

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

RECEIVED
FEC MAIL CENTER

2016 Office Use Only
SEP 15 AM 9:25

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

Ability PAC

ADDRESS (number and street)

14149 Autumn Woods Drive

Check if different than previously reported. (ACC)

Carmel

IN

46074-

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C00582593

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:

- Feb 20 (M2)
- Mar 20 (M3)
- Apr 20 (M4)
- May 20 (M5)
- Jun 20 (M6)
- Jul 20 (M7)
- Aug 20 (M8)
- Sep 20 (M9)
- Oct 20 (M10)
- Nov 20 (M11) (Non-Election Year Only)
- Dec 20 (M12) (Non-Election Year Only)
- Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

- Primary (12P)
- Convention (12C)
- General (12G)
- Special (12S)
- Runoff (12R)

Election on

MM / DD / YYYY

in the State of

State

(d) 30-Day POST-Election Report for the:

- General (30G)
- Runoff (30R)
- Special (30S)

Election on

MM / DD / YYYY

in the State of

State

5. Covering Period

MM / DD / YYYY through MM / DD / YYYY

through

MM / DD / YYYY

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 Carlos J. Gonzalez

Signature of Treasurer

Carlos J. Gonzalez

Date

MM / DD / YYYY

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

Office Use Only

FEC FORM 3X
Rev. 12/2004

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Aditya PAC

Report Covering the Period: From:

01 / 01 / 2016

To:

03 / 31 / 2016

**COLUMN A
This Period**

**COLUMN B
Calendar Year-to-Date**

6. (a) Cash on Hand January 1,	2016	3099
(b) Cash on Hand at Beginning of Reporting Period.....	3099	
(c) Total Receipts (from Line 19).....	14000	14000
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	17099	17099
7. Total Disbursements (from Line 31).....	8685	8685
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	8414	8414
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0	

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

Ability PAC

Report Covering the Period: From: 0 1 / 0 1 / 2 0 1 6 To: 0 3 / 3 1 / 2 0 1 6

I. Receipts

**COLUMN A
Total This Period**

**COLUMN B
Calendar Year-to-Date**

<p>11. Contributions (other than loans) From:</p> <p style="padding-left: 20px;">(a) Individuals/Persons Other Than Political Committees</p> <p style="padding-left: 40px;">(i) Itemized (use Schedule A).....</p> <p style="padding-left: 40px;">(ii) Unitemized.....</p> <p style="padding-left: 40px;">(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶</p> <p style="padding-left: 20px;">(b) Political Party Committees.....</p> <p style="padding-left: 20px;">(c) Other Political Committees (such as PACs).....</p> <p style="padding-left: 20px;">(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶</p> <p>12. Transfers From Affiliated/Other Party Committees.....</p> <p>13. All Loans Received.....</p> <p>14. Loan Repayments Received.....</p> <p>15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....</p> <p>16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....</p> <p>17. Other Federal Receipts (Dividends, Interest, etc.).....</p> <p>18. Transfers from Non-Federal and Levin Funds</p> <p style="padding-left: 20px;">(a) Non-Federal Account (from Schedule H3).....</p> <p style="padding-left: 20px;">(b) Levin Funds (from Schedule H5).....</p> <p style="padding-left: 20px;">(c) Total Transfers (add 18(a) and 18(b))..</p> <p>19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶</p> <p>20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶</p>	<div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">0</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">1 4 0 0 0</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">1 4 0 0 0</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">0</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">0</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">1 4 0 0 0</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">0</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">0</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">0</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">0</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">0</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">0</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">0</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">0</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">0</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">0</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">0</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">0</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">0</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">1 4 0 0 0</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">1 4 0 0 0</div>	<div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">0</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">1 4 0 0 0</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">1 4 0 0 0</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">0</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">0</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">1 4 0 0 0</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">0</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">0</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">0</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">0</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">0</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">0</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">0</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">0</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">0</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">0</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">0</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">0</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">1 4 0 0 0</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">1 4 0 0 0</div>
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NON-FEDERAL AND LEVIN FUNDS

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

	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	0
(ii) Non-Federal Share.....	0	0
(b) Other Federal Operating Expenditures	8 6 8 5	8 6 8 5
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	8 6 8 5	8 6 8 5
22. Transfers to Affiliated/Other Party Committees.....	0	0
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0	0
24. Independent Expenditures (use Schedule E).....	0	0
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0	0
26. Loan Repayments Made.....	0	0
27. Loans Made.....	0	0
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0	0
(b) Political Party Committees	0	0
(c) Other Political Committees (such as PACs).....	0	0
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0	0
29. Other Disbursements	0	0
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0	0
(ii) "Levin" Share.....	0	0
(b) Federal Election Activity Paid Entirely With Federal Funds	0	0
(c) Total Federal Election Activity (add ... Lines 30(a)(i), 30(a)(ii) and 30(b))....	0	0
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	8 6 8 5	8 6 8 5
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	0	0

