

# 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:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day PRE-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12G)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day Post -Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 11 28 2006 through 12 31 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 01 31 2007

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
Solutions America PAC

Report Covering the Period: From: 

M	M
1	1

D	D
2	8

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
1	2

D	D
3	1

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 .....	600850.96									
(c) Total Receipts (from Line 19) .....	7700.91	2099313.64								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	608551.87	2442302.39								
7. Total Disbursements (from Line 31) .....	131493.21	1965243.73								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	477058.66	477058.66								
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  
Solutions America PAC

Report Covering the Period: From: 

M	M
1	1

D	D
2	8

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
1	2

D	D
3	1

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	5500.00	2038189.27
(i) Itemized (use Schedule A) .....	725.00	9175.00
(ii) Unitemized .....	6225.00	2047364.27
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	0.00	43500.00
(c) Other Political Committees (such as PACs) .....	0.00	6225.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	6225.00	2090864.27
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) .....	0.00	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.) .....	1475.91	6282.31
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)) .....	7700.91	2099313.64
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	7700.91	2099313.64

**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.....	131493.21	1467843.73
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	131493.21	1467843.73
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	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))..	131493.21	1965243.73
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	131493.21	1965243.73

**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) .....	6225.00	2090864.27
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	5000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	6225.00	2085864.27
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	131493.21	1467843.73
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	2167.06
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	131493.21	1465676.67

**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 / 32
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
Solutions America PAC

Full Name (Last, First, Middle Initial) <b>A. Christine Diaz</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 1 / 2 0 0 6	
Mailing Address 2400 Pennsylvania Ave NW		<b>Transaction ID: 70127.C1007</b>	
City State Zip Code Washington DC 20037-1714	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer US Dept. of Homeland Security	Occupation Staff		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>B. David Halseth</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 6	
Mailing Address 1800 Blankenship Rd Ste 250 Suite 250		<b>Transaction ID: 70127.C1001</b>	
City State Zip Code West Linn OR 97068-4175	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Self Employed	Occupation Business Owner		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		

Full Name (Last, First, Middle Initial) <b>C. Peter Rintye</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 2 / 2 0 0 6	
Mailing Address 102 Palm Dr		<b>Transaction ID: 70127.C1008</b>	
City State Zip Code Largo FL 33770-2608	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer DMS	Occupation Political Sales		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	5500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	5500.00

**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 / 32
	<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 1 / 3 0 / 2 0 0 6	
Mailing Address 666 5th Ave 6th Floor		Transaction ID: 70131.C1012	
City State Zip Code New York NY 10103-0001	Amount of Each Receipt this Period 752.60		
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 ▼ 5559.00		

Full Name (Last, First, Middle Initial) Citibank, NA		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 6	
Mailing Address 666 5th Ave 6th Floor		Transaction ID: 70131.C1011	
City State Zip Code New York NY 10103-0001	Amount of Each Receipt this Period 42.42		
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 ▼ 5601.42		

Full Name (Last, First, Middle Initial) Citibank, NA		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6	
Mailing Address 666 5th Ave 6th Floor		Transaction ID: 70131.C1014	
City State Zip Code New York NY 10103-0001	Amount of Each Receipt this Period 663.84		
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 ▼ 6265.26		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1458.86
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 8 / 32
	(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 type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full) Solutions America PAC
--

A. Full Name (Last, First, Middle Initial) Citibank, NA	
Mailing Address 666 5th Ave 6th Floor	
City New York	State NY
Zip Code 10103-0001	
FEC ID number of contributing federal political committee. <b>C</b>	
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 ▼ 6282.31

Date of Receipt MM / DD / YYYY 12 / 29 / 2006
Transaction ID: 70131.C1013
Amount of Each Receipt this Period 17.05
Interest Received

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	17.05
<b>TOTAL</b> This Period (last page this line number only) .....	▶	1475.91

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 9 / 32

<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) <b>A. Administaff</b>		<b>Transaction ID:</b> 70131.E954 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 6
Mailing Address 19001 Crescent Springs Dr		Amount of Each Disbursement this Period 1467.78
City Kingwood State TX Zip Code 77339-3802	PAYROLL FEES/INSURANCE	
Purpose of Disbursement PAYROLL FEES/INSURANCE		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>B. Administaff</b>		<b>Transaction ID:</b> 70131.E953 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 6
Mailing Address 19001 Crescent Springs Dr		Amount of Each Disbursement this Period 1419.33
City Kingwood State TX Zip Code 77339-3802	PAYROLL TAX	
Purpose of Disbursement PAYROLL TAX		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>C. Administaff</b>		<b>Transaction ID:</b> 70131.E955 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 6
Mailing Address 19001 Crescent Springs Dr		Amount of Each Disbursement this Period 679.90
City Kingwood State TX Zip Code 77339-3802	PAYROLL TAX	
Purpose of Disbursement PAYROLL TAX		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) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3567.01
<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)

