



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
Solidarity PAC

Report Covering the Period: From: 

M	M
1	1

D	D
2	2

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		35544.66
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period .....	36904.35									
(c) Total Receipts (from Line 19) .....	38000.00	258300.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	74904.35	293844.66								
7. Total Disbursements (from Line 31) .....	26140.80	245081.11								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	48763.55	48763.55								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name  
Solidarity PAC

Report Covering the Period: From: 

M	M
1	1

D	D
2	2

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	1000.00	112050.00
(i) Itemized (use Schedule A) .....	0.00	1250.00
(ii) Unitemized .....	1000.00	113300.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	37000.00	145000.00
(c) Other Political Committees (such as PACs) .....	38000.00	258300.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....		
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	38000.00	258300.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	38000.00	258300.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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.....	4923.80	75764.11
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	4923.80	75764.11
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	21217.00	164217.00
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	100.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	5000.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	5100.00
29. Other Disbursements.....	0.00	0.00
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))..	26140.80	245081.11
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	26140.80	245081.11

**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 .....	38000.00	258300.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	5100.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	38000.00	253200.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	4923.80	75764.11
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	4923.80	75764.11

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 6 / 16	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)  
Solidarity PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Patricia A. Van Scoyoc		Date of Receipt																					
	Mailing Address 131 Yarnick Road		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	2		1	8		2	0	0	7
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	2		1	8		2	0	0	7														
	City	State	Zip Code		<b>Transaction ID: C845</b>																			
	Great Falls	VA	22066																					
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>		Amount of Each Receipt this Period																				
Name of Employer N/A		Occupation Homemaker		<input type="text" value="1000.00"/>																				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		<input type="text" value="1000.00"/>																				

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="1000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="1000.00"/>

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

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

FOR LINE NUMBER: PAGE 7 / 16  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
Solidarity PAC

**A.** Full Name (Last, First, Middle Initial)  
American Dental PAC

Mailing Address 1111 14th Street  
Suite 100

City State Zip Code  
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00000729

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

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

**Transaction ID: C849**

Amount of Each Receipt this Period  
4000.00

**B.** Full Name (Last, First, Middle Initial)  
American Federation of Teachers COPE

Mailing Address 555 New Jersey Avenue, N.W.

City State Zip Code  
Washington DC 20001

FEC ID number of contributing federal political committee. **C** C00028860

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

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

**Transaction ID: C843**

Amount of Each Receipt this Period  
5000.00

**C.** Full Name (Last, First, Middle Initial)  
Carpenters Legislative Improvement Committee

Mailing Address 101 Constitution Avenue, N.W.  
10th Floor West

City State Zip Code  
Washington DC 20001

FEC ID number of contributing federal political committee. **C** C00001016

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

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

**Transaction ID: C850**

Amount of Each Receipt this Period  
5000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **14000.00**

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

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

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

FOR LINE NUMBER: PAGE 8 / 16  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
Solidarity PAC

**A.** Full Name (Last, First, Middle Initial)  
Ironworkers Political Action League

Mailing Address 1750 New York Avenue  
Suite 400

City Washington State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C** C00027359

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

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

**Transaction ID: C847**

Amount of Each Receipt this Period  
5000.00

**B.** Full Name (Last, First, Middle Initial)  
Jerry's PAC

Mailing Address PO Box 19

City New York State NY Zip Code 10014

FEC ID number of contributing federal political committee. **C** C00363317

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

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

**Transaction ID: C846**

Amount of Each Receipt this Period  
3000.00

**C.** Full Name (Last, First, Middle Initial)  
Laborers Political League

Mailing Address 905 16th Street, N.W.

City Washington State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C** C00007922

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 1 2 / 1 8 / 2 0 0 7

**Transaction ID: C844**

Amount of Each Receipt this Period  
5000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 13000.00

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



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

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

FOR LINE NUMBER: PAGE 9 / 16  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
Solidarity PAC

**A.** Full Name (Last, First, Middle Initial)  
Metlife Inc. Employees' Political Participation

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	6	/	2	0	0	7

Mailing Address 27-01 Queens Plaza North  
Area 4D

City State Zip Code  
Long Island City NY 11101

Transaction ID: C848

FEC ID number of contributing federal political committee. **C** C00040923

Amount of Each Receipt this Period  
5000.00

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

**B.** Full Name (Last, First, Middle Initial)  
National Association of Realtors PAC

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	3	/	2	0	0	7

Mailing Address 430 North Michigan Avenue

City State Zip Code  
Chicago IL 60611

Transaction ID: C842

FEC ID number of contributing federal political committee. **C** C00030718

Amount of Each Receipt this Period  
5000.00

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	10000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	37000.00

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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)  
Solidarity PAC

A.	Full Name (Last, First, Middle Initial) Kieloch Consulting, Inc.	Transaction ID: D636 Date of Disbursement 11 / 28 / 2007
	Mailing Address 301 Fourth Street, NE 2nd Floor	Amount of Each Disbursement this Period 1750.00
	City Washington State DC Zip Code 20002	
	Purpose of Disbursement Fundraising Consulting Services 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) ▼

B.	Full Name (Last, First, Middle Initial) Kieloch Consulting, Inc.	Transaction ID: D650 Date of Disbursement 12 / 21 / 2007
	Mailing Address 301 Fourth Street, NE 2nd Floor	Amount of Each Disbursement this Period 1750.00
	City Washington State DC Zip Code 20002	
	Purpose of Disbursement Fundraising Consulting Services 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) ▼

