

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

APR 26 11 07 AM '99

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) Solutions America PAC		2. FEC IDENTIFICATION NUMBER 00335448
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 250 Broadway, Suite 2104	3. <input checked="" type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)	
CITY, STATE and ZIP CODE New York, NY 10007		

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>3/1/99</u> through <u>3/31/99</u>		
6. (a) Cash on Hand January 1, 19 <u>99</u>			\$ 256,369.84
(b) Cash on Hand at Beginning of Reporting Period		\$ 202,803.80	
(c) Total Receipts (from Line 19)		\$ 137,181.99	\$ 148,476.84
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		\$ 339,985.13	\$ 404,846.68
7. Total Disbursements (from Line 30)		\$ 30,211.14	\$ 95,072.69
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$ 309,773.99	\$ 309,773.99
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 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9520 Local 202-219-8420
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

John R. Gross

Signature of Treasurer

[Handwritten Signature]

Date

4/20/99

NOTE: Submission of false, erroneous, or incomplete information may subject the person filing this Report to the penalties of 2 U.S.C. 5437g.

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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 Solutions America PAC	REPORT COVERING PERIOD FROM 3/1/99 TO: 3/31/99	
Receipts	COLUMN A Total This Period	COLUMN B Calendar Year
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (use Schedule A)	137,025.00	148,025.00
ii. Unitemized		
iii. Total (add i and ii) >	137,025.00	148,025.00
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contributions (add a iii, b and c) >	137,025.00	148,025.00
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.)	156.33	451.84
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >		
20. Total Federal Receipts (subtract line 18 from line 19) >	137,181.33	148,476.84
Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share		
ii. Non-Federal Share		
b. Other Federal Operating Expenditures	30,211.14	95,572.69
c. Total Operating Expenditures (add a i, a ii, and b) >	30,211.14	95,572.69
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(c)) (use Schedule F) ..		
26. Loan Repayments Made		
27. Loans Made		
28. Refunds of Contributions To:		
a. Individual/Persons Other Than Political Committees		(5,000.00)
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contribution Refunds (add a, b and c) >		(5,000.00)
29. Other Disbursements		4,500.00
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	30,211.14	95,072.69
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	30,211.14	95,072.69
Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	137,025.00	148,025.00
33. Total Contribution Refunds (from line 28d)	0	(5,000.00)
34. Net Contributions (other than loans)(subtract line 33 from 32)	137,025.00	153,025.00
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	30,211.14	95,572.69
36. Offsets to Operating Expenditures (from line 15)	0	0
37. Net Operating Expenditures (subtract line 36 from 35) >	30,211.14	95,572.69

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 8

FOR LINE NUMBER 11 a i

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NAME OF COMMITTEE (in Full)

Solutions America PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Richard A. Bernstein 444 Madison Avenue New York, NY 10022	R.A.S. Holdings Inc.	3/10/99	2,500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CEO	Aggregate Year-to-Date > \$ 2,500.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Dentree Associates 75 Rockefeller Plaza New York, NY 10019	*see memo-entry on page 1	3/10/99	5,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 5,000.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Amy Grabino 15 West 72nd Street New York, NY 10023	Dentree Associates	3/10/99	1,250.00 (memo-entry)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Partner	Aggregate Year-to-Date > \$ 1,250.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Eric Grabino 166 West 76th Street New York, NY 10023	Dentree Associates	3/10/99	1,250.00 (memo-entry)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Partner	Aggregate Year-to-Date > \$ 1,250.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Harold Grabino 145 Central Park West New York, NY 10023	Dentree Associates	3/10/99	1,250.00 (memo-entry)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Partner	Aggregate Year-to-Date > \$ 1,250.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Priscilla Grabino 145 Central Park West New York, NY 10023	Dentree Associates	3/10/99	1,250.00 (memo-entry)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Partner	Aggregate Year-to-Date > \$ 1,250.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Russell Galbut 555 NE 15th Street Miami, FL 33132	info. requested	3/10/99	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1,000.00	