PAGE 10 / 32

<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) <b>A. Administaff</b>		<b>Transaction ID:</b> 70131.E956 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 6
Mailing Address 19001 Crescent Springs Dr		Amount of Each Disbursement this Period 1296.46
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>B. Administaff</b>		<b>Transaction ID:</b> 70131.E958 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 6
Mailing Address 19001 Crescent Springs Dr		Amount of Each Disbursement this Period 985.52
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>C. Administaff</b>		<b>Transaction ID:</b> 70131.E957 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 6
Mailing Address 19001 Crescent Springs Dr		Amount of Each Disbursement this Period 540.50
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) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2822.48
<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)

PAGE 11 / 32

<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) <b>A. American Express</b>		Transaction ID: 70131.E942 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 4 / 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	Category/ Type	
Purpose of Disbursement 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) ▼	CREDIT CARD PROCESSING FEES

Full Name (Last, First, Middle Initial) <b>B. American Express</b>		Transaction ID: 70131.E959 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 1 / 2 0 0 6
Mailing Address PO Box 2855		Amount of Each Disbursement this Period 12342.50
City New York State NY Zip Code 10116-2855	Category/ Type	
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) ▼	CREDIT CARD: SEE BELOW

Full Name (Last, First, Middle Initial) <b>C. Amtrak</b>		Transaction ID: 70131.E996 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 1 / 2 0 0 6
Mailing Address Grand Central Station		Amount of Each Disbursement this Period 277.00
City New York State NY Zip Code 10165-	Category/ Type	
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

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	12357.50
<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)

PAGE 12 / 32

<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) <b>A. Amtrak</b>		Transaction ID: 70131.E995 Date of Disbursement 12 / 21 / 2006
Mailing Address Grand Central Station		Amount of Each Disbursement this Period 53.00
City New York      State NY      Zip Code 10165-	[MEMO ITEM] MEMO: TRAVEL EXPENSE	
Purpose of Disbursement TRAVEL EXPENSE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State:      District:		

Full Name (Last, First, Middle Initial) <b>B. Amtrak</b>		Transaction ID: 70131.E968 Date of Disbursement 12 / 21 / 2006
Mailing Address Grand Central Station		Amount of Each Disbursement this Period 442.80
City New York      State NY      Zip Code 10165-	[MEMO ITEM] MEMO: TRAVEL EXPENSE	
Purpose of Disbursement TRAVEL EXPENSE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State:      District:		

Full Name (Last, First, Middle Initial) <b>C. BridgeCom International Inc.</b>		Transaction ID: 70131.E962 Date of Disbursement 12 / 21 / 2006
Mailing Address PO Box 9632		Amount of Each Disbursement this Period 650.00
City Uniondale      State NY      Zip Code 11555-9632	[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 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State:      District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<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)

PAGE 13 / 32

<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) <b>A. Caesarios Pizza</b>		Transaction ID: 70131.E984 Date of Disbursement 12 / 21 / 2006
Mailing Address 1057 Elm St		Amount of Each Disbursement this Period 255.69
City Manchester State NH Zip Code 03101-1808	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>B. Carbones Italian Restaurant</b>		Transaction ID: 70131.E970 Date of Disbursement 12 / 21 / 2006
Mailing Address 331 W 38th St		Amount of Each Disbursement this Period 36.50
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) <b>C. Cingular</b>		Transaction ID: 70131.E961 Date of Disbursement 12 / 21 / 2006
Mailing Address PO Box 78405		Amount of Each Disbursement this Period 2203.51
City Phoenix State AZ Zip Code 85062-8405	Purpose of Disbursement CELL PHONE/BLACKBERRY 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: CELL PHONE/BLACKBERRY EXPENSE

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<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 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) <b>A. Execuride Transportation</b>		Transaction ID: 70131.E960 Date of Disbursement 12 / 21 / 2006
Mailing Address 450 North End Avenue		Amount of Each Disbursement this Period 336.03
City Flushing State NY Zip Code 11371-	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) ▼	[MEMO ITEM] MEMO: CAR SERVICE

