

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Solis for Congress

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	66648.27	386871.25
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	25.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	66648.27	386846.25
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	36707.06	231262.02
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	1701.42
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	36707.06	229560.60
8. Cash on Hand at Close of Reporting Period (from Line 27).....	178729.92	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name
Solis for Congress

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	8

I. RECEIPTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

17150.00

0.00

(ii) Unitemized.....

488.27

0.00

(iii) TOTAL of contributions

17638.27

89355.95

from individuals..... ▶

0.00

0.00

(b) Political Party Committees.....

(c) Other Political Committees (such as PACS).....

49010.00

297515.30

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS

(other than loans)

(add Lines 11(a)(iii), (b), (c), and (d))

66648.27

386871.25

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....

0.00

0.00

13. LOANS

(a) Made or Guaranteed by the Candidate.....

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

(add Lines 13(a) and (b)).....

0.00

0.00

14. OFFSETS TO OPERATING EXPENDITURES

(Refunds, Rebates, etc.).....

0.00

1701.42

15. OTHER RECEIPTS

(Dividends, Interest, etc.).....

28.47

1483.41

16. TOTAL RECEIPTS (add Lines

11(e), 12, 13(c), 14, and 15)

(Carry Total to Line 24, page 4)..... ▶

66676.74

390056.08

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	36707.06	231262.02
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	25.00
(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 20(a), (b), and (c)).....	0.00	25.00
21. OTHER DISBURSEMENTS.....	33675.00	151598.60
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	70382.06	382885.62

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	182435.24
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	66676.74
25. SUBTOTAL (add Line 23 and Line 24).....	249111.98
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	70382.06
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	178729.92

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 / 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Solis for Congress

A.	Full Name (Last, First, Middle Initial) Morongo Band of Mission Indians Native American Right Fund B		Date of Receipt
	Mailing Address PO Box 366		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 2 / 2 9 / 2 0 0 8
	City	State	Zip Code
	Cabazon	CA	92230
	FEC ID number of contributing federal political committee. C		Transaction ID: 11ai-10727
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: 2008		Election Cycle-to-Date ▼	<input type="text"/> 1000.00
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<input type="checkbox"/> Other (specify) ▼		<input type="text"/> 2000.00	

B.	Full Name (Last, First, Middle Initial) Amador D. Aguillen		Date of Receipt
	Mailing Address P.O. Box 15506		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 3 / 3 1 / 2 0 0 8
	City	State	Zip Code
	Washington	DC	20003
	FEC ID number of contributing federal political committee. C		Transaction ID: 11ai-10775
Name of Employer Ogilvy Gov't Relations		Occupation Sr. Vice President	Amount of Each Receipt this Period
Receipt For: 2008		Election Cycle-to-Date ▼	<input type="text"/> 500.00
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<input type="checkbox"/> Other (specify) ▼		<input type="text"/> 500.00	

C.	Full Name (Last, First, Middle Initial) Aris Anagnos		Date of Receipt
	Mailing Address 8124 W Third St # 200		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 3 / 3 1 / 2 0 0 8
	City	State	Zip Code
	Los Angeles	CA	90048
	FEC ID number of contributing federal political committee. C		Transaction ID: 11ai-10760
Name of Employer Real Estate Dynamics Inc.		Occupation Real Estate	Amount of Each Receipt this Period
Receipt For: 2008		Election Cycle-to-Date ▼	<input type="text"/> 500.00
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<input type="checkbox"/> Other (specify) ▼		<input type="text"/> 1500.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 2000.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Solis for Congress

A.	Full Name (Last, First, Middle Initial) Cristina Caballero		Date of Receipt
	Mailing Address 5625 Cavalier Woods Ln.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 2 / 2 9 / 2 0 0 8
	City	State	Zip Code
	Clifton	VA	20124
	FEC ID number of contributing federal political committee. C		Transaction ID: 11 ai-10731
Name of Employer Dialogue on Diversity		Occupation Mgmt. Executive	Amount of Each Receipt this Period
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 300.00
		<input type="text"/> 550.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.	Full Name (Last, First, Middle Initial) Gary J. Cohen		Date of Receipt
	Mailing Address 555 W. 5th St., 40th Fl.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 3 / 1 4 / 2 0 0 8
	City	State	Zip Code
	Los Angeles	CA	90013
	FEC ID number of contributing federal political committee. C		Transaction ID: 11 ai-10755
Name of Employer Sidley Austin		Occupation Partner	Amount of Each Receipt this Period
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 500.00
		<input type="text"/> 500.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.	Full Name (Last, First, Middle Initial) Emeline F. Davis		Date of Receipt
	Mailing Address 5958 Graciosa Dr.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 3 / 3 1 / 2 0 0 8
	City	State	Zip Code
	Los Angeles	CA	90068
	FEC ID number of contributing federal political committee. C		Transaction ID: 11 ai-10763
Name of Employer A. Smith & Co.		Occupation Production Executive	Amount of Each Receipt this Period
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 250.00
		<input type="text"/> 250.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1050.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Solis for Congress

A.

Full Name (Last, First, Middle Initial) Leland Dolley		Date of Receipt MM / DD / YYYY 01 / 28 / 2008
Mailing Address 601 13th St.		Transaction ID: 11 ai-10707
City Manhattan Beach	State CA	Zip Code 90266
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2300.00
Name of Employer Burke, Williams & Sorensen	Occupation Attorney	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2500.00	

B.

