

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

RECEIVED  
FEDERAL ELECTION  
COMMISSION MAIL ROOM

Oct 24 11 33 AM '98

USE FEC MAILING LABEL  
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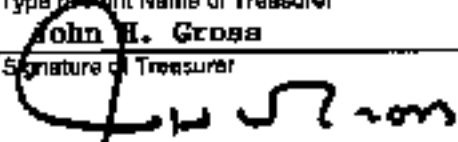
1. NAME OF COMMITTEE (in full) <b>Solutions America P.A.C.</b>		2. FEC IDENTIFICATION NUMBER <b>00335448</b>
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported <b>845 Third Avenue, 14th Floor</b>		
CITY, STATE and ZIP CODE <b>New York, NY 10022</b>		
3. <input type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)		

## 4. TYPE OF REPORT

- (a)  April 15 Quarterly Report  
 July 15 Quarterly Report  
 October 15 Quarterly Report  
 January 31 Year End Report  
 July 31 Mid Year Report (Non-election Year Only)  
 Termination Report
- Monthly Report Due On:  
 February 20     June 20     October 20  
 March 20     July 20     November 20  
 April 20     August 20     December 20  
 May 20     September 20     January 31
- 12-Day Pre-Election Report for the \_\_\_\_\_ (Type of Election)  
election on \_\_\_\_\_ in the State of \_\_\_\_\_
- 30-Day Post-Election Report following the General Election  
on \_\_\_\_\_ in the State of \_\_\_\_\_
- (b) Is this Report an Amendment?     YES     NO

SUMMARY		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period	<u>9/1/98</u> through <u>9/30/98</u>		
6. (a) Cash on Hand January 1, 19 <u>98</u>			\$ 0
(b) Cash on Hand at Beginning of Reporting Period		\$ 163,815.14	
(c) Total Receipts (from Line 19)		\$ 29,632.06	\$ 303,185.58
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		\$ 193,447.20	\$ 303,185.58
7. Total Disbursements (from Line 30)		\$ 17,755.09	\$ 127,493.47
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$ 175,692.11	\$ 175,692.11
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		\$ 0	For further information contact: Federal Election Commission 898 E Street, NW Washington, DC 20483 Toll Free 800-424-9530 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		\$ 0	

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer <b>John H. Gross</b>	Date <b>10/19/98</b>
Signature of Treasurer 	

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

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**FEC FORM 3X**  
(revised 9/93)

# DETAILED SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

[revised 1/1/91]

NAME OF COMMITTEE <b>Solutions America PAC</b>	REPORT COVERING PERIOD FROM <b>9/1/98</b> TO: <b>9/30/98</b>	
	COLUMN A Total This Period	COLUMN B Calendar Year
<b>I Receipts</b>		
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees	29,500.00	291,916.67
i. Itemized (use Schedule A)		15.00
ii. Unitemized		
iii. Total (add i and ii) >	29,500.00	291,931.67
b. Political Party Committees		1,000.00
c. Other Political Committees (such as PACs)		9,500.00
d. Total Contributions (add a iii, b and c) >	29,500.00	302,431.67
12. Transfers From Affiliated/Other Party Committees		
13. All Loans Received		
14. Loan Repayments Received		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		
17. Other Federal Receipts (Dividends, Interest, etc.)	132.06	753.91
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	29,632.06	303,185.58
20. Total Federal Receipts (subtract line 18 from line 19) >	29,632.06	303,185.58
<b>II Disbursements</b>		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share		
ii. Non-Federal Share	15,755.09	122,993.47
b. Other Federal Operating Expenditures	15,755.09	122,993.47
c. Total Operating Expenditures (add a ii, and b) >	15,755.09	122,993.47
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees		
24. Independent Expenditures (use Schedule E)		
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)		
26. Loan Repayments Made		
27. Loans Made		
28. Refunds of Contributions To:		
a. Individual/Persons Other Than Political Committees	2,000.00	4,500.00
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contribution Refunds (add a, b and c) >	2,000.00	4,500.00
29. Other Disbursements		
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 29d, and 28) >	17,755.09	127,493.47
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	17,755.09	127,493.47
<b>III Net Contributions/Operating Expenditures</b>		
32. Total Contributions (other than loans)(from line 11d)	29,500.00	302,431.67
33. Total Contribution Refunds (from line 28d)	2,000.00	4,500.00
34. Net Contributions (other than loans)(subtract line 33 from 32)	27,500.00	297,931.67
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	15,755.09	122,993.47
36. Offsets to Operating Expenditures (from line 15)	0	0
37. Net Operating Expenditures (subtract line 36 from 35) >	15,755.09	122,993.47

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE **1** OF **2**

FOR LINE NUMBER **11 a 1**

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

**NAME OF COMMITTEE (In Full)**

**Solutions America P.A.C.**

A. Full Name, Mailing Address and ZIP Code Edward Arrigoni 38 Partridge Hollow Road Greenwich, CT 06831 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer <b>NY Bus Service</b> Occupation <b>Chairman</b> Aggregate Year-to-Date > \$ <b>5,000.00</b>	Date (month, day, year) <b>9/23/98</b>	Amount of Each Receipt This Period <b>5,000.00</b>
B. Full Name, Mailing Address and ZIP Code Stephen D'Arrigo Half Noon Lane Irvington, NY 10533 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer <b>D'Arrigo Bus Co.</b> Occupation <b>CEO</b> Aggregate Year-to-Date > \$ <b>500.00</b>	Date (month, day, year) <b>9/23/98</b>	Amount of Each Receipt This Period <b>500.00</b>
C. Full Name, Mailing Address and ZIP Code James O'Reilly 44 Partridge Hollow Road Greenwich, CT 06831 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer <b>NY Bus Service</b> Occupation <b>Executive</b> Aggregate Year-to-Date > \$ <b>5,000.00</b>	Date (month, day, year) <b>9/23/98</b>	Amount of Each Receipt This Period <b>5,000.00</b>
D. Full Name, Mailing Address and ZIP Code Leonard A. Lauder 2 East 67th Street New York, NY 10021 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer <b>The Estee Lauder Companies Inc.</b> Occupation <b>Chairman/CEO</b> Aggregate Year-to-Date > \$ <b>5,000.00</b>	Date (month, day, year) <b>9/30/98</b>	Amount of Each Receipt This Period <b>5,000.00</b>
E. Full Name, Mailing Address and ZIP Code Susan Mark 625 Park Avenue New York, NY 10021 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer <b>Mark Asset Management Corp.</b> Occupation <b>Vice President</b> Aggregate Year-to-Date > \$ <b>4,000.00</b>	Date (month, day, year) <b>9/30/98</b>	Amount of Each Receipt This Period <b>4,000.00</b>
F. Full Name, Mailing Address and ZIP Code Susan Hendik 207 East 71st Street New York, NY 10021 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer <b>Friedman Alpern &amp; Green</b> Occupation <b>CPA</b> Aggregate Year-to-Date > \$ <b>3,500.00</b>	Date (month, day, year) <b>9/30/98</b>	Amount of Each Receipt This Period <b>1,000.00</b>
G. Full Name, Mailing Address and ZIP Code Frank Richardson 375 McCouns Lane Oyster Bay, NY 11771 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer <b>Richardson &amp; Co.</b> Occupation <b>President</b> Aggregate Year-to-Date > \$ <b>5,000.00</b>	Date (month, day, year) <b>9/30/98</b>	Amount of Each Receipt This Period <b>5,000.00</b>

SUBTOTAL of Receipts This Page (optional) .....

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE **2** OF **2**

FOR LINE NUMBER  
**11 a i**

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NAME OF COMMITTEE (in Full)

**Solutions America F.A.C.**

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<b>Howard J. Rubenstein</b> 993 5th Avenue New York, NY 10028	<b>Howard J. Rubenstein Associates, Inc.</b>	<b>9/30/98</b>	<b>4,000.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>President</b> Aggregate Year-to-Date > \$ <b>4,000.00</b>		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date > \$		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date > \$		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date > \$		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date > \$		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date > \$		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional) .....

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

**29,500.00**

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 17

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**NAME OF COMMITTEE (In Full)**

**Solutions America P.A.C.**

<b>A. Full Name, Mailing Address and ZIP Code</b> Citibank NA 153 East 53rd Street New York, NY 10043  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b>  checking interest  Occupation  Aggregate Year-to-Date > \$ <b>753.91</b>	<b>Date (month, day, year)</b>  9/30/98	<b>Amount of Each Receipt this Period</b>  132.06
<b>B. Full Name, Mailing Address and ZIP Code</b>  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b>  Occupation  Aggregate Year-to-Date > \$	<b>Date (month, day, year)</b>	<b>Amount of Each Receipt this Period</b>
<b>C. Full Name, Mailing Address and ZIP Code</b>  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b>  Occupation  Aggregate Year-to-Date > \$	<b>Date (month, day, year)</b>	<b>Amount of Each Receipt this Period</b>
<b>D. Full Name, Mailing Address and ZIP Code</b>  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b>  Occupation  Aggregate Year-to-Date > \$	<b>Date (month, day, year)</b>	<b>Amount of Each Receipt this Period</b>
<b>E. Full Name, Mailing Address and ZIP Code</b>  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b>  Occupation  Aggregate Year-to-Date > \$	<b>Date (month, day, year)</b>	<b>Amount of Each Receipt this Period</b>
<b>F. Full Name, Mailing Address and ZIP Code</b>  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b>  Occupation  Aggregate Year-to-Date > \$	<b>Date (month, day, year)</b>	<b>Amount of Each Receipt this Period</b>
<b>G. Full Name, Mailing Address and ZIP Code</b>  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b>  Occupation  Aggregate Year-to-Date > \$	<b>Date (month, day, year)</b>	<b>Amount of Each Receipt this Period</b>

SUBTOTAL of Receipts This Page (optional) .....

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

132.06

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 4  
FOR LINE NUMBER 21B

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NAME OF COMMITTEE (In Full)

**Solutions America P.A.C.**

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
<b>Christopher Newton</b> 2 Tudor City Place New York, NY 10017	<b>consultant costs</b> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>9/4/98</b>	<b>410.45</b>
<b>Diana Robertson</b> 414 East 52nd Street New York, NY 10022	<b>expense report-travel/supplies</b> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>9/4/98</b>	<b>144.64</b>
<b>Gogie McGlean</b> 481 Pacific Street Brooklyn, NY 11217	<b>expense report-travel/supplies</b> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>9/4/98</b>	<b>51.93</b>
<b>Staples</b> PO Box 8001 Layton, UT 84041	<b>supplies</b> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>9/4/98</b>	<b>15.31</b>
<b>Motorola</b> PO Box 4335 Carol Stream, IL 60197	<b>phone charges</b> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>9/4/98</b>	<b>19.80</b>
<b>845 Third Company</b> 345 Park Avenue New York, NY 10154	<b>rent</b> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>9/4/98</b>	<b>292.71</b>
<b>US Postmaster</b> New York, NY 10001	<b>postage</b> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>9/11/98</b>	<b>1,066.67</b>
<b>ADP</b> PO Box 9001006 Louisville, KY 40290	<b>payroll charges</b> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>9/21/98</b>	<b>169.22</b>
<b>Huckaby-Davis &amp; Associates</b> 228 South Washington Street Alexandria, VA 22314	<b>consultant costs</b> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>9/21/98</b>	<b>2,000.00</b>

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

TOTAL This Period (last page file line number only) .....

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (in Full)  
**Solutions America P.A.C.**

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Bell Atlantic PO Box 15124 Albany, NY 12212	phone charges Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/21/98	213.82
B. Full Name, Mailing Address and ZIP Code Time Warner 120 East 23rd Street New York, NY 10010	subscriptions Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/21/98	31.67
C. Full Name, Mailing Address and ZIP Code AT&T 15 E. Midland Avenue Paramus, NJ 07652	phone charges Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/21/98	33.24
D. Full Name, Mailing Address and ZIP Code Worldcom Inc. PO Box 21348 Tulsa, OK 74121-1800	phone charges Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/21/98	59.64
E. Full Name, Mailing Address and ZIP Code Manhattan Mini Storage 524 West 23rd Street New York, NY 10011	storage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/21/98	76.67
F. Full Name, Mailing Address and ZIP Code GHBA 546 Main Street Worcester, MA 01608	insurance Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/21/98	101.88
G. Full Name, Mailing Address and ZIP Code Diana Robertson 414 East 52nd Street New York, NY 10022	expense report- volunteer food expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/21/98	54.00
H. Full Name, Mailing Address and ZIP Code Gogie McClean 481 Pacific Street Brooklyn, NY 11217	expense report- travel Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/21/98	4.67
I. Full Name, Mailing Address and ZIP Code Ryan Medrano 301 East 21st Street New York, NY 10010	expense report- travel/supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/21/98	120.56

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

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

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 3 OF 4  
FOR LINE NUMBER 21B

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NAME OF COMMITTEE (In Full)

**Solutions America P.A.C.**

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
<b>Earlybird Courier Service</b> 65 West 36th Street New York, NY 10018	<b>delivery charges</b> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>9/21/98</b>	<b>8.83</b>
<b>PK Graphics</b> 75 Varick Street New York, NY 10013	<b>printing costs</b> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>9/21/98</b>	<b>721.67</b>
<b>Motorola</b> PO Box 4335 Carol Stream, IL 60197	<b>phone charges</b> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>9/21/98</b>	<b>38.78</b>
<b>Bell Atlantic</b> PO Box 15124 Albany, NY 12212	<b>phone charges</b> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>9/29/98</b>	<b>41.29</b>
<b>Magdalena Garcia</b> 23-17 33rd Street Astoria, NY 11105	<b>expense report-supplies</b> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>9/29/98</b>	<b>14.62</b>
<b>Magdalena Garcia</b> 23-17 33rd Street Astoria, NY 11105	<b>payroll</b> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>9/15/98</b>	<b>371.95</b>
<b>Gogie McClean</b> 481 Pacific Street Brooklyn, NY 11217	<b>payroll</b> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>9/15/98</b>	<b>1,014.20</b>
<b>Ryan Medrano</b> 301 East 21st Street New York, NY 10010	<b>payroll</b> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>9/15/98</b>	<b>819.79</b>
<b>Diana Robertson</b> 414 East 52nd Street New York, NY 10022	<b>payroll</b> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>9/15/98</b>	<b>1,243.63</b>

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

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



**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**Solutions America P.A.C.**

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
ADP PO Box 9001006 Louisville, KY 40290	payroll taxes Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/15/98	1,581.94
B. Full Name, Mailing Address and ZIP Code Magdalena Garcia 23-17 33rd Street Astoria, NY 11105	payroll Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/30/98	371.96
C. Full Name, Mailing Address and ZIP Code Gogie McClean 481 Pacific Street Brooklyn, NY 11217	payroll Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/30/98	1,014.19
D. Full Name, Mailing Address and ZIP Code Ryan Medrano 301 East 21st Street New York, NY 10010	payroll Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/30/98	819.79
E. Full Name, Mailing Address and ZIP Code Diana Robertson 414 East 52nd Street New York, NY 10022	payroll Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/30/98	1,243.63
F. Full Name, Mailing Address and ZIP Code ADP PO Box 9001006 Louisville, KY 40290	payroll taxes Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/30/98	1,581.94
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

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

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

15,755.09

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 28 a

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**NAME OF COMMITTEE (in Full)**

**Solutions America P.A.C.**

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
<b>Miklos Toth</b> <b>530 East 76th Street</b> <b>New York, NY 10021</b>	<b>contribution refund</b> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>9/11/98</b>	<b>2,000.00</b>
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period

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

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

**2,000.00**

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE  
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED 10/20/98
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other ( Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	

  
PREPARER

10/24/98  
DATE PREPARED