Full Name (Last, First, Middle Initial) <b>B. Hertz NYC</b>		Transaction ID: 70131.E981 Date of Disbursement 12 / 21 / 2006
Mailing Address 75 Varick St		Amount of Each Disbursement this Period 1719.84
City New York State NY Zip Code 10013-1917	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) <b>C. Hilton Garden Inn Manchester</b>		Transaction ID: 70131.E988 Date of Disbursement 12 / 21 / 2006
Mailing Address 101 S Commercial St		Amount of Each Disbursement this Period 398.18
City Manchester State NH Zip Code 03101-2610	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

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<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)

PAGE 15 / 32

<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) <b>A. Hyatt NYC</b>		Transaction ID: 70131.E982 Date of Disbursement 12 / 21 / 2006	
Mailing Address 111 E 48th St		Amount of Each Disbursement this Period 347.15	
City New York State NY Zip Code 10017-1222	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>B. Jacks Restaurant</b>		Transaction ID: 70131.E990 Date of Disbursement 12 / 21 / 2006	
Mailing Address 147 W 40th St		Amount of Each Disbursement this Period 106.00	
City New York State NY Zip Code 10018-1902	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) <b>C. Lexis Nexis</b>		Transaction ID: 70131.E977 Date of Disbursement 12 / 21 / 2006	
Mailing Address PO Box 7247		Amount of Each Disbursement this Period 370.63	
City Philadelphia State PA Zip Code 19170-0001	Purpose of Disbursement SUBSCRIPTION	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: SUBSCRIPTION	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<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)

PAGE 16 / 32

<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

<b>A. Manhasset Limo</b> Full Name (Last, First, Middle Initial) Mailing Address 1855 Imperial Ave City New Hyde Park State NY Zip Code 11040-4008 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: 70131.E992 Date of Disbursement 12 / 21 / 2006 Amount of Each Disbursement this Period 389.20 <b>[MEMO ITEM]</b> MEMO: TRAVEL EXPENSE
---	--	---

<b>B. Marriott Marquis NYC</b> Full Name (Last, First, Middle Initial) Mailing Address 1535 Broadway City New York State NY Zip Code 10036-4077 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) ▼		Transaction ID: 70131.E969 Date of Disbursement 12 / 21 / 2006 Amount of Each Disbursement this Period 1801.58 <b>[MEMO ITEM]</b> MEMO: MEETING EXPENSE
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<b>C. NY Times</b> Full Name (Last, First, Middle Initial) Mailing Address 229 W 43rd St City New York State NY Zip Code 10036-3913 Purpose of Disbursement SUBSCRIPTION 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: 70131.E974 Date of Disbursement 12 / 21 / 2006 Amount of Each Disbursement this Period 39.60 <b>[MEMO ITEM]</b> MEMO: SUBSCRIPTION
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<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 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

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: 70131.E966

Date of Disbursement

/   /

Amount of Each Disbursement this Period

[MEMO ITEM]

MEMO: TRAVEL-METROCARDS

**B.** Full Name (Last, First, Middle Initial)  
Office Depot

Mailing Address 1441 Broadway

City New York State NY Zip Code 10018-1805

Purpose of Disbursement OFFICE SUPPLIES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: 70131.E972

Date of Disbursement

/   /

Amount of Each Disbursement this Period

[MEMO ITEM]

MEMO: OFFICE SUPPLIES

**C.** Full Name (Last, First, Middle Initial)  
Poland Spring Water

Mailing Address 50 Commerce Way

City Norton State MA Zip Code 02766-3313

Purpose of Disbursement PURCHASE WATER

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: 70131.E973

Date of Disbursement

/   /

Amount of Each Disbursement this Period

[MEMO ITEM]

MEMO: PURCHASE WATER

**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)

PAGE 18 / 32

<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) <b>A. Speakwrite LLC</b>		Transaction ID: 70131.E979 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 1 / 2 0 0 6
Mailing Address 6011 Courtyard Drive		Amount of Each Disbursement this Period 431.44
City Austin State TX Zip Code 78701-	Purpose of Disbursement DICTATION 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>[MEMO ITEM]</b> MEMO: DICTATION SERVICES