Full Name (Last, First, Middle Initial) Leland Dolley		Date of Receipt MM / DD / YYYY 01 / 28 / 2008
Mailing Address 601 13th St.		Transaction ID: 11 ai-10708
City Manhattan Beach	State CA	Zip Code 90266
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Burke, Williams & Sorensen	Occupation Attorney	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2500.00	

C.

Full Name (Last, First, Middle Initial) Dennis J. Galligani		Date of Receipt MM / DD / YYYY 01 / 28 / 2008
Mailing Address 24992 Danamaple		Transaction ID: 11 ai-10709
City Dana Point	State CA	Zip Code 92629
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Dennis J. Galligani, PhD	Occupation Doctor	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 350.00	

SUBTOTAL of Receipts This Page (optional)	▶	2600.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 42
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Solis for Congress

A. Full Name (Last, First, Middle Initial)
Lynnette R. Jacquez, F
Mailing Address 2403 Lellah Ct.
City State Zip Code
Dunn Loring VA 22027
FEC ID number of contributing federal political committee. C
Name of Employer Occupation
Coeland, Lowery, Jacquez Partner
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00
Date of Receipt M M / D D / Y Y Y Y
0 2 / 2 9 / 2 0 0 8
Transaction ID: 11ai-10728
Amount of Each Receipt this Period 1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Mel Levine
Mailing Address 330 Oceano Dr.
City State Zip Code
Los Angeles CA 90049
FEC ID number of contributing federal political committee. C
Name of Employer Occupation
Gibson, Dunn & Crutcher Attorney
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00
Date of Receipt M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 0 8
Transaction ID: 11ai-10762
Amount of Each Receipt this Period 500.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Faye S. Miller
Mailing Address 264 S Bedford Dr
City State Zip Code
Beverly Hills CA 90212
FEC ID number of contributing federal political committee. C
Name of Employer Occupation
n/a Retired
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00
Date of Receipt M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 0 8
Transaction ID: 11ai-10759
Amount of Each Receipt this Period 500.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) 2000.00
TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 42

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Solis for Congress

A.

Full Name (Last, First, Middle Initial)
Elon R. Musk

Mailing Address 1310 E Grand Ave.

City State Zip Code
El Segundo CA 90245

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
SpaceX CEO

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
03 / 31 / 2008

Transaction ID: 11ai-10761

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)
Nat B. Read

Mailing Address 545 S. Figueroa St., #1014

City State Zip Code
Los Angeles CA 90071

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Read Communications PR

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt
03 / 14 / 2008

Transaction ID: 11ai-10754

Amount of Each Receipt this Period
200.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)
Nat B. Read

Mailing Address 545 S. Figueroa St., #1014

City State Zip Code
Los Angeles CA 90071

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Read Communications PR

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt
03 / 14 / 2008

Transaction ID: 11ai-10753

Amount of Each Receipt this Period
2300.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) 3000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 42
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
			<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Solis for Congress

A.

Full Name (Last, First, Middle Initial) Alan J. Roth		Date of Receipt MM / DD / YYYY 03 / 31 / 2008
Mailing Address 1845 Vernon St NW		Transaction ID: 11ai-10774
City Washington	State DC	Zip Code 20009
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Lent Sernner & Roth	Occupation Consultant	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

B.

Full Name (Last, First, Middle Initial) Thomas L. Safran		Date of Receipt MM / DD / YYYY 03 / 17 / 2008
Mailing Address 11812 San Vicente Blvd., #600		Transaction ID: 11ai-10756
City Los Angeles	State CA	Zip Code 90049
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Thomas Safran & Associates	Occupation Consultant	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

C.

Full Name (Last, First, Middle Initial) Thomas L. Safran		Date of Receipt MM / DD / YYYY 03 / 31 / 2008
Mailing Address 11812 San Vicente Blvd., #600		Transaction ID: 11ai-10757
City Los Angeles	State CA	Zip Code 90049
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Thomas Safran & Associates	Occupation Consultant	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	1500.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 42
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	11d	
<input type="checkbox"/>	12	<input type="checkbox"/>	13a	<input type="checkbox"/>	13b	<input type="checkbox"/>	14	
							<input type="checkbox"/>	15

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NAME OF COMMITTEE (In Full)
Solis for Congress

A.

Full Name (Last, First, Middle Initial)
Joe Velasquez

Mailing Address 1617 Inlet Ct.

City Reston State VA Zip Code 20190

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

Name of Employer Velasquez & Lausell Occupation Consultant

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1250.00

Date of Receipt 02 / 29 / 2008

Transaction ID: 11ai-10725

Amount of Each Receipt this Period 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)
A.J. Wojciak

Mailing Address 3030 Beechwood Ln.

City Falls Church State VA Zip Code 22042

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

Name of Employer Capitol Hill Strategies LLC Occupation Gov't Affairs

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 03 / 31 / 2008

Transaction ID: 11ai-10776

Amount of Each Receipt this Period 500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)
Peg Yorkin

Mailing Address 433 S Beverly Dr

City Beverly Hills State CA Zip Code 90212

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

Name of Employer n/a Occupation Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 03 / 31 / 2008

Transaction ID: 11ai-10758

Amount of Each Receipt this Period 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 2500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 12 / 42
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Solis for Congress

A.

