

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

READY PAC

ADDRESS (number and street) PO BOX 7705

Check if different than previously reported. (ACC) MCLEAN VA 22106

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00540997 3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

### 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- |                                      |                                      |                                       |  |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8)  | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9)  | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE)                           |

- (c) 12-Day PRE-Election Report for the:
- |   |  |                                       |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P)    | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) |                                       |

Election on M M / D D / Y Y Y Y Y Y in the State of  

- (d) 30-Day POST-Election Report for the:
- |   |                                       |  |
|---|---------------------------------------|--|
| <input checked="" type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|---|---------------------------------------|--|

Election on M M / D D / Y Y Y Y Y Y in the State of DC

5. Covering Period M M / D D / Y Y Y Y Y Y 10 / 01 / 2016 through M M / D D / Y Y Y Y Y Y 11 / 28 / 2016

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

Gray, Amy, , ,

Type or Print Name of Treasurer \_\_\_\_\_

Signature of Treasurer Gray, Amy, , , [Electronically Filed] Date M M / D D / Y Y Y Y Y Y 01 / 30 / 2017

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office Use Only									
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**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

**READY PAC**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>		35110.94
(b) Cash on Hand at Beginning of Reporting Period.....	1245.07	
(c) Total Receipts (from Line 19) .....	6430.98	156389.53
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	7676.05	191500.47
7. Total Disbursements (from Line 31).....	2978.77	186803.19
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	4697.28	4697.28
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	155570.01	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**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

Write or Type Committee Name

**READY PAC**

Report Covering the Period: From:  /  /  To:  /  /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0.00	0.00
(ii) Unitemized .....	0.00	1.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	0.00	1.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	0.00	1.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	6430.98	156388.53
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	6430.98	156389.53
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	6430.98	156389.53

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(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 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	2978.77	186803.19
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	2978.77	186803.19
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2978.77	186803.19

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	0.00	1.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	0.00	1.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 11
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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)  
**READY PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. InfoGroup</b>		Date of Receipt
Mailing Address 10 Vose Farm Rd		<input type="text" value="10"/> / <input type="text" value="21"/> / <input type="text" value="2016"/>
City Peterborough	State NH	Zip Code 03458
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA17.4112</b>
Name of Employer (for Individual)		Amount of Each Receipt this Period <input type="text" value="3460.13"/>
Occupation (for Individual)		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="70051.01"/>	List Rental - IE Only Account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. InfoGroup</b>		Date of Receipt
Mailing Address 10 Vose Farm Rd		<input type="text" value="11"/> / <input type="text" value="18"/> / <input type="text" value="2016"/>
City Peterborough	State NH	Zip Code 03458
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA17.4114</b>
Name of Employer (for Individual)		Amount of Each Receipt this Period <input type="text" value="1340.34"/>
Occupation (for Individual)		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="71391.35"/>	List Rental - IE Only Account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. State of California</b>		Date of Receipt
Mailing Address 3321 Power In Rd Suite 250		<input type="text" value="10"/> / <input type="text" value="21"/> / <input type="text" value="2016"/>
City Sacramento	State CA	Zip Code 95826
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA17.4110</b>
Name of Employer (for Individual)		Amount of Each Receipt this Period <input type="text" value="1630.51"/>
Occupation (for Individual)		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="1630.51"/>	Offsets Received - IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="6430.98"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value="6430.98"/>

**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 type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**READY PAC**

Full Name (Last, First, Middle Initial) <b>A. Amalgamated Bank</b>		Date of Disbursement MM / DD / YYYY 10 / 25 / 2016	
Mailing Address 1800 Massachusetts Ave., NW		FEC Identification Number C [REDACTED] <b>Transaction ID : SB29.4117</b> Amount of Each Disbursement this Period [REDACTED] 285.67	
City Washington	State DC	Zip Code 20036	Category/ Type [REDACTED]
Purpose of Disbursement Bank Fee - IE Only Account		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Amalgamated Bank</b>		Date of Disbursement MM / DD / YYYY 11 / 25 / 2016	
Mailing Address 1800 Massachusetts Ave., NW		FEC Identification Number C [REDACTED] <b>Transaction ID : SB29.4126</b> Amount of Each Disbursement this Period [REDACTED] 285.96	
City Washington	State DC	Zip Code 20036	Category/ Type [REDACTED]
Purpose of Disbursement Bank Fee - IE Only Account		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Paychex</b>		Date of Disbursement MM / DD / YYYY 10 / 31 / 2016	
Mailing Address 911 Panorama Trl S		FEC Identification Number C [REDACTED] <b>Transaction ID : SB29.4121</b> Amount of Each Disbursement this Period [REDACTED] 25.56	
City Rochester	State NY	Zip Code 14625	Category/ Type [REDACTED]
Purpose of Disbursement Workers Comp Insurance - IE Only Account		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 597.19
<b>TOTAL</b> This Period (last page this line number only).....▶	[REDACTED]