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 Canceled Summary Page

PAGE **2** OF **8**
FOR LINE NUMBER **11 a 1**

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NAME OF COMMITTEE (in Full)

Solutions America PAC

A. Full Name, Mailing Address and ZIP Code Richard Heitmeyer 7108 Fairway Drive, #130 Palm Beach Gardens, FL 33418 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Superior Asset Management, LTD. Occupation President Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 3/10/99	Amount of Each Receipt This Period 1,000.00
B. Full Name, Mailing Address and ZIP Code Michael Nardiello 37-06 80th Street Jackson Heights, NY 11372 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer NYC-DEP Occupation Supervisor Aggregate Year-to-Date > \$ 25.00	Date (month, day, year) 3/10/99	Amount of Each Receipt This Period 25.00
C. Full Name, Mailing Address and ZIP Code John Ritter 555 NE 15th Street Miami Beach, FL 33132 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Ritter Ritter & Feinstein Occupation Partner Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 3/10/99	Amount of Each Receipt This Period 1,000.00
D. Full Name, Mailing Address and ZIP Code Miriam Menin 5255 Collins Avenue Miami Beach, FL 33140 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer info. requested Occupation	Date (month, day, year) 3/10/99	Amount of Each Receipt This Period 1,000.00
E. Full Name, Mailing Address and ZIP Code Norman Allen Moscowitz 2500 First Union Financial Center 200 South Biscayne Boulevard Miami, FL 33131 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer info. requested Occupation Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 3/10/99	Amount of Each Receipt This Period 1,000.00
F. Full Name, Mailing Address and ZIP Code Louis Beecharl 3801 Beverly Drive Dallas, TX 75205 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer self-employed Occupation Investor Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 3/12/99	Amount of Each Receipt This Period 1,000.00
G. Full Name, Mailing Address and ZIP Code Norman Brinker 9410 Alva Court Dallas, TX 75220 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Brinker International Occupation Chairman Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 3/12/99	Amount of Each Receipt This Period 500.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules for each category of the Detailed Summary Page

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FOR LINE NUMBER 11 & 1

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NAME OF COMMITTEE (In Full)

Solutions America PAC

A. Full Name, Mailing Address and ZIP Code Stanley Rabin 24 Downs Lake Circle Dallas, TX 75230 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Info. requested Occupation Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 3/12/99	Amount of Each Receipt This Period 1,000.00
B. Full Name, Mailing Address and ZIP Code Salvador Assael 485 Park Avenue New York, NY 10022 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Assael International Inc. Occupation Chairman Aggregate Year-to-Date > \$ 5,000.00	Date (month, day, year) 3/16/99	Amount of Each Receipt This Period 5,000.00
C. Full Name, Mailing Address and ZIP Code Douglas Calder 269 Roxbury Avenue Rockaway Point, NY 11697 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Metrocare, Inc. Occupation Director Aggregate Year-to-Date > \$ 1,500.00	Date (month, day, year) 3/16/99	Amount of Each Receipt This Period 1,500.00
D. Full Name, Mailing Address and ZIP Code Amy Canacho 305 East 3rd Street Brooklyn, NY 11218 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Info. requested Occupation Aggregate Year-to-Date > \$ 1,500.00	Date (month, day, year) 3/16/99	Amount of Each Receipt This Period 1,500.00
E. Full Name, Mailing Address and ZIP Code Philip Crimaldi 5811 Foster Avenue Brooklyn, NY 11234 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Metrocare, Inc. Occupation VP Aggregate Year-to-Date > \$ 1,500.00	Date (month, day, year) 3/16/99	Amount of Each Receipt This Period 1,500.00
F. Full Name, Mailing Address and ZIP Code Nicholas Gentile 5811 Foster Avenue Brooklyn, NY 11234 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Metrocare, Inc. Occupation Supervisor Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 3/16/99	Amount of Each Receipt This Period 1,000.00
G. Full Name, Mailing Address and ZIP Code Larry Kaplan 4 Hudson Bay Terrace Marlboro, NJ 07746 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Transcare NY, Inc. Occupation Financial Director Aggregate Year-to-Date > \$ 1,500.00	Date (month, day, year) 3/16/99	Amount of Each Receipt This Period 1,500.00