Full Name (Last, First, Middle Initial) <b>B. The Waldorf Astoria</b>		Transaction ID: 70131.E991 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 1 / 2 0 0 6
Mailing Address 301 Park Ave		Amount of Each Disbursement this Period 492.14
City New York State NY Zip Code 10022-6806	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) ▼	<b>[MEMO ITEM]</b> MEMO: MEETING EXPENSE

Full Name (Last, First, Middle Initial) <b>C. United Airlines</b>		Transaction ID: 70131.E964 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 1 / 2 0 0 6
Mailing Address Laguardia Airport		Amount of Each Disbursement this Period 402.10
City Elmhurst State NY Zip Code 11373-	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) ▼	<b>[MEMO ITEM]</b> MEMO: TRAVEL EXPENSE

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<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)

PAGE 19 / 32

<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) <b>A. Verizon Inc.</b>		<b>Transaction ID:</b> 70131.E963 Date of Disbursement 12 / 21 / 2006	
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	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>[MEMO ITEM]</b> MEMO: PHONE EXPENSE	

Full Name (Last, First, Middle Initial) <b>B. Westin Hotel-NC</b>		<b>Transaction ID:</b> 70131.E965 Date of Disbursement 12 / 21 / 2006	
Mailing Address 601 S College St		Amount of Each Disbursement this Period 420.87	
City Charlotte State NC Zip Code 28202-1829	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) ▼	<b>[MEMO ITEM]</b> MEMO: MEETING EXPENSE	

Full Name (Last, First, Middle Initial) <b>C. John Avlon</b>		<b>Transaction ID:</b> 70131.E950 Date of Disbursement 11 / 30 / 2006	
Mailing Address 1 Irving Pl U19B		Amount of Each Disbursement this Period 1351.62	
City New York State NY Zip Code 10003-9728	Purpose of Disbursement PAYROLL	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) ▼	PAYROLL	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1351.62
<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)

PAGE 20 / 32

<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

<b>A.</b> Full Name (Last, First, Middle Initial) John Avlon		<b>Transaction ID:</b> 70131.E951 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 6
Mailing Address 1 Irving Pl U19B		Amount of Each Disbursement this Period 410.64
City New York State NY Zip Code 10003-9728	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) ▼

<b>B.</b> Full Name (Last, First, Middle Initial) John Avlon		<b>Transaction ID:</b> 70131.E952 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 6
Mailing Address 1 Irving Pl U19B		Amount of Each Disbursement this Period 410.72
City New York State NY Zip Code 10003-9728	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) ▼

<b>C.</b> Full Name (Last, First, Middle Initial) Timothy Brown		<b>Transaction ID:</b> 70131.E927 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 2 / 1 5 / 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 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) ..... ▶	5821.36
<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)

PAGE 21 / 32

<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) <b>A. Citibank, NA</b>		<b>Transaction ID:</b> 70131.E939 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 2 / 0 4 / 2 0 0 6
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) ▼	

Full Name (Last, First, Middle Initial) <b>B. Citibank, NA</b>		<b>Transaction ID:</b> 70131.E940 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 6
Mailing Address 666 5th Ave 6th Floor		Amount of Each Disbursement this Period 9.58
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) <b>C. Citibank, NA</b>		<b>Transaction ID:</b> 70131.E941 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 2 / 2 6 / 2 0 0 6
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) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	34.58
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Solutions America PAC

Full Name (Last, First, Middle Initial) <b>A. Chris Coffee</b>		<b>Transaction ID:</b> 70131.E918 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 2 / 0 7 / 2 0 0 6
Mailing Address 110 E 1st St Apt 12		Amount of Each Disbursement this Period 2000.00
City New York State NY Zip Code 10009-7948		
Purpose of Disbursement RESEARCH CONSULTANT Candidate Name		RESEARCH CONSULTANT
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) <b>B. Covington &amp; Burling</b>		<b>Transaction ID:</b> 70131.E931 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 6
Mailing Address 1201 Pennsylvania Ave NW		Amount of Each Disbursement this Period 22413.29
City Washington State DC Zip Code 20004-2402		
Purpose of Disbursement LEGAL FEES Candidate Name		LEGAL FEES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) <b>C. Melissa Davis</b>		<b>Transaction ID:</b> 70131.E947 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 6
Mailing Address 335 E 13th St #13		Amount of Each Disbursement this Period 1245.87
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	25659.16
<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)