Full Name (Last, First, Middle Initial)
George R. Young

Mailing Address 4350 Via Dolce # 307

City Marina Del Rey State CA Zip Code 90292

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

Name of Employer George Young & Associates Occupation Consultant

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	4		2	0	0	8

Transaction ID: 11ai-10751

Amount of Each Receipt this Period
2300.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)
George R. Young

Mailing Address 4350 Via Dolce # 307

City Marina Del Rey State CA Zip Code 90292

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

Name of Employer George Young & Associates Occupation Consultant

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	4		2	0	0	8

Transaction ID: 11ai-10752

Amount of Each Receipt this Period
200.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	2500.00
TOTAL This Period (last page this line number only)	▶	17150.00

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

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

FOR LINE NUMBER: PAGE 13 / 42
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Solis for Congress

A. Full Name (Last, First, Middle Initial)
Rangel for Congress
Mailing Address P.O. Box 5577
City State Zip Code
New York NY 10027
FEC ID number of contributing federal political committee. **C** C00302422
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00
Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2008
Transaction ID: 11c-10764
Amount of Each Receipt this Period
1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
AFLAC Inc. PAC
Mailing Address 1932 Wynnton Rd.
City State Zip Code
Columbus GA 31999
FEC ID number of contributing federal political committee. **C** C00034157
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 3000.00
Date of Receipt
M M / D D / Y Y Y Y
02 / 29 / 2008
Transaction ID: 11c-10729
Amount of Each Receipt this Period
1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
American Association for Justice PAC
Mailing Address 1050 31st St NW
City State Zip Code
Washington DC 20007
FEC ID number of contributing federal political committee. **C** C00024521
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 6000.00
Date of Receipt
M M / D D / Y Y Y Y
02 / 29 / 2008
Transaction ID: 11c-10726
Amount of Each Receipt this Period
1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

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

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

FOR LINE NUMBER: PAGE 14 / 42
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Solis for Congress

A. Full Name (Last, First, Middle Initial)
American Crystal Sugar Company PAC
Mailing Address 101 N Third St
City Moorhead State MN Zip Code 56560
FEC ID number of contributing federal political committee. **C** C00110338
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 4000.00
Date of Receipt: MM / DD / YYYY 02 / 01 / 2008
Transaction ID: 11c-10710
Amount of Each Receipt this Period 2000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
American Federation of Musicians Tempo PAC (AFM)
Mailing Address 1501 Broadway
City New York State NY Zip Code 10036
FEC ID number of contributing federal political committee. **C** C00073627
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00
Date of Receipt: MM / DD / YYYY 02 / 29 / 2008
Transaction ID: 11c-10781
Amount of Each Receipt this Period 1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
American Federation of State, County & Municipal Employees
Mailing Address 1625 L St NW
City Washington State DC Zip Code 20036
FEC ID number of contributing federal political committee. **C** C00011114
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 4000.00
Date of Receipt: MM / DD / YYYY 03 / 31 / 2008
Transaction ID: 11c-10780
Amount of Each Receipt this Period 1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 42
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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)
Solis for Congress

A. Full Name (Last, First, Middle Initial)
American Federation of Teachers PAC
 Mailing Address 555 New Jersey Ave NW
 City Washington State DC Zip Code 20001
 FEC ID number of contributing federal political committee. **C** C70002472
 Name of Employer Occupation
 Receipt For: 2008
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼ 2000.00
 Date of Receipt MM / DD / YYYY 02 / 29 / 2008
Transaction ID: 11c-10719
 Amount of Each Receipt this Period 2000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
American Postal Workers Union Copa
 Mailing Address 1300 L St NW
 City Washington State DC Zip Code 20005
 FEC ID number of contributing federal political committee. **C** C70003322
 Name of Employer Occupation
 Receipt For: 2008
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼ 2500.00
 Date of Receipt MM / DD / YYYY 03 / 31 / 2008
Transaction ID: 11c-10779
 Amount of Each Receipt this Period 2500.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Biotechnology Industry Organization PAC
 Mailing Address 1225 I St., NW, #400
 City Washington State DC Zip Code 20005
 FEC ID number of contributing federal political committee. **C** C00355677
 Name of Employer Occupation
 Receipt For: 2008
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼ 1000.00
 Date of Receipt MM / DD / YYYY 03 / 31 / 2008
Transaction ID: 11c-10770
 Amount of Each Receipt this Period 1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 5500.00
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 16 / 42
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Solis for Congress

A. Full Name (Last, First, Middle Initial)
Bristol-Myers Squibb Company
Mailing Address 345 Park Ave., 11th Fl.
City New York State NY Zip Code 10154
FEC ID number of contributing federal political committee. **C** C00035675
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00
Date of Receipt 03 / 31 / 2008
Transaction ID: 11c-10773
Amount of Each Receipt this Period 1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Credit Union Legislative Action Council of Credit Union National Association
Mailing Address 601 Pennsylvania Ave NW # 600
City Washington State DC Zip Code 20004-2601
FEC ID number of contributing federal political committee. **C** C00007880
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 3000.00
Date of Receipt 02 / 19 / 2008
Transaction ID: 11c-10715
Amount of Each Receipt this Period 1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Fannie Mae PAC
Mailing Address 3900 Wisconsin Ave NW
City Washington State DC Zip Code 20016
FEC ID number of contributing federal political committee. **C** C00393520
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 3000.00
Date of Receipt 02 / 29 / 2008
Transaction ID: 11c-10721
Amount of Each Receipt this Period 1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

