole benefit of Solutions America. All expenditures made on behalf of a specifically identified federal or state candidate have been disclosed on Schedule
Transaction ID: **C00335448** B, Lines 23 and 29.