C.	Full Name (Last, First, Middle Initial) Perkins Coie LLP	Transaction ID: D638 Date of Disbursement 12 / 04 / 2007
	Mailing Address 607 14th Street, NW Suite 800	Amount of Each Disbursement this Period 1423.80
	City Washington State DC Zip Code 20005	
	Purpose of Disbursement Legal & Accounting Services 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) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>4923.80</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>4923.80</b>

# 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)  
Solidarity PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) Adler For Congress</p> <p>Mailing Address 14 Knightswood Drive</p> <p>City Marlton State NJ Zip Code 08053</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name John H. Adler</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NJ District: 03</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D644</p> <p>Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 7 / 2 0 0 7</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Bocchieri For Congress</p> <p>Mailing Address PO Box 3016</p> <p>City Alliance State OH Zip Code 44601</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name John A. Bocchieri</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: OH District: 16</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D646</p> <p>Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 7 / 2 0 0 7</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Donnelly for Congress Committee</p> <p>Mailing Address 211 West Washington Street Suite 1</p> <p>City South Bend State IN Zip Code 46601</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Joseph S. Donnelly</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: IN District: 02</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D639</p> <p>Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 7 / 2 0 0 7</p> <p>Amount of Each Disbursement this Period 2500.00</p>

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

4500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Solidarity PAC

A.	Full Name (Last, First, Middle Initial) Halvorson For Congress	Transaction ID: D648 Date of Disbursement 12 / 17 / 2007
	Mailing Address PO Box 176	Amount of Each Disbursement this Period 1000.00
	City Crete State IL Zip Code 60417	
	Purpose of Disbursement Contribution	Category/ Type
	Candidate Name Deborah Halvorson	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: IL District: 11	

B.	Full Name (Last, First, Middle Initial) Hooley for Congress	Transaction ID: D649 Date of Disbursement 12 / 17 / 2007
	Mailing Address PO Box 2050	Amount of Each Disbursement this Period 2500.00
	City Salem State OR Zip Code 97308	
	Purpose of Disbursement Contribution	Category/ Type
	Candidate Name Darlene Hooley	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: OR District: 05	

C.	Full Name (Last, First, Middle Initial) Kilroy for Congress	Transaction ID: D642 Date of Disbursement 12 / 17 / 2007
	Mailing Address 929 Harrison Avenue Suite 305	Amount of Each Disbursement this Period 2500.00
	City Columbus State OH Zip Code 43215	
	Purpose of Disbursement Contribution	Category/ Type
	Candidate Name Mary Jo Kilroy	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: OH District: 15	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	6000.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Solidarity PAC

A.	Full Name (Last, First, Middle Initial) Kosmas For Congress	Transaction ID: D647 Date of Disbursement 12 / 17 / 2007
	Mailing Address PO Box 1547	Amount of Each Disbursement this Period 1000.00
	City New Smyrna Beach State FL Zip Code 32170	
	Purpose of Disbursement Contribution	Category/ Type
	Candidate Name Suzanne Kosmas	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 24	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Linda Stender For Congress	Transaction ID: D645 Date of Disbursement 12 / 17 / 2007
	Mailing Address P.O. Box 730	Amount of Each Disbursement this Period 1000.00
	City Scotch Plains State NJ Zip Code 07076	
	Purpose of Disbursement Contribution	Category/ Type
	Candidate Name Linda Stender	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 07	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Martin Heinrich	Transaction ID: D643 Date of Disbursement 12 / 17 / 2007
	Mailing Address 2118 Central Avenue SE #71	Amount of Each Disbursement this Period 1000.00
	City Albuquerque State NM Zip Code 87106	
	Purpose of Disbursement Contribution	Category/ Type
	Candidate Name Martin Heinrich	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NM District: 01	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Solidarity PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) Melissa Bean for Congress</p> <p>Mailing Address 203 Frances Lane</p> <p>City Barrington State IL Zip Code 60010</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Melissa L. Bean</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: IL District: 08</p>	<p><b>Transaction ID:</b> D641</p> <p>Date of Disbursement 12 / 17 / 2007</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Ohio Democratic Party - Federal Account</p> <p>Mailing Address 340 East Fulton Street</p> <p>City Columbus State OH Zip Code 43215</p> <p>Purpose of Disbursement 2007 Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> D637</p> <p>Date of Disbursement 11 / 29 / 2007</p> <p>Amount of Each Disbursement this Period 3000.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Tim Mahoney For Florida</p> <p>Mailing Address 4114 Northlake Boulevard Suite 300</p> <p>City Palm Beach Gardens State FL Zip Code 33410</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Tim Mahoney</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: FL District: 16</p>	<p><b>Transaction ID:</b> D640</p> <p>Date of Disbursement 12 / 17 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p>

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

6500.00

**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)

PAGE 15 / 16

<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)  
Solidarity PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Chase Card Services Mailing Address PO Box 94014 City Palatine State IL Zip Code 60094 Purpose of Disbursement Credit Card Payment, See Below Candidate Name	Transaction ID: D652 Date of Disbursement 12 / 18 / 2007
	Amount of Each Disbursement this Period 1217.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Category/Type [ ]	

<b>B.</b> Full Name (Last, First, Middle Initial) United Airlines Mailing Address PO Box 66100 City Chicago State IL Zip Code 60666 Purpose of Disbursement In-Kind Travel Candidate Name Phil Hare	Transaction ID: D654 Date of Disbursement 12 / 18 / 2007
	Amount of Each Disbursement this Period 1217.00
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 17	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Category/Type 011	

[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	1217.00
<b>TOTAL</b> This Period (last page this line number only) .....	21217.00

Image# 28990043138

Form/Schedule: **F3XA**

Transaction ID:

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