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

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

FOR LINE NUMBER: PAGE 17 / 42
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Solis for Congress

A. Full Name (Last, First, Middle Initial)
Florida Power & Light Company
Mailing Address 700 Universe Blvd
City Juno Beach State FL Zip Code 33408
FEC ID number of contributing federal political committee. **C** C00064774
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00
Date of Receipt 02 / 20 / 2008
Transaction ID: 11c-10716
Amount of Each Receipt this Period 1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
GenenPAC
Mailing Address 1399 New York Ave NW # 300
City Washington State DC Zip Code 20005
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 3000.00
Date of Receipt 03 / 31 / 2008
Transaction ID: 11c-10766
Amount of Each Receipt this Period 2000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
General Electric Company PAC
Mailing Address 1299 Pennsylvania Ave NW # 11
City Washington State DC Zip Code 20004
FEC ID number of contributing federal political committee. **C** C00024869
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 3000.00
Date of Receipt 02 / 29 / 2008
Transaction ID: 11c-10723
Amount of Each Receipt this Period 1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 42
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Solis for Congress

A.	Full Name (Last, First, Middle Initial) GlaxoSmithKline PAC	Date of Receipt MM / DD / YYYY 03 / 31 / 2008
	Mailing Address 5 Moore Dr.	Transaction ID: 11c-10768
	City State Zip Code Research Triangle NC 27709	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C C00199703	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

B.	Full Name (Last, First, Middle Initial) Human Rights Campaign PAC	Date of Receipt MM / DD / YYYY 02 / 11 / 2008
	Mailing Address 1640 Rhode Island Ave NW	Transaction ID: 11c-10714
	City State Zip Code Washington DC 20036	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C C00235853	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

C.	Full Name (Last, First, Middle Initial) I.B.E.W. Cope	Date of Receipt MM / DD / YYYY 02 / 01 / 2008
	Mailing Address 900 7th St., NW	Transaction ID: 11c-10711
	City State Zip Code Washington DC 20001	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. C C00027342	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 10000.00	

SUBTOTAL of Receipts This Page (optional)	7000.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

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(check only one)

11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Solis for Congress

A. Full Name (Last, First, Middle Initial)
Johnson & Johnson

Mailing Address One Johnson & Johnson Plaza

City State Zip Code
New Brunswick NJ 08933

FEC ID number of contributing federal political committee. **C** C00010983

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
03 / 31 / 2008

Transaction ID: 11c-10769

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Medtronic Medical Technology Fund

Mailing Address 1420 New York Ave., NW, #600

City State Zip Code
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00311878

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
03 / 31 / 2008

Transaction ID: 11c-10771

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Merck Employees PAC

Mailing Address 601 Pennsylvania Ave., NW, #1200

City State Zip Code
North Hollywood CA 20004

FEC ID number of contributing federal political committee. **C** C00097485

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
03 / 31 / 2008

Transaction ID: 11c-10772

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **3000.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 42
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Solis for Congress

A.	Full Name (Last, First, Middle Initial) Microsoft Corp. PAC	Date of Receipt MM / DD / YYYY 02 / 22 / 2008
	Mailing Address 16011 NE 36th Way	Transaction ID: 11c-10717
	City State Zip Code Redmond WA 98073	Amount of Each Receipt this Period 1500.00
	FEC ID number of contributing federal political committee. C C00227546	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1500.00

B.	Full Name (Last, First, Middle Initial) Minn-Dak Farmers Cooperative PAC	Date of Receipt MM / DD / YYYY 02 / 29 / 2008
	Mailing Address 7525 Red River Rd.	Transaction ID: 11c-10724
	City State Zip Code Wahpeton ND 58075	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C C00164939	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00

C.	Full Name (Last, First, Middle Initial) PG & E Corporation Energy PAC	Date of Receipt MM / DD / YYYY 02 / 29 / 2008
	Mailing Address 77 Beale St.	Transaction ID: 11c-10720
	City State Zip Code San Francisco CA 94177	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C C00177469	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3500.00

SUBTOTAL of Receipts This Page (optional)	3500.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

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(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Solis for Congress

A. Full Name (Last, First, Middle Initial)
Parsons Corporation PAC
Mailing Address 100 W Walnut St
City Pasadena State CA Zip Code 91124
FEC ID number of contributing federal political committee. **C** C00103549
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 4500.00
Date of Receipt: 02 / 29 / 2008
Transaction ID: 11c-10722
Amount of Each Receipt this Period: 1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Realtors PAC
Mailing Address 430 N Michigan Ave
City Chicago State IL Zip Code 60611
FEC ID number of contributing federal political committee. **C** C00030718
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 4000.00
Date of Receipt: 01 / 28 / 2008
Transaction ID: 11c-10706
Amount of Each Receipt this Period: 4000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Sierra Club PAC
Mailing Address 85 Second St 2nd Fl
City San Francisco State CA Zip Code 94105
FEC ID number of contributing federal political committee. **C** C70001318
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 1510.00
Date of Receipt: 01 / 23 / 2008
Transaction ID: 11c-10713
Amount of Each Receipt this Period: 10.00
In-Kind: Website Endorsement
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 5010.00
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 22 / 42
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Solis for Congress