SUBTOTAL of Receipts This Page (optional)

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SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (in Full)

Solutions America PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Susan Mark 625 Park Avenue New York, NY 10021	Mark Asset Management Corp.	3/16/99	\$5,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: VP	Aggregate Year-to-Date > \$ 5,000.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Joshua Huss 11 Rutherford Lane Lawrence, NY 11559	Muss Development Corp.	3/16/99	\$5,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: President	Aggregate Year-to-Date > \$ 5,000.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Simon Pelman 320 West Merrick Road Freeport, NY 11520	Union Plaza Nursing Home	3/16/99	\$1,500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Executive Director	Aggregate Year-to-Date > \$ 1,500.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Frank Richardson 375 McCouns Lane Oyster Bay, NY 11771	Richardson & Co.	3/16/99	\$5,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: President	Aggregate Year-to-Date > \$ 5,000.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David Ulrich 170 East Avenue Lockport, NY 14094	Ulrich Development Corp. LLC	3/16/99	\$5,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: President	Aggregate Year-to-Date > \$ 5,000.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ian Spira 1016 5th Avenue New York, NY 10028	info. requested	3/16/99	\$1,500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:	Aggregate Year-to-Date > \$ 1,500.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Suzanne Faye Zakheim 1054 East 28th Street Brooklyn, NY 11210	self-employed	3/16/99	\$5,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Investor	Aggregate Year-to-Date > \$ 5,000.00	

SUBTOTAL of Receipts This Page (optional)

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SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Solutions America PAC

A. Full Name, Mailing Address and ZIP Code Steve Shlomo Zakheim 1054 East 28th Street Brooklyn, NY 11210	Name of Employer Metrocare, Inc. Occupation President	Date (month, day, year) 3/16/99	Amount of Each Receipt this Period 5,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Aggregate Year-to-Date > \$ 5,000.00			
B. Full Name, Mailing Address and ZIP Code Richard N. Cohen 15 Hoover Street Inwood, NY 11696	Name of Employer info. requested Occupation	Date (month, day, year) 3/18/99	Amount of Each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Aggregate Year-to-Date > \$ 1,000.00			
C. Full Name, Mailing Address and ZIP Code Michael Falcone 3707 15th Avenue Brooklyn, NY 11218	Name of Employer info. requested Occupation	Date (month, day, year) 3/18/99	Amount of Each Receipt this Period 2,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Aggregate Year-to-Date > \$ 2,000.00			
D. Full Name, Mailing Address and ZIP Code Bruce S. Gelb 1060 5th Avenue New York, NY 10128	Name of Employer Bristol-Myers Squibb Occupation Consultant	Date (month, day, year) 3/18/99	Amount of Each Receipt this Period 2,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Aggregate Year-to-Date > \$ 2,000.00			
E. Full Name, Mailing Address and ZIP Code Raymond Gindi 725 Avenue R Brooklyn, NY 11223	Name of Employer Century 21, Inc. Occupation VP	Date (month, day, year) 3/18/99	Amount of Each Receipt this Period 2,500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Aggregate Year-to-Date > \$ 2,500.00			
F. Full Name, Mailing Address and ZIP Code Neil Greenbaum 29 Flamingo Road North North East Hills, NY 11576	Name of Employer info. requested Occupation	Date (month, day, year) 3/18/99	Amount of Each Receipt this Period 2,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Aggregate Year-to-Date > \$ 2,000.00			
G. Full Name, Mailing Address and ZIP Code Georgios Makkos 349 West 37th Street New York, NY 10018	Name of Employer M&T Pretzel, Inc. Occupation VP	Date (month, day, year) 3/18/99	Amount of Each Receipt this Period 5,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Aggregate Year-to-Date > \$ 5,000.00			

