RECEIVED FEC MAIL CENTER 2015 AUG - 3 AM 9: 15

Committee Name:

Ability PAC If registered, FEC ID:

Today's Date: 07/28/2015

Re: Form 1, Statement of Organization-Unlimited Contributions

To Whom It May Concern:

This committee intends to make independent expenditures, and consistent with the U.S. Court of Appeals for the District of Columbia Circuit decision in SpeechNow v. FEC, it therefore intends to raise funds in unlimited amounts. This committee will not use those funds to make contributions, whether direct, in-kind, or via coordinated communications, to federal candidates or committees.

Respectfully submitted,

Treasurer's Name: Carlos J Gonzalez

, Treasurer

FEC FORM 1		STATI ORG/					201	REC EC MAI 5 AUG - 3	EIVED L CENTER AM 9: 15
1. NAME OF COMMITTEE (ir	n fuil)	(Check if is change			ole:If typing, type ne lines.	12F	E4M5		
Ability PA	С								
ADDRESS (number a	nd street)	14149 A	utun	nn W	oods Di	ive			
(Check if a is changed)		Carmel				IN	4	6074	
			I	CITY		STATE	E	ZIP (CODE
COMMITTEE'S E-MA	address	S (Please provide abilitypa							
COMMITTEE'S WEE	address	WWW.at	oilityp	ac.co	om				
2. DATE 07	7 28	2015							
3. FEC IDENTIFIC	CATION NU	MBER	С						
4. IS THIS STATE	MENT 🛛	NEW (N)	OR		AMENDED (A)			
I certify that I have	examined thi	is Statement and t	o the best	of my kn	owledge and beli	ef it is true,	correct an	d complete	
Type or Print Name	of Treasurer	Carlos	J Go	nzal	ez				
Signature of Treasure	er	MAS-				Date	07	28	2015
NOTE: Submission of		ous, or incomplete i ANY CHANGE IN II						e penalties c	of 2 U.S.C. §437g.

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

Conc				
Cant	didate	Committee:		
(a)	·	This committee is a principal ca	impaign committee. (Complete the candidate information	below.)
(b)		This committee is an authorized information below.)	committee, and is NOT a principal campaign committee	. (Complete the candidate
				State dent District
		This committee supports/oppose	es only one candidate, and is NOT an authorized commit	tee.
Party	y Com	mittee:		
(d)		This committee is a	(National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Polit	ical A		· · · · · · · · · · · · · · · · · · ·	···
			egregated fund. (Identify connected organization on line 6.)	Its connected organization is a:
.,		Corporation	Corporation w/o Capital Stock	Labor Organization
		Membership Organizatio	on Trade Association	Cooperative
•.		In addition, this c	ommittee is a Lobbyist/Registrant PAC.	
(f)	\times			rate segregated fund or party
		In addition, this committee	e is a Lobbyist/Registrant PAC.	
Joint	Fund			· · · · · · · · · · · · · · · · · · ·
(g)				
(h)				s for two or more political
	Com	nittees Participating in Joint F	Fundraiser	
	1.		FEC ID number C	
	2.		FEC ID number C	
	3.		FEC ID number C	
	4.		FEC ID number C	
	(a) (b) Name Candi Party (c) Name Candi Part (d) Polit (e) (f)	(a) □ (b) □ Name of Candidate Party Affiliation (c) □ Name of Candidate Party Com (d) □ Political Ad (e) (f) × Joint Fund (g) (h) □ 1. 2. 3. 3.	(a) This committee is a principal call information below.) Name of Candidate This committee is an authorized information below.) Name of Candidate Office Party Affiliation (c) This committee supports/oppose Name of Candidate Office Souge (c) This committee supports/oppose Name of Candidate Office Souge Party Committee: (d) (d) This committee is a Political Action Committee (PAC): (e) (e) This committee is a separate set Corporation Membership Organization (f) This committee supports/oppose (f) This committee supports/oppose Joint Fundraising Representative: In addition, this committee (g) This committee collects contributi committees/organizations, at lease (h) This committee collects contributi committees/organizations, none of Committees Participating in Joint F 1. 2. 3.	(a) This committee is a principal campaign committee. (Complete the candidate information below.) Name of Candidate This committee is an authorized committee, and is NOT a principal campaign committee information below.) Name of Candidate Office House Senate Preside (c) This committee supports/opposes only one candidate, and is NOT an authorized committee and date is not the information of candidate Party Committee: (National, State or subordinate) committee of the Political Action Committee is a consubordinate) committee of the Political Action Committee is a separate segregated fund. (Identify connected organization on line 6.) (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) (f) Corporation Corporation wite Capital Stock (g) This committee supports/opposes more than one Federal candidate, and is NOT a separ committee. (i.e., nonconnected committee) (g) In addition, this committee is a Lobbyist/Registrant PAC. (h) This committee collects contributions, pays fundraising expenses and disburses net proceed committees/organizations, at least one of which is an authorized committee or a federal candidate. (h) This committee collects contributions, pays fundraising expenses and disburses net proceed committees/organizations, none of which is an authorized committee or a federal candidate. <td< td=""></td<>