**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 type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**READY PAC**

Full Name (Last, First, Middle Initial) <b>A. Paychex</b>		Date of Disbursement M M / D D / Y Y Y Y Y Y 10 / 31 / 2016	
Mailing Address 911 Panorama Trl S		FEC Identification Number C [ ] <b>Transaction ID : SB29.4123</b> Amount of Each Disbursement this Period [ ] 101.47	
City Rochester	State NY	Zip Code 14625	Category/ Type [ ]
Purpose of Disbursement Workers Comp Insurance - IE Only Account		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:	Full Name (Last, First, Middle Initial) <b>B. Paychex</b>		
Mailing Address 911 Panorama Trl S		Date of Disbursement M M / D D / Y Y Y Y Y Y 10 / 31 / 2016	
City Rochester		State NY	
Zip Code 14625		FEC Identification Number C [ ] <b>Transaction ID : SB29.4124</b> Amount of Each Disbursement this Period [ ] 127.11	
Purpose of Disbursement Payroll Fee - IE Only Account		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		Full Name (Last, First, Middle Initial) <b>C. Paychex</b>	
Mailing Address 911 Panorama Trl S		Date of Disbursement M M / D D / Y Y Y Y Y Y 10 / 31 / 2016	
City Rochester		State NY	
Zip Code 14625		FEC Identification Number C [ ] <b>Transaction ID : SB29.4125</b> Amount of Each Disbursement this Period [ ] 710.08	
Purpose of Disbursement Payroll Taxes - IE Only Account		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		Memo Item <input type="checkbox"/>	
<b>SUBTOTAL</b> of Disbursements This Page (optional)..... ▶		[ ] 938.66	
<b>TOTAL</b> This Period (last page this line number only)..... ▶		[ ]	



**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 type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**READY PAC**

**A.** Titus, Nickie, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 1930 Columbia Pike  
Apt 421

City Arlington State VA Zip Code 22204

Purpose of Disbursement Salary - IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 10 / 28 / 2016

FEC Identification Number: C

Transaction ID : SB29.4119

Amount of Each Disbursement this Period: 1442.92

Memo Item

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

FEC Identification Number: C

Amount of Each Disbursement this Period

Memo Item

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

FEC Identification Number: C

Amount of Each Disbursement this Period

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 1442.92

**TOTAL** This Period (last page this line number only)..... ▶ 2978.77

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 10 OF 11
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/>	9
<input checked="" type="checkbox"/>	10

NAME OF COMMITTEE (In Full)  
**READY PAC**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Bonner Group, Inc.</b>			Nature of Debt (Purpose): Finance Consulting - IE Only Account
Mailing Address 455 Massachusetts Ave, NW Suite 640			
City Washington	State DC	Zip Code 20001	

Outstanding Balance Beginning This Period <input type="text" value="55812.00"/>	<b>Transaction ID : SD10.4130</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="55812.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>NGP Van</b>			Nature of Debt (Purpose): Online Databas - IE Only Account
Mailing Address 1445 New York Ave, NW Suite 200			
City Washington	State DC	Zip Code 20005	

Outstanding Balance Beginning This Period <input type="text" value="77058.09"/>	<b>Transaction ID : SD10.4132</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="77058.09"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>PoliOps, LLC</b>			Nature of Debt (Purpose): Compliance Services
Mailing Address 5 Bankside Mews			
City Henrico	State VA	Zip Code 23231	

Outstanding Balance Beginning This Period <input type="text" value="5000.00"/>	<b>Transaction ID : SD10.4134</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="5000.00"/>

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="137870.09"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 11 OF 11
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/>	9
<input checked="" type="checkbox"/>	10

NAME OF COMMITTEE (In Full)  
**READY PAC**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Sandler, Reiff, Lamb, Rosenstein &amp; Birkenstock, PC</b>			Nature of Debt (Purpose): Legal Services - IE Only Account
Mailing Address 1025 Vermont Ave, NW Suite 300			
City Washington	State DC	Zip Code 20005	

Outstanding Balance Beginning This Period <input type="text" value="6847.50"/>	Transaction ID : <b>SD10.4136</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="6847.50"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>The Pivot Group, Inc.</b>			Nature of Debt (Purpose): Design Consulting - IE Only Account
Mailing Address 1720 I St, NW Suite 550			
City Washington	State DC	Zip Code 20006	

Outstanding Balance Beginning This Period <input type="text" value="8235.19"/>	Transaction ID : <b>SD10.4138</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="8235.19"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Windward Strategies</b>			Nature of Debt (Purpose): Direct Mail Production - IE Only Account
Mailing Address 5713 Overlea Rd			
City Bethesda	State MD	Zip Code 20816	

Outstanding Balance Beginning This Period <input type="text" value="2617.23"/>	Transaction ID : <b>SD10.4140</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="2617.23"/>

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="17699.92"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text" value="155570.01"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text" value="0.00"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="155570.01"/>