A. Full Name (Last, First, Middle Initial)
Transport Workers Union PAC
Mailing Address 1700 Broadway 2nd Fl
City State Zip Code
New York NY 10019
FEC ID number of contributing federal political committee. **C** C00135475
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 2500.00
Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2008
Transaction ID: 11c-10777
Amount of Each Receipt this Period
2500.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Univision Communications Inc. PAC
Mailing Address 520 S. Grand Ave., #700
City State Zip Code
Los Angeles CA 90071
FEC ID number of contributing federal political committee. **C** C00435735
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00
Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2008
Transaction ID: 11c-10767
Amount of Each Receipt this Period
1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Walt Disney Co. Employees PAC
Mailing Address 1150 17th St NW # 400
City State Zip Code
Washington DC 20036
FEC ID number of contributing federal political committee. **C** C00197749
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 2500.00
Date of Receipt
M M / D D / Y Y Y Y
01 / 31 / 2008
Transaction ID: 11c-10712
Amount of Each Receipt this Period
2500.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 6000.00
TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 23 / 42
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Solis for Congress

A.

Full Name (Last, First, Middle Initial) Women's Political Committee Federal PAC		Date of Receipt
Mailing Address 601 S Figueroa St 23rd Flr		<input type="text" value="01"/> / <input type="text" value="28"/> / <input type="text" value="2008"/>
City	State	Zip Code
Los Angeles	CA	90017
FEC ID number of contributing federal political committee.		Transaction ID: 11c-10705
<input type="text" value="C"/> <input type="text" value="C00188193"/>		Amount of Each Receipt this Period
Name of Employer		<input type="text" value="5000.00"/>
Occupation		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008	Election Cycle-to-Date ▼	
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="5000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="5000.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="49010.00"/>

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 42
(check only one)

11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Solis for Congress

A. Full Name (Last, First, Middle Initial)
CA Bank & Trust

Mailing Address 550 S Hope St # 100

City State Zip Code
Los Angeles CA 90071

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Election Cycle-to-Date ▼ 0.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2008

Transaction ID: 15-13048-O

Amount of Each Receipt this Period
8.60

Interest
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
CA Bank & Trust

Mailing Address 550 S Hope St # 100

City State Zip Code
Los Angeles CA 90071

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Election Cycle-to-Date ▼ 0.00

Date of Receipt
M M / D D / Y Y Y Y Y
02 / 28 / 2008

Transaction ID: 15-13047-O

Amount of Each Receipt this Period
8.18

Interest
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
CA Bank & Trust

Mailing Address 550 S Hope St # 100

City State Zip Code
Los Angeles CA 90071

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Election Cycle-to-Date ▼ 0.00

Date of Receipt
M M / D D / Y Y Y Y Y
01 / 28 / 2008

Transaction ID: 15-13046-O

Amount of Each Receipt this Period
11.69

Interest
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **28.47**

TOTAL This Period (last page this line number only) ► **28.47**

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Solis for Congress

<p>A.</p> <p>Full Name (Last, First, Middle Initial) CA Bank & Trust</p> <p>Mailing Address 550 S Hope St # 100</p> <p>City Los Angeles State CA Zip Code 90071</p> <p>Purpose of Disbursement Cr.Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 17-3583</p> <p>Date of Disbursement 01 / 10 / 2008</p> <p>Amount of Each Disbursement this Period 35.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) CA Bank & Trust</p> <p>Mailing Address 550 S Hope St # 100</p> <p>City Los Angeles State CA Zip Code 90071</p> <p>Purpose of Disbursement Cr.Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 17-3584</p> <p>Date of Disbursement 02 / 11 / 2008</p> <p>Amount of Each Disbursement this Period 36.10</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) CA Bank & Trust</p> <p>Mailing Address 550 S Hope St # 100</p> <p>City Los Angeles State CA Zip Code 90071</p> <p>Purpose of Disbursement Check Printing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 17-3591</p> <p>Date of Disbursement 03 / 04 / 2008</p> <p>Amount of Each Disbursement this Period 102.25</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

173.35

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Solis for Congress

A.

Full Name (Last, First, Middle Initial)
CA Bank & Trust

Mailing Address 550 S Hope St # 100

City Los Angeles State CA Zip Code 90071

Purpose of Disbursement
Cr.Card Processing Fee

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 17-3588
Date of Disbursement

03 / 10 / 2008

Amount of Each Disbursement this Period

35.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)
Andrew Cartwright

Mailing Address 660 Kelton Ave.

City Los Angeles State CA Zip Code 90024

Purpose of Disbursement
Fundraising Fee

Candidate Name

003
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 17-3414
Date of Disbursement

01 / 09 / 2008

Amount of Each Disbursement this Period

3500.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)
Andrew Cartwright

Mailing Address 660 Kelton Ave.

City Los Angeles State CA Zip Code 90024

Purpose of Disbursement
Fundraising Fee

Candidate Name

003
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 17-3518
Date of Disbursement

01 / 25 / 2008

Amount of Each Disbursement this Period

3500.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

7035.00

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

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

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Solis for Congress

A.	Full Name (Last, First, Middle Initial) Andrew Cartwright	Transaction ID: 17-3548 Date of Disbursement 03 / 03 / 2008
	Mailing Address 660 Kelton Ave.	Amount of Each Disbursement this Period 3500.00
	City Los Angeles State CA Zip Code 90024	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Fundraising Fee Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		003 Category/Type

B.	Full Name (Last, First, Middle Initial) Andrew Cartwright	Transaction ID: 17-3562 Date of Disbursement 03 / 27 / 2008
	Mailing Address 660 Kelton Ave.	Amount of Each Disbursement this Period 3500.00
	City Los Angeles State CA Zip Code 90024	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Fundraising Fee Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		003 Category/Type