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

**III. Net Contributions/Operating Ex-
penditures**

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

33. Total Contributions (other than loans) (from Line 11(d), page 3)	1 4 0 0 0	1 4 0 0 0
34. Total Contribution Refunds (from Line 28(d))	0	0
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1 4 0 0 0	1 4 0 0 0
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	8 6 8 5	8 6 8 5
37. Offsets to Operating Expenditures (from Line 15, page 3)	0	0
38. Net Operating Expenditures (subtract Line 37 from Line 36)	8 6 8 5	8 6 8 5

NOV 06 11 00 AM 000000001

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

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

FOR LINE NUMBER: PAGE 1 OF 2

(check only one)

<input checked="" 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 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)

N/A

Ability PAC

Full Name (Last, First, Middle Initial)

A.

Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

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

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

NO TO: OF: IN: ON: OCCASION

**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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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

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)

Ability PAC

Full Name (Last, First, Middle Initial)

A.

The UPS Store

Mailing Address

Indianapolis IN 46219
City State Zip Code

Mail
Purpose of Disbursement

Candidate Name

N/A

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) Operating Exp

Category/
Type

Date of Disbursement

03 / 10 / 2016

Amount of Each Disbursement this Period

1161

B.

Grasshopper LLC

Mailing Address

197 1st Avenue
City State Zip Code
Needham PA 02494

Phone system
Purpose of Disbursement

Candidate Name

N/A

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) Operating Exp

Category/
Type

Date of Disbursement

02 / 11 / 2016

Amount of Each Disbursement this Period

3000

C.

Bankcard Merchant Fees

Mailing Address

Las Angeles CA
City State Zip Code

Merchant services
Purpose of Disbursement

Candidate Name

N/A

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) Operating Exp

Category/
Type

Date of Disbursement

03 / 02 / 2016

Amount of Each Disbursement this Period

4524

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

8685

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

8685

NON-PROFIT ORGANIZATION

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full)
Ability PAC

LOAN SOURCE Full Name (Last, First, Middle Initial)	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address	
City State ZIP Code	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
<input type="text"/>	<input type="text"/>	<input type="text"/>

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> % (apr)	<input type="checkbox"/> Yes <input type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional).....▶	<input type="text"/>
TOTALS This Period (last page in this line only).....▶	<input type="text"/>

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

2010-09-14 09:00:00

SCHEDULE C-1 (FEC Form 3X)
LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Federal Election Commission, Washington, D.C. 20463

N/A

Supplementary for
 Information found on
 Page ____ of Schedule C

NAME OF COMMITTEE (In Full) Ability PAC	FEC IDENTIFICATION NUMBER C100582593
---	--

LENDING INSTITUTION (LENDER) Full Name	Amount of Loan <input style="width: 90%;" type="text"/>	Interest Rate (APR) <input style="width: 90%;" type="text"/> %
---	--	---

Mailing Address	Date Incurred or Established MM / DD / YYYY <input style="width: 30%;" type="text"/> / <input style="width: 30%;" type="text"/> / <input style="width: 30%;" type="text"/>
City State Zip Code	Date Due MM / DD / YYYY <input style="width: 30%;" type="text"/> / <input style="width: 30%;" type="text"/> / <input style="width: 30%;" type="text"/>

A. Has loan been restructured? No Yes If yes, date originally incurred / /

B. If line of credit, Amount of this Draw: Total Outstanding Balance:

C. Are other parties secondarily liable for the debt incurred?
 No Yes (Endorsers and guarantors must be reported on Schedule C.)

D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral?
 No Yes If yes, specify: _____

What is the value of this collateral?

Does the lender have a perfected security interest in it? No Yes

E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? No Yes If yes, specify: _____

What is the estimated value?

A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Location of account: _____

Date account established: / /

Address: _____

City, State, Zip: _____

F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.

G. COMMITTEE TREASURER Typed Name Signature	DATE MM / DD / YYYY <input style="width: 30%;" type="text"/> / <input style="width: 30%;" type="text"/> / <input style="width: 30%;" type="text"/>
---	--

H. Attach a signed copy of the loan agreement.

I. TO BE SIGNED BY THE LENDING INSTITUTION:

- I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above.
- II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.
- III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.

AUTHORIZED REPRESENTATIVE Typed Name Signature	DATE MM / DD / YYYY <input style="width: 30%;" type="text"/> / <input style="width: 30%;" type="text"/> / <input style="width: 30%;" type="text"/>
Title	

20070801 11:00 AM

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

PAGE OF

FOR LINE NUMBER: (check only one)

9 10

N/A

NAME OF COMMITTEE (In Full)

Ability PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

- 1) SUBTOTALS This Period This Page (optional)
2) TOTALS This Period (last page this line number only)
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

Grid for entering totals and carrying forward values.