SUBTOTAL of Receipts This Page (optional)

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SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

Solutions America PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Corrado Manfredi 19 Lunar Circle Staten Island, NY 10305	Manfredi Motors Inc.	3/18/99	2,500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President	Aggregate Year-to-Date > \$ 2,500.00	
Stewart Lane 155 East 76th Street New York, NY 10021	Theatre Venture Inc.	3/19/99	5,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President	Aggregate Year-to-Date > \$ 5,000.00	
Leonard Lauder 2 East 67th Street New York, NY 10021	The Estee Lauder Companies, Inc.	3/19/99	5,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Chairman & CEO	Aggregate Year-to-Date > \$ 5,000.00	
Edward Arrigoni 38 Partridge Hollow Road Greenwich, CT 06831	NY Bus Service	3/23/99	5,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Chairman	Aggregate Year-to-Date > \$ 5,000.00	
Fredric Mack 370 West Passaic Street Rochelle Park, NJ 07662	MACK Company	3/23/99	5,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Chairman	Aggregate Year-to-Date > \$ 5,000.00	
Tami Mack 370 West Passaic Street Rochelle Park, NJ 07662	self-employed	3/23/99	5,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Private Inventor	Aggregate Year-to-Date > \$ 5,000.00	
Jim O'Reilly 44 Partridge Hollow Road Greenwich, CT 06831	NY Bus Service	3/23/99	5,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Executive	Aggregate Year-to-Date > \$ 5,000.00	

SUBTOTAL of Receipts This Page (optional) _____

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

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

Solutions America PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Howard J. Rubenstein 993 5th Avenue New York, NY 10028	Howard J. Rubenstein Associates, Inc.	3/23/99	5,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President	Aggregate Year-to-Date > \$ 5,000.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Zachary Fisher 299 Park Avenue New York, NY 10017	Fisher Brothers	3/24/99	5,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Partner	Aggregate Year-to-Date > \$ 5,000.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Leonard Litwin 18 Broadlawn Avenue Great Neck, NY 11024	Glenwood Management Corp.	3/24/99	5,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner	Aggregate Year-to-Date > \$ 5,000.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Bernard Mendik 207 East 71st Street New York, NY 10021	Mendik Company	3/24/99	5,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President	Aggregate Year-to-Date > \$ 5,000.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Marshall Rose 1040 5th Avenue New York, NY 10028	The Georgetown Group Inc.	3/24/99	5,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President	Aggregate Year-to-Date > \$ 5,000.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Wolf Sicherman 1609 54th Street Brooklyn, NY 11204	info. requested	3/24/99	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1,000.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Warren Breslow 2496 Lancelot Lane Bel Air, CA 90077	info. requested	3/29/99	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1,000.00	

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 **8** OF **8**
FOR LINE NUMBER **11** of **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 PAC

A. Full Name, Mailing Address and ZIP Code Miklos Toth MD 530 East 76th Street New York, NY 10021	Name of Employer self-employed	Date (month, day, year) 3/31/99	Amount of Each Receipt This Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Physician	Aggregate Year-to-Date \$ 1,000.00	
B. Full Name, Mailing Address and ZIP Code Edward Rappa 425 East 58th Street New York, NY 10022	Name of Employer R.W. Pressprich Inc.	Date (month, day, year) 3/31/99	Amount of Each Receipt This Period 2,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President	Aggregate Year-to-Date \$ 2,000.00	
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)

137,025.00

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 PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Citibank, NA 153 East 53rd Street New York, NY 10048	checking interest	3/31/99	156.33
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 451.84	
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)

156.33

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 3 OF 4

FOR LINE NUMBER

21 b

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NAME OF COMMITTEE (in Full)