PAGE 23 / 32

<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) <b>A. Melissa Davis</b>		<b>Transaction ID: 70131.E948</b> Date of Disbursement 12 / 15 / 2006
Mailing Address 335 E 13th St #13		Amount of Each Disbursement this Period 316.85
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>B. Melissa Davis</b>		<b>Transaction ID: 70131.E929</b> Date of Disbursement 12 / 20 / 2006
Mailing Address 335 E 13th St #13		Amount of Each Disbursement this Period 350.00
City New York State NY Zip Code 10003-5850		
Purpose of Disbursement REIMBURSE-TRAVEL EXPENSE Candidate Name		REIMBURSE-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>C. Melissa Davis</b>		<b>Transaction ID: 70131.E949</b> Date of Disbursement 12 / 29 / 2006
Mailing Address 335 E 13th St #13		Amount of Each Disbursement this Period 777.49
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1444.34
<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)

PAGE 24 / 32

<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) <b>A. DGM &amp; Associates</b>		<b>Transaction ID:</b> 70131.E998 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 6
Mailing Address 46350 Grand River Ave Suite A		Amount of Each Disbursement this Period 395.60
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) <b>B. DGM &amp; Associates</b>		<b>Transaction ID:</b> 70131.E997 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 6
Mailing Address 46350 Grand River Ave Suite A		Amount of Each Disbursement this Period 10000.00
City Novi State MI Zip Code 48374-1322		
Purpose of Disbursement FUNDRAISING CONSULTANT		FUNDRAISING 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>C. Fovea Inc.</b>		<b>Transaction ID:</b> 70131.E934 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 6
Mailing Address 22 Brookside Ln		Amount of Each Disbursement this Period 405.00
City Harrison State NY Zip Code 10528-4517		
Purpose of Disbursement PRINTING EXPENSE-NOTE CARDS		PRINTING EXPENSE-NOTE CARDS
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) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	10800.60
<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)

PAGE 25 / 32

<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) <b>A. Great American Leasing Corp.</b>		<b>Transaction ID:</b> 70131.E919 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 0 / 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		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>B. IESI</b>		<b>Transaction ID:</b> 70131.E930 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 6
Mailing Address 1099 Wall St W		Amount of Each Disbursement this Period 108.35
City Lyndhurst State NJ Zip Code 07071-3678	WASTE REMOVAL	
Purpose of Disbursement WASTE REMOVAL		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>C. InfoHighway</b>		<b>Transaction ID:</b> 70131.E926 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 4 / 2 0 0 6
Mailing Address PO Box 26915		Amount of Each Disbursement this Period 708.02
City New York State NY Zip Code 10087-6915	TELEPHONE EXPENSES	
Purpose of Disbursement TELEPHONE EXPENSES		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) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3901.02
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Solutions America PAC

Full Name (Last, First, Middle Initial) <b>A. Matthew Mahoney</b>		<b>Transaction ID: 70131.E923</b> Date of Disbursement 12 / 14 / 2006
Mailing Address 474 48th Ave 7M		Amount of Each Disbursement this Period 6000.00
City Long Island City State NY Zip Code 11109-5609	OPERATIONS CONSULTANT	
Purpose of Disbursement OPERATIONS 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) ▼

Full Name (Last, First, Middle Initial) <b>B. Matthew Mahoney</b>		<b>Transaction ID: 70131.E937</b> Date of Disbursement 12 / 28 / 2006
Mailing Address 474 48th Ave 7M		Amount of Each Disbursement this Period 6500.00
City Long Island City State NY Zip Code 11109-5609	OPERATIONS CONSULTANT	
Purpose of Disbursement OPERATIONS 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) ▼

Full Name (Last, First, Middle Initial) <b>C. McDermott Will &amp; Emery LLP</b>		<b>Transaction ID: 70131.E936</b> Date of Disbursement 12 / 28 / 2006
Mailing Address 600 13th St NW		Amount of Each Disbursement this Period 1372.50
City Washington State DC Zip Code 20005-3005	LEGAL FEES	
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) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	13872.50
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Solutions America PAC