2016-09-12 01:00:00

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) Ability PAC	FEC IDENTIFICATION NUMBER ▼ C00582593
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <input type="text"/> / <input type="text"/> / <input type="text"/> 	

Full Name of Payee
Mailing Address
City State Zip Code
Purpose of Expenditure
Name of Federal Candidate <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>

Date of Public Distribution/Dissemination
Amount <input type="text"/>
Date of Disbursement or Obligation
Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee
Mailing Address
City State Zip Code
Purpose of Expenditure
Name of Federal Candidate <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>

Date of Public Distribution/Dissemination
Amount <input type="text"/>
Date of Disbursement or Obligation
Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	 <input type="text"/>
(b) SUBTOTAL of Unitemized Independent Expenditures	 <input type="text"/>
(c) TOTAL Independent Expenditures.....	 <input type="text"/>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature _____ Date
 / /

20130901 09:01:00 AM

SCHEDULE F (FEC Form 3X)
ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d))

(To be used only by Political Committees in the General Election)

NAME OF COMMITTEE (In Full) Ability PAC			
Has your committee been designated to make coordinated expenditures by a political party committee? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, name the designating committee:	Full Name of Subordinate Committee		
Mailing Address			
City		State	ZIP Code

Full Name (Last, First, Middle Initial) of Each Payee	Purpose of Expenditure	Category/Type
Mailing Address	Date	
City	<input type="text"/> / <input type="text"/> / <input type="text"/>	
Name of Federal Candidate Supported	Office Sought:	State: <input type="text"/>
	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	District: <input type="text"/>
Aggregate General Election Expenditure for this Candidate ▶	<input type="text"/>	
Full Name (Last, First, Middle Initial) of Each Payee	Purpose of Expenditure	Category/Type
Mailing Address	Date	
City	<input type="text"/> / <input type="text"/> / <input type="text"/>	
Name of Federal Candidate Supported	Office Sought:	State: <input type="text"/>
	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	District: <input type="text"/>
Aggregate General Election Expenditure for this Candidate ▶	<input type="text"/>	
Full Name (Last, First, Middle Initial) of Each Payee	Purpose of Expenditure	Category/Type
Mailing Address	Date	
City	<input type="text"/> / <input type="text"/> / <input type="text"/>	
Name of Federal Candidate Supported	Office Sought:	State: <input type="text"/>
	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	District: <input type="text"/>
Aggregate General Election Expenditure for this Candidate ▶	<input type="text"/>	
Full Name (Last, First, Middle Initial) of Each Payee	Purpose of Expenditure	Category/Type
Mailing Address	Date	
City	<input type="text"/> / <input type="text"/> / <input type="text"/>	
Name of Federal Candidate Supported	Office Sought:	State: <input type="text"/>
	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	District: <input type="text"/>
Aggregate General Election Expenditure for this Candidate ▶	<input type="text"/>	

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

2016-09-12 10:00:00

SCHEDULE H1 (FEC Form 3X)

METHOD OF ALLOCATION FOR:

- ALLOCATED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS
- ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES (State, District and Local Party Committees Only)
- ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE) (Separate Segregated Funds And Nonconnected Committees Only)

NAME OF COMMITTEE (In Full)

Ability PAC N/A

USE ONLY ONE SECTION, A or B

A. State and Local Party Committees

Fixed Percentage (select one)

- _____ Presidential-Only Election Year (28% Federal)
- _____ Presidential and Senate Election Year (36% Federal)
- _____ Senate-Only Election Year (21% Federal)
- _____ Non-Presidential and Non-Senate Election Year (15% Federal)

B. Separate Segregated Funds and Nonconnected Committees

Flat Minimum Federal Percentage

If the committee will allocate using the flat minimum percentage of 50% federal funds, check or

If the committee is spending more than 50% federal funds, indicate ratio below

Federal..... %

Nonfederal..... %

This ratio applies to (check all that apply):

- Administrative
- Generic Voter Drive
- Public Communications Referencing Party Only

2015 OCT 11 10:00 AM

SCHEDULE H2 (FEC Form 3X)

ALLOCATION RATIOS

NAME OF COMMITTEE (In Full)
Ability PAC

RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPORT ACTIVITIES APPEARING ON THIS REPORT.

Methods of allocation:

I. FUNDRAISING activities are allocated using the "funds received method" where the federal proportion of expenses must equal the federal proportion of monies raised.