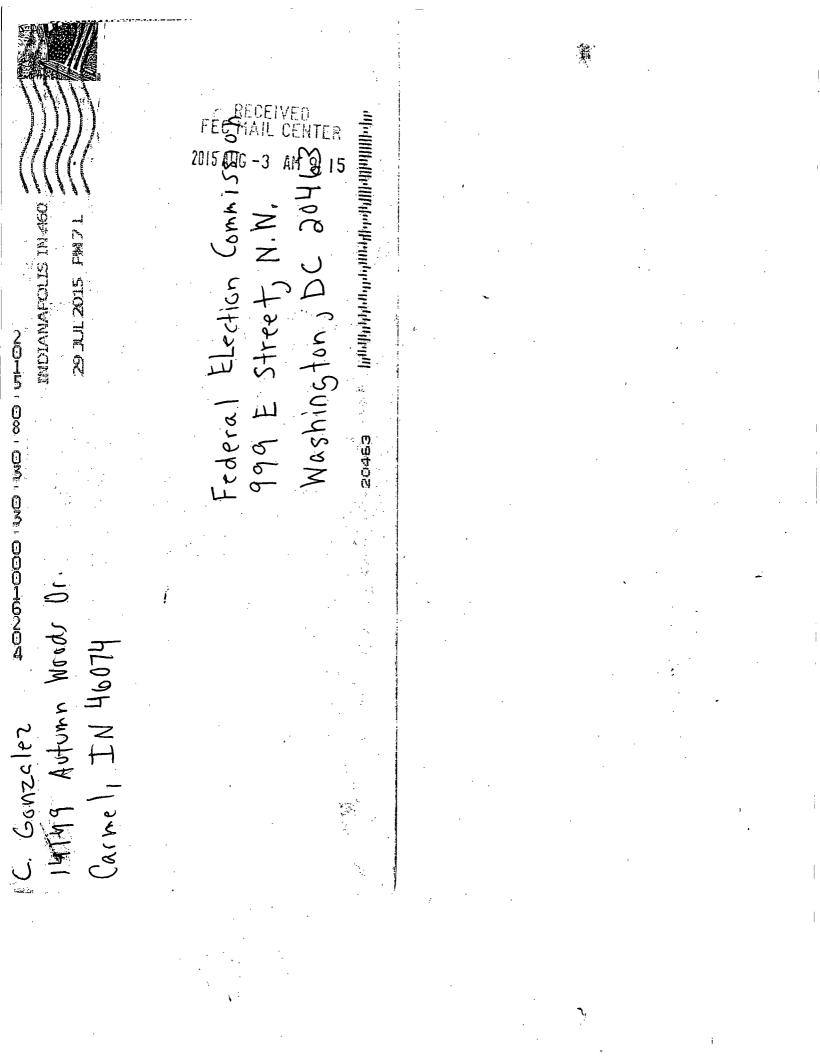
Write or Type Committee Name

Page 3

6.	Name of Any Connected Organization	, Affiliated Committee, Join	t Fundraising Representa	tive, or Le	adership PA	C Sponsor
	Mailing Address					
	Mailing Address					
		CITY	STAT	E	ZIP C	DDE
	Relationship: Connected Organizatio	on Affiliated Committee	Joint Fundraising Repres	sentative	Leadershi	p PAC Sponso
			``			
7.	Custodian of Records: Identify by name books and records.	e, address (phone number	optional) and position of t	he person	in possession	n of committee
	Angie Joseph	son				
	Full Name 15256	Follow Drive				
	Mailing Address					
	Noble	sville	IN	4	6060	
	Title or Position	CITY	STATE	E	ZIP CO	DDE
	Administrative Executive	3	Telephone number	317	840	1084
8.	Treasurer: List the name and address (p any designated agent (e.g., assistant trea		the treasurer of the comm	ittee; and	the name and	address of
	Full Name Carlos J G	onzalez				
	Mailing Address 14149	Autumn Woods	Drive			
	Carme	el	IN	4	6074	•
		CITY	STATE		ZIP CO	DDE
	Title or Position Treasurer		Telephone number	317	504	1863

FEC Form 1 (Revised 02/2009)

Full Name of Designated Kin Agent	nberly O Gonzalez		
Mailing Address	14149 Autumn Woods [Drive	
	Carmel	IN 4	46074
	CITY	STATE	ZIP CODE
Title or Position Assistant Tre	asurer	Telephone number 317	504 3625
Banks or Other Dep safety deposit boxes of Name of Bank, Deposit		which the committee deposits fun	ds, holds accounts, rents
CI	nase Bank		
Mailing Address	20 W 16th Street	,	
	Indianapolis	IN	46202
	CITY	STATE	ZIP CODE
Name of Bank, Depos	sitory, etc.		
Mailing Address			
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Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received. Date of Receipt Hand Delivered Date of Receipt Postmarked **USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified Postmarked **USPS** Priority Mail Postmarked **USPS Priority Mail Express Postmark Illegible** No Postmark **Shipping Date Overnight Delivery Service (Specify):** Next Business Day Delivery Date of Receipt **Received from House Records & Registration Office** Date of Receipt **Received from Senate Public Records Office** Date of Receipt **Received from Electronic Filing Office** Date of Receipt or Postmarked Other (Specify): PREPARER DATE PREPARED (3/2015)

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