Full Name (Last, First, Middle Initial) <b>A. Ryan Medrano</b>		<b>Transaction ID:</b> 70131.E925 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 4 / 2 0 0 6
Mailing Address 5 E 22nd St		Amount of Each Disbursement this Period 2500.00
City New York State NY Zip Code 10010-5315	COMPLIANCE CONSULTANT	
Purpose of Disbursement COMPLIANCE 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>B. Ryan Medrano</b>		<b>Transaction ID:</b> 70131.E999 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 6 / 2 0 0 6
Mailing Address 5 E 22nd St		Amount of Each Disbursement this Period 6000.00
City New York State NY Zip Code 10010-5315	COMPLIANCE CONSULTANT	
Purpose of Disbursement COMPLIANCE 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>C. Murphys Maids Inc.</b>		<b>Transaction ID:</b> 70131.E920 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 0 / 2 0 0 6
Mailing Address 4224 Little Neck Pkwy		Amount of Each Disbursement this Period 200.00
City Little Neck State NY Zip Code 11363-1933	OFFICE CLEANER	
Purpose of Disbursement OFFICE CLEANER		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) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	8700.00
<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)

PAGE 28 / 32

<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) <b>A. Palagraphx</b>		<b>Transaction ID:</b> 70131.E932 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 6
Mailing Address 130 Dobbins St		Amount of Each Disbursement this Period 4432.54
City Brooklyn State NY Zip Code 11222-2806	PRINTING HOLIDAY CARDS	
Purpose of Disbursement PRINTING HOLIDAY CARDS		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>B. Pennbus Realities</b>		<b>Transaction ID:</b> 70131.E921 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 2 / 1 0 / 2 0 0 6
Mailing Address 575 8th Ave 24th Floor		Amount of Each Disbursement this Period 5106.86
City New York State NY Zip Code 10018-3011	RENT	
Purpose of Disbursement RENT		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>C. Colin Probert</b>		<b>Transaction ID:</b> 70131.E944 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 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	PAYROLL	
Purpose of Disbursement PAYROLL		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) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	10770.92
<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)

PAGE 29 / 32

<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) <b>A. Colin Probert</b>		<b>Transaction ID: 70131.E945</b> Date of Disbursement 12 / 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		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>B. Colin Probert</b>		<b>Transaction ID: 70131.E946</b> Date of Disbursement 12 / 29 / 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		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>C. Rightclick Strategies LLC</b>		<b>Transaction ID: 70131.E943</b> Date of Disbursement 12 / 29 / 2006
Mailing Address 1140 Connecticut Ave NW Suite 610		Amount of Each Disbursement this Period 435.75
City Washington State DC Zip Code 20036-4012	CREDIT CARD PROCESSING FEES	
Purpose of Disbursement CREDIT CARD PROCESSING FEES		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) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>2898.79</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 30 / 32

<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) <b>A. Roman Technologies Inc.</b>		<b>Transaction ID:</b> 70131.E928 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 9 / 2 0 0 6
Mailing Address 8645 24th Ave		Amount of Each Disbursement this Period 12647.00
City Brooklyn State NY Zip Code 11214-4301	PURCHASE COMPUTER EQUIPME- NT	
Purpose of Disbursement PURCHASE COMPUTER EQUIPMENT		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>B. Velo Corp.</b>		<b>Transaction ID:</b> 70131.E933 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 6
Mailing Address 267 W 17th St Fl 3 3rd Floor		Amount of Each Disbursement this Period 13.50
City New York State NY Zip Code 10011-5300	DELIVERY EXPENSE	
Purpose of Disbursement DELIVERY 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>C. Joseph Weinkam</b>		<b>Transaction ID:</b> 70131.E922 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 4 / 2 0 0 6
Mailing Address 60 W 23rd St #942		Amount of Each Disbursement this Period 6000.00
City New York State NY Zip Code 10010-5297	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) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	18660.50
<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)

PAGE 31 / 32

<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) <b>A. Joseph Weinkam</b>		<b>Transaction ID: 70131.E924</b> Date of Disbursement 12 / 14 / 2006
Mailing Address 60 W 23rd St #942		Amount of Each Disbursement this Period 2282.06
City New York State NY Zip Code 10010-5297	TRAVEL REIMBURSEMENT	
Purpose of Disbursement TRAVEL REIMBURSEMENT 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>B. Joseph Weinkam</b>		<b>Transaction ID: 70131.E938</b> Date of Disbursement 12 / 28 / 2006
Mailing Address 60 W 23rd St #942		Amount of Each Disbursement this Period 6500.00
City New York State NY Zip Code 10010-5297	OPERATIONS CONSULTANT	
Purpose of Disbursement OPERATIONS 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) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>8782.06</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>131444.44</b>

Image# 27950043758

Form/Schedule: **F3XN** All expenses disclosed on Schedule B, Line 21b were made for the sole benefit of Solutions America.  
Transaction ID: **C00335448**

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