Solutions America PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Liberty View Associates 625 Madison Avenue New York, NY 10022	rent-application fee Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/3/99	50.00
Liberty View Associates 625 Madison Avenue New York, NY 10022	rent Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/3/99	841.67
Liberty View Associates 625 Madison Avenue New York, NY 10022	rent-deposit Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/3/99	841.67
Chris Newton 2 Tudor City Place New York, NY 10017	computer consultant Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/9/99	615.67
FEDEX PO Box 1140 Memphis, TN 38101	delivery charges Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/9/99	77.13
PK Graphics 200 Hudson Street New York, NY 10013	printing costs Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/9/99	405.94
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)	3/9/99	228.14
AT&T PO Box 8221 Aurora, IL 60572	phone charges Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/9/99	234.72
MRT Transfer, Inc. 63-29 74th Street Middle Village, NY 11379	moving expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/9/99	337.50

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 2 OF 4
FOR LINE NUMBER 21 b

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NAME OF COMMITTEE (in Full)

Solutions America PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
GHI PO Box 6171 New York, NY 10249	insurance Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/9/99	268.96
GHHA 546 Main Street Worcester, MA 01608	insurance Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/9/99	152.80
Candler Coffee 333 South Van Brunt Street Englewood, NJ 07631	supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/9/99	152.93
NY Times PO Box 15647 Worcester, MA 01615	subscription Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/9/99	87.50
NY Post PO Box 15651 Worcester, MA 01615	subscription Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/9/99	67.27
PAGENET 2 World Trade Center New York, NY 10048	pager service Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/9/99	98.41
Huckaby-Davis & Associates 228 South Washington Street Alexandria, VA 22314	compliance consultant/ expenses Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/9/99	4,188.32
Petty Cash 250 Broadway New York, NY 10007	petty cash Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/9/99	200.00
Hershel Perlstain Insurance 5002 16th Avenue Brooklyn, NY 11204	insurance Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/9/99	613.21

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 21 b

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NAME OF COMMITTEE (in Full)

Solutions America PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Jennie Esterow 7 Park Avenue New York, NY 10016	payroll Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/15/99	658.49
Ryan Medrado 301 East 21st Street New York, NY 10010	payroll Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/15/99	1,148.95
Bruce Teitelbaum 173 West 78th Street New York, NY 10024	payroll Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/15/99	1,421.07
Laura Van Bove 250 Rector Place New York, NY 10007	payroll Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/15/99	1,305.09
ADP PO Box 9001006 Louisville, KY 40290	payroll charges Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/5/99	75.00
ADP PO Box 9001006 Louisville, KY 40290	payroll tax Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/15/99	5,767.63
ADP PO Box 9001006 Louisville, KY 40290	payroll charges Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/19/99	81.00
ADP PO Box 9001006 Louisville, KY 40290	payroll tax (credit) Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/29/99	(36.92)
Jennie Esterow 7 Park Avenue New York, NY 10016	payroll Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/31/99	658.49

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 4 OF 4
FOR LINE NUMBER 21 b

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NAME OF COMMITTEE (in Full)

Solutions America PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
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)	3/31/99	1,148.95
B. Full Name, Mailing Address and ZIP Code Bruce Teitelbaum 173 West 78th Street New York, NY 10024	payroll Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/31/99	1,421.06
C. Full Name, Mailing Address and ZIP Code Laura Van Bove 250 Rector Place New York, NY 10007	payroll Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/31/99	1,505.08
D. Full Name, Mailing Address and ZIP Code ADP PO Box 9001006 Louisville, KY 40290	payroll tax Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/31/99	5,505.93
E. Full Name, Mailing Address and ZIP Code Citibank, NA 153 East 53rd Street New York, NY 10048	pay for checks Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/2/99	64.00
F. Full Name, Mailing Address and ZIP Code Proskaur Rose LLP 1585 Broadway New York, NY 10036	disbursements-fax/phone/ copier costs Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/9/99	25.48
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)

30,211.14

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 4-20-99
<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	4-20-99 DATE PREPARED