C.	Full Name (Last, First, Middle Initial) Benita Duran	Transaction ID: 17-3541 Date of Disbursement 02 / 26 / 2008
	Mailing Address 3119 Sierra St.	Amount of Each Disbursement this Period 752.94
	City Los Angeles State CA Zip Code 90031	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Car Rental 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) ▼
		002 Category/Type

SUBTOTAL of Disbursements This Page (optional)	7752.94
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Solis for Congress

A.	Full Name (Last, First, Middle Initial) FPH Consulting, Inc. Mailing Address 1718 M St NW # 172 City Washington State DC Zip Code 20036 Purpose of Disbursement Fundraising Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 17-3411 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 2 / 2 0 0 8	Amount of Each Disbursement this Period 4000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) FPH Consulting, Inc. Mailing Address 1718 M St NW # 172 City Washington State DC Zip Code 20036 Purpose of Disbursement Fundraising Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 17-3525 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 8	Amount of Each Disbursement this Period 4000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) FPH Consulting, Inc. Mailing Address 1718 M St NW # 172 City Washington State DC Zip Code 20036 Purpose of Disbursement Fundraising Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 17-3546 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 8	Amount of Each Disbursement this Period 4000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)		12000.00	
TOTAL This Period (last page this line number only)			

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Solis for Congress

<p>A. Full Name (Last, First, Middle Initial) Don Lyster</p> <p>Mailing Address 4444 Connecticut Ave NW # 201</p> <p>City Washington State DC Zip Code 20008</p> <p>Purpose of Disbursement Petty Cash</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 17-3526</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="100.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Padilla & Associates</p> <p>Mailing Address 6380 Wilshire Blvd # 1612</p> <p>City Los Angeles State CA Zip Code 90048</p> <p>Purpose of Disbursement Accounting Fee & Exp</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 17-3486</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1079.62"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) Padilla & Associates</p> <p>Mailing Address 6380 Wilshire Blvd # 1612</p> <p>City Los Angeles State CA Zip Code 90048</p> <p>Purpose of Disbursement Accounting Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 17-3528</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="2179.62"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 30 / 42

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Solis for Congress

A.

Full Name (Last, First, Middle Initial)
Padilla & Associates

Mailing Address 6380 Wilshire Blvd # 1612

City Los Angeles State CA Zip Code 90048

Purpose of Disbursement
Accounting Exp
Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: 17-3531
Date of Disbursement

02 / 07 / 2008

Amount of Each Disbursement this Period

161.13

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)
Padilla & Associates

Mailing Address 6380 Wilshire Blvd # 1612

City Los Angeles State CA Zip Code 90048

Purpose of Disbursement
Accounting Fee
Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: 17-3550
Date of Disbursement

03 / 06 / 2008

Amount of Each Disbursement this Period

1000.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)
Public Storage, Inc.

Mailing Address 12340 Lower Azusa Rd.

City Arcadia State CA Zip Code 91006-5872

Purpose of Disbursement
Storage Rental
Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: 17-3521
Date of Disbursement

01 / 28 / 2008

Amount of Each Disbursement this Period

171.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

1332.13

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Solis for Congress

A.

Full Name (Last, First, Middle Initial)
Public Storage, Inc.

Transaction ID: 17-3558

Mailing Address 12340 Lower Azusa Rd.

Date of Disbursement

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

City Arcadia State CA Zip Code 91006-5872

Amount of Each Disbursement this Period

171.00

Purpose of Disbursement
Storage Rental
Candidate Name

001
Category/
Type

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

B.

Full Name (Last, First, Middle Initial)
Public Storage, Inc.

Transaction ID: 17-3564

Mailing Address 12340 Lower Azusa Rd.

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	7		2	0	0	8

City Arcadia State CA Zip Code 91006-5872

Amount of Each Disbursement this Period

196.65

Purpose of Disbursement
Storage Rental
Candidate Name

001
Category/
Type

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

C.

Full Name (Last, First, Middle Initial)
Secretary of State

Transaction ID: 17-3532

Mailing Address P.O. Box 1467

Date of Disbursement

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

City Sacramento State CA Zip Code 95812-1467

Amount of Each Disbursement this Period

1652.00

Purpose of Disbursement
Candidate Filing Fee
Candidate Name

001
Category/
Type

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

SUBTOTAL of Disbursements This Page (optional)

2019.65

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Solis for Congress

A.

Full Name (Last, First, Middle Initial)
Sierra Club PAC

Mailing Address 85 Second St 2nd Fl

City San Francisco State CA Zip Code 94105

Purpose of Disbursement
In-Kind: Website Endorsement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 17-10713-N
Date of Disbursement

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

Amount of Each Disbursement this Period

10.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)
Hilda Solis

Mailing Address 4401 Santa Anita Ave 2nd Fl

City El Monte State CA Zip Code 91731

Purpose of Disbursement
Meeting Expenses

Candidate Name
Hilda Solis

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: CA District: 31

Transaction ID: 17-3537
Date of Disbursement

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

Amount of Each Disbursement this Period

68.96

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.