II. Shared **DIRECT CANDIDATE SUPPORT** activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity. **For PACs Only:** Direct candidate support includes public communications or voter drives that refer to both federal and nonfederal candidates, regardless of whether there is a reference to a political party. Such expenses are allocated using a time/space method.

2010-09-12 09:00:00

ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % <input type="text"/> %	NONFEDERAL % <input type="text"/> %
ACTIVITY OR EVENT IDENTIFIER _____ ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % <input type="text"/> %	NONFEDERAL % <input type="text"/> %
ACTIVITY OR EVENT IDENTIFIER _____ ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % <input type="text"/> %	NONFEDERAL % <input type="text"/> %
ACTIVITY OR EVENT IDENTIFIER _____ ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % <input type="text"/> %	NONFEDERAL % <input type="text"/> %
ACTIVITY OR EVENT IDENTIFIER _____ ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % <input type="text"/> %	NONFEDERAL % <input type="text"/> %
ACTIVITY OR EVENT IDENTIFIER _____ ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % <input type="text"/> %	NONFEDERAL % <input type="text"/> %

**SCHEDULE H3 (FEC Form 3X)
 TRANSFERS FROM NONFEDERAL ACCOUNTS FOR
 ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

PAGE N OF A
 FOR LINE 18a OF FORM 3X

NAME OF COMMITTEE (In Full)

Ability PAC

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative	
ii) Generic Voter Drive	
iii) Exempt Activities	
iv) Direct Fundraising (List Activity or Event Identifier)	
a) _____	
b) _____	
c) Total Amount Transferred For Direct Fundraising	
v) Direct Candidate Support (List Activity or Event Identifier)	
a) _____	
b) _____	
c) Total Amount Transferred For Direct Candidate Support	
vi) Public Communications Referring Only to Party (Made by PAC)	

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative)	
TOTAL This Period (Generic Voter Drive)	
TOTAL This Period (Exempt Activities)	
TOTAL This Period (Direct Fundraising)	
TOTAL This Period (Direct Candidate Support)	
TOTAL This Period (Public Communications Referring Only to Party)	
TOTAL This Period (Total Amount Transferred)	

NOTICE: ON LINE ONLY

SCHEDULE H4 (FEC Form 3X)
DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

Ability PAC

A. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement:

Activity or Event Identifier:

Allocated Activity or Event:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

Date

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement:

Activity or Event Identifier:

Allocated Activity or Event:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

Date

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement:

Activity or Event Identifier:

Allocated Activity or Event:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

Date

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

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SCHEDULE H5 (FEC Form 3X)

TRANSFERS OF LEVIN FUNDS RECEIVED FOR
ALLOCATED FEDERAL ELECTION ACTIVITY

(To be used by State, District and Local Party Committees Only)

NAME OF COMMITTEE (In Full)
Ability PAC

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
	<input type="text"/>	<input type="text"/>

BREAKDOWN OF THIS TRANSFER

- i) **Voter Registration**
Total Amount Transferred for Voter Registration.....
- ii) **Voter ID**
Total Amount Transferred for Voter ID.....
- iii) **GOTV**
Total Amount Transferred for GOTV.....
- iv) **Generic Campaign Activity**
Total Amount Transferred for Generic Campaign Activity.....

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
	<input type="text"/>	<input type="text"/>

BREAKDOWN OF THIS TRANSFER

- i) **Voter Registration**
Total Amount Transferred for Voter Registration.....
- ii) **Voter ID**
Total Amount Transferred for Voter ID.....
- iii) **GOTV**
Total Amount Transferred for GOTV.....
- iv) **Generic Campaign Activity**
Total Amount Transferred for Generic Campaign Activity.....

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED (Last Page Only)

TOTAL This Period (Voter Registration).....

TOTAL This Period (Voter ID).....

TOTAL This Period (GOTV).....

TOTAL This Period (Generic Campaign Activity).....

TOTAL This Period (Total Amount of Transfers Received).....

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**SCHEDULE H6 (FEC Form 3X)
DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS
FOR ALLOCATED FEDERAL ELECTION ACTIVITY**
(To be used by State, District and Local Party Committees Only)

NAME OF COMMITTEE (In Full)
Ability PAC

A. Full Name (Last, First, Middle Initial) / Full Organization Name		Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input type="checkbox"/> Generic Campaign	
Mailing Address		Allocated Activity or Event Year-To-Date	
City	State	Zip Code	<input type="text"/>
Purpose of Disbursement		Category/Type	Date <input type="text"/> / <input type="text"/> / <input type="text"/>
FEDERAL SHARE	+	LEVIN SHARE	= TOTAL AMOUNT
<input type="text"/>		<input type="text"/>	<input type="text"/>

B. Full Name (Last, First, Middle Initial) / Full Organization Name