Image# 11952502111 PAGE 1 / 4

| FEC FORM 1 | | STATE ORGA | | | _ | | | | | Of | fice Us | e Only | <i>,</i> | | |
|--------------------------|----------------------|-------------------------|-------------|------------|----------------------------|------------|-----------|---------|---------|--------|------------------|--------|----------|------|--------|
| NAME OF COMMITTEE (in | n full) | (Check if n is changed | | | ole: If typin ne lines. | ng, type | • | 12F | 'E4M | _ | | | | | |
| SOLERS I | NC PA | VC | | | | | | | 1 1 | | | | | | |
| 1 | 1 1 1 1 | | 1 1 1 | 1 1 1 | 1 1 1 | 1 1 | 1 1 | 1 1 | 1 1 | 1 1 | 1 1 | 1 | 1 1 | ı | |
| ADDRESS (number a | nd street) | 950 N GLEBE ROA | AD | | | | | | | | | | | | |
| _ | | SUITE 1100 | | | | | 1 1 | | | 1 1 | | | | | 1 |
| (Check if a is changed) | | ARLINGTON | | | | | | VA | | 222 | 03 | | - | | |
| | | | С | ITY | | | | STATE | E | | : | ZIP C | ODE | : | |
| COMMITTEE'S E-MA | AIL ADDRES | S (Please provide or | nly one e-m | nail addre | ess) | | | | | | | | | | |
| | | david.kellogg@sol | - | 1 1 1 | , | | 1 1 | 1 1 | 1 1 | 1 1 | ı | 1 1 | 1 1 | ı | |
| X (Check if is change | | | | | | | | | | | | | | | |
| COMMITTEE'S WEB | PAGE ADD | RESS (URL) | | | | | | | | | | | | | |
| | | www.solerspac.con | n | 1 1 1 | 1 1 1 | 1 1 | 1 1 | 1 1 | 1 1 | 1 1 | 1 1 | ı | 1 1 | I | |
| (Check if is change | | | | | | | | | | | | | | | |
| 2. DATE 11 | 0 04 | 2011 | | | | | | | | | | | | | |
| 3. FEC IDENTIFIC | CATION NU | MBER | C coo |)467167 | | | | | | | | | | | |
| 4. IS THIS STATE | MENT | NEW (N) | OR | × | AMEN | DED (A | A) | | | | | | | | |
| I certify that I have of | examined thi | s Statement and to | the best o | of my kno | owledge a | and beli | ief it is | s true, | corre | ct and | com _l | olete. | | | |
| Type or Print Name | of Treasurer | Mr. David H Kellog | 1 9 | | | | | | | | | | | | |
| Signature of Treasure | <i>Mr. Dav</i> er | id H Kellogg | | [I | Electronico | ally Filed | d] [| Date | M 10 | 0 / | 0 | 4 | Y | 20° | Y Y |
| NOTE: Submission of | | ous, or incomplete info | | | | _ | _ | | | | penalt | ies of | 2 U. | S.C. | §437g. |
| | Т | П | | Ι_ | | | | | | | | — | — | — | |

| L | Office Use Only | | | | For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100 | FEC FORM 1 (Revised 02/2009) |
|---|-----------------------|--|--|--|---|---------------------------------|
|---|-----------------------|--|--|--|---|---------------------------------|

| | FFC Fo | rm 1 (Revised 02/2009) | Page 2 |
|-------------|-----------------------|--|--|
| TYPI | E OF C | OMMITTEE | . 490 = |
| Can | ndidate | e Committee: | |
| (a) | Ш | This committee is a principal campaign committee. (Complete the candidate information below. |) |
| (b) | | This committee is an authorized committee, and is NOT a principal campaign committee. (Con information below.) | nplete the candidate |
| Nam Cand | e of didate | | |
| | didate / Affiliati | on Office Sought: House Senate President | State |
| (c) | | This committee supports/opposes only one candidate, and is NOT an authorized committee. | |
| Nam Cand | e of didate | | |
| Par | ty Con | nmittee: | (Dama anatia |
| (d) | | This committee is a (National, State or subordinate) committee of the | (Democratic, Republican, etc.) Party. |
| Poli | tical A | ction Committee (PAC): | |
| (e) | \times | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co | nnected organization is a |
| | | X Corporation Corporation w/o Capital Stock | Labor Organization |
| | | Membership Organization Trade Association | Cooperative |
| | | In addition, this committee is a Lobbyist/Registrant PAC. | |
| (f) | | This committee supports/opposes more than one Federal candidate, and is NOT a separate s committee. (i.e., nonconnected committee) | egregated fund or party |
| | | In addition, this committee is a Lobbyist/Registrant PAC. | |
| | | In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.) | |
| Join | t Fund | Iraising Representative: | |
| (g) | | This committee collects contributions, pays fundraising expenses and disburses net proceeds for t committees/organizations, at least one of which is an authorized committee of a federal candidate. | |
| (h) | | This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate. | wo or more political |
| | Com | mittees Participating in Joint Fundraiser | |
| | 1. | FEC ID number | |
| | 2. | FEC ID number | |
| | 3. | FEC ID number | |
| | 4. | | |

| FEC Form 1 (Revised (| 02/2009) | Page 3 |
|--|---|----------------------|
| Write or Type Committee Name | | |
| SOLERS INC P | PAC | |
| 6. Name of Any Connected C | Organization, Affiliated Committee, Joint Fundraising Representative, or Leadersh | nip PAC Sponsor |
| Solers Inc | | |
| | | |
| Mailing Address | 950 N. Glebe Rd. | |
| Mailing Address | Suite 1100 | |
| | Arlington VA 22203 | |
| | CITY STATE | ZIP CODE |
| | | |
| Relationship: X Connected | d Organization | dership PAC Sponsor |
| Custodian of Records: Ider books and records. | ntify by name, address (phone number optional) and position of the person in pos- | session of committee |
| Mr. David | H Kellogg | I |
| | 950 N. Glebe Rd. | |
| Mailing Address | Suite 1100 | |
| | Arlington VA 22203 | |
| Title or Position | CITY STATE | ZIP CODE |
| President | | 526 - 0001 |
| 3. Treasurer: List the name and any designated agent (e.g., a | d address (phone number optional) of the treasurer of the committee; and the nar | ne and address of |
| Full Name Mr. David I | H Kellogg | |
| Mailing Address | 950 N. Glebe Rd. | |
| | Suite 1100 | |
| | Arlington VA 22203 | |
| Title or Position | CITY STATE 2 | ZIP CODE |
| President | | 526 - 0001 |

9.

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|---|-------------------|-------------------------|-----------------|
| | | | |
| Full Name of Designated Mr. James Agent | J Wagner | | |
| Mailing Address | 1847 LAMONT ST NW | | |
| | | | |
| | Washington CITY S | DC 20010 ZI | P CODE |
| Title or Position CFO | Telephone number | r 703 – 52 | 6 0001 |
| safety deposit boxes or mair Name of Bank, Depository, o | | deposits funds, holds a | accounts, rents |
| | Arlington | VA 22203 | |
| | | | |
| | CITY S | TATE Z | P CODE |
| Name of Bank, Depository, o | etc. | | |
| Mailing Address | | | |
| | | | |
| | | | |
| | CITY S | TATE Z | P CODE |