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

Mailing Address 8618 Nottingham Place

City La Jolla State CA Zip Code 92037

Purpose of Disbursement
Licensing Fee

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 17-3412
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	4	/	2	0	0	8

Amount of Each Disbursement this Period

100.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

178.96

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

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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Solis for Congress

<p>A. Full Name (Last, First, Middle Initial) Statecraft, Inc.</p> <p>Mailing Address 8618 Nottingham Place</p> <p>City La Jolla State CA Zip Code 92037</p> <p>Purpose of Disbursement Licensing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 17-3527</p> <p>Date of Disbursement 02 / 06 / 2008</p> <p>Amount of Each Disbursement this Period 100.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Statecraft, Inc.</p> <p>Mailing Address 8618 Nottingham Place</p> <p>City La Jolla State CA Zip Code 92037</p> <p>Purpose of Disbursement Licensing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 17-3549</p> <p>Date of Disbursement 03 / 04 / 2008</p> <p>Amount of Each Disbursement this Period 100.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) T-Mobile</p> <p>Mailing Address PO Box 51843</p> <p>City Los Angeles State CA Zip Code 90051-6143</p> <p>Purpose of Disbursement Telephone</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 17-3415</p> <p>Date of Disbursement 01 / 11 / 2008</p> <p>Amount of Each Disbursement this Period 82.71</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

282.71

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Solis for Congress

A.

Full Name (Last, First, Middle Initial)
T-Mobile

Transaction ID: 17-3530
Date of Disbursement

Mailing Address PO Box 51843

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

City Los Angeles State CA Zip Code 90051-6143

Amount of Each Disbursement this Period

568.96

Purpose of Disbursement
Telephone

001

Category/
Type

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
T-Mobile

Transaction ID: 17-3554
Date of Disbursement

Mailing Address PO Box 51843

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

City Los Angeles State CA Zip Code 90051-6143

Amount of Each Disbursement this Period

73.34

Purpose of Disbursement
Telephone

001

Category/
Type

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
Time Warner Cable

Transaction ID: 17-3519
Date of Disbursement

Mailing Address PO Box 60074

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	4		2	0	0	8

City City of Industry State CA Zip Code 91716-0074

Amount of Each Disbursement this Period

44.95

Purpose of Disbursement
HSI Service

001

Category/
Type

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

687.25

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

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

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Solis for Congress

A.	Full Name (Last, First, Middle Initial) Time Warner Cable	Transaction ID: 17-3539 Date of Disbursement 02 / 25 / 2008
	Mailing Address PO Box 60074	Amount of Each Disbursement this Period 44.95
	City State Zip Code City of Industry CA 91716-0074	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement HSI Service 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) ▼
		001 Category/Type

B.	Full Name (Last, First, Middle Initial) Time Warner Cable	Transaction ID: 17-3565 Date of Disbursement 03 / 27 / 2008
	Mailing Address PO Box 60074	Amount of Each Disbursement this Period 44.95
	City State Zip Code City of Industry CA 91716-0074	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement HSI Service 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) ▼
		001 Category/Type

C.	Full Name (Last, First, Middle Initial) Twenty-First Century Group	Transaction ID: 17-3520 Date of Disbursement 01 / 28 / 2008
	Mailing Address 434 New Jersey Ave., SE	Amount of Each Disbursement this Period 1750.00
	City State Zip Code Washington DC 20003	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Fundraising Event 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) ▼
		003 Category/Type

SUBTOTAL of Disbursements This Page (optional)	▶	1839.90
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 36 / 42

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Solis for Congress

A.	Full Name (Last, First, Middle Initial) Verizon Wireless Mailing Address PO Box 9622 City Mission Hills State CA Zip Code 91346-9622 Purpose of Disbursement Telephone 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: 17-3413 Date of Disbursement 01 / 09 / 2008	Amount of Each Disbursement this Period 107.31 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Verizon Wireless Mailing Address PO Box 9622 City Mission Hills State CA Zip Code 91346-9622 Purpose of Disbursement Telephone 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: 17-3529 Date of Disbursement 02 / 07 / 2008	Amount of Each Disbursement this Period 107.20 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Verizon Wireless Mailing Address PO Box 9622 City Mission Hills State CA Zip Code 91346-9622 Purpose of Disbursement Telephone 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: 17-3553 Date of Disbursement 03 / 12 / 2008	Amount of Each Disbursement this Period 107.20 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	321.71
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Solis for Congress

<p>A.</p> <p>Full Name (Last, First, Middle Initial) U.S. Bank</p> <p>Mailing Address PO Box 790408</p> <p>City St. Louis State MO Zip Code 63179-0408</p> <p>Purpose of Disbursement Credit Card Payment</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 17-2743-W</p> <p>Date of Disbursement 01 / 18 / 2008</p> <p>Amount of Each Disbursement this Period 737.80</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>Expenditure purpose details appear in Credit Card Payees reaching disclosure threshold.</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) U.S. Bank</p> <p>Mailing Address PO Box 790408</p> <p>City St. Louis State MO Zip Code 63179-0408</p> <p>Purpose of Disbursement Credit Card Payment</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 17-2768-W</p> <p>Date of Disbursement 02 / 20 / 2008</p> <p>Amount of Each Disbursement this Period 107.89</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>Expenditure purpose details appear in Credit Card Payees reaching disclosure threshold.</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) U.S. Bank</p> <p>Mailing Address PO Box 790408</p> <p>City St. Louis State MO Zip Code 63179-0408</p> <p>Purpose of Disbursement Credit Card Payment</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 17-2788-W</p> <p>Date of Disbursement 03 / 13 / 2008</p> <p>Amount of Each Disbursement this Period 34.97</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>Expenditure purpose details appear in Credit Card Payees reaching disclosure threshold.</p>

