

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**SOLERS INC PAC**

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF PAT TOOMEY**

Mailing Address 228 S. WASHINGTON ST., SUITE 115

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
Contribution

Candidate Name  
**PATRICK J TOOMEY**

Office Sought:  House  
 Senate  
 President  
State: PA District: 15

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 27 / 2016

**Transaction ID : SB23.10012**

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. KANSANS FOR HUELSKAMP**

Mailing Address PO BOX 410

City FOWLER State KS Zip Code 67844

Purpose of Disbursement  
Contributioin

Candidate Name  
**TIMOTHY A REPRESENTA HUELSKAMP**

Office Sought:  House  
 Senate  
 President  
State: KS District: 01

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 27 / 2016

**Transaction ID : SB23.10005**

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. MARY THOMAS FOR CONGRESS**

Mailing Address 3689 COOLIDGE COURT  
SUITE 6

City TALLAHASSEE State FL Zip Code 32311

Purpose of Disbursement  
Contribution

Candidate Name  
**MARY THOMAS**

Office Sought:  House  
 Senate  
 President  
State: FL District: 02

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 27 / 2016

**Transaction ID : SB23.10003**

Amount of Each Disbursement this Period

5000.00

Memo Item

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

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

15000.00