SUBTOTAL of Disbursements This Page (optional)	880.66
TOTAL This Period (last page this line number only)	36683.88

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

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Solis for Congress

A.	Full Name (Last, First, Middle Initial) California Democratic Party Mailing Address 1401 21st St.,#200 City Sacramento State CA Zip Code 95814 Purpose of Disbursement Political Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 21-3551 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 0 / 2 0 0 8 Amount of Each Disbursement this Period 300.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) California Democratic Party Mailing Address 1401 21st St.,#200 City Sacramento State CA Zip Code 95814 Purpose of Disbursement Political Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 21-3561 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 4 / 2 0 0 8 Amount of Each Disbursement this Period 150.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Democratic Congressional Campaign Committee Mailing Address 430 S Capitol St SE 2nd Fl City Washington State DC Zip Code 20003 Purpose of Disbursement Political Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 21-3552 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 2 / 2 0 0 8 Amount of Each Disbursement this Period 25000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	25450.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Solis for Congress

A.

Full Name (Last, First, Middle Initial)
L.A. County Democratic Party

Mailing Address 3550 Wilshire Blvd # 1203

City Los Angeles State CA Zip Code 90010

Purpose of Disbursement
Political Contribution

Candidate Name

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 21-3538
Date of Disbursement

02 / 21 / 2008

Amount of Each Disbursement this Period

200.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)
Kay for Congress

Mailing Address P.O. Box 14194

City Parkville State MO Zip Code 64152

Purpose of Disbursement
Political Contribution

Candidate Name
Kay Barnes

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: MO District: 06

Transaction ID: 21-3544
Date of Disbursement

02 / 27 / 2008

Amount of Each Disbursement this Period

1000.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)
Andre Carson for Congress

Mailing Address One N. Capitol Ave., #200

City Indianapolis State IN Zip Code 46204

Purpose of Disbursement
Political Contribution

Candidate Name
Andre Carson

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: IN District: 07

Transaction ID: 21-3533
Date of Disbursement

02 / 12 / 2008

Amount of Each Disbursement this Period

1000.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

2200.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Solis for Congress

A.	Full Name (Last, First, Middle Initial) Jill Derby for Congress	Transaction ID: 21-3563 Date of Disbursement 03 / 27 / 2008
	Mailing Address PO Box 1901	Amount of Each Disbursement this Period 1000.00
	City Minden State NV Zip Code 89423	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Political Contribution Candidate Name Jill Derby Category/Type 011	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 02	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Ann Kirkpatrick for Congress	Transaction ID: 21-3543 Date of Disbursement 02 / 27 / 2008
	Mailing Address P.O. Box G	Amount of Each Disbursement this Period 1000.00
	City Flagstaff State AZ Zip Code 86002	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Political Contribution Candidate Name Ann Kirkpatrick Category/Type 011	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 01	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Raul Martinez for Congress	Transaction ID: 21-3547 Date of Disbursement 03 / 03 / 2008
	Mailing Address 700 West 76 St.	Amount of Each Disbursement this Period 500.00
	City Hialeah State FL Zip Code 33014	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Political Contribution Candidate Name Raul Martinez Category/Type 011	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 21	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	2500.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Solis for Congress

<p>A. Full Name (Last, First, Middle Initial) Ciro D. Rodriguez for Congress</p> <p>Mailing Address 246 W. Harding Blvd</p> <p>City San Antonio State TX Zip Code 78221</p> <p>Purpose of Disbursement Political Contribution</p> <p>Candidate Name Ciro D. Rodriguez</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 23</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 21-3545</p> <p>Date of Disbursement 02 / 27 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Sestak for Congress</p> <p>Mailing Address PO Box 16</p> <p>City Media State PA Zip Code 19063</p> <p>Purpose of Disbursement Political Contribution</p> <p>Candidate Name Joe Sestak</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 07</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 21-3540</p> <p>Date of Disbursement 02 / 25 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) Udall for Us All</p> <p>Mailing Address P.O. Box 208</p> <p>City Santa Fe State NM Zip Code 87504</p> <p>Purpose of Disbursement Political Contribution</p> <p>Candidate Name Tom Udall</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NM District: 03</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 21-3559</p> <p>Date of Disbursement 03 / 18 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

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

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

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Solis for Congress

A.

Full Name (Last, First, Middle Initial)
Cal State L.A./UAS

Mailing Address 5151 State University Dr.

City Los Angeles State CA Zip Code 90032-8261

Purpose of Disbursement Sponsorship
Candidate Name

012
Category/
Type

Office Sought: House Senate President
State: District:
Disbursement For: Primary General Other (specify) ▼

Transaction ID: 21-3560
Date of Disbursement

03 / 21 / 2008

Amount of Each Disbursement this Period

125.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)
Strengthening Our Lives

Mailing Address 9406 Telegraph Rd.

City Downey State CA Zip Code 90240

Purpose of Disbursement Contribution
Candidate Name

012
Category/
Type

Office Sought: House Senate President
State: District:
Disbursement For: Primary General Other (specify) ▼

Transaction ID: 21-3542
Date of Disbursement

02 / 27 / 2008

Amount of Each Disbursement this Period

400.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

525.00

TOTAL This Period (last page this line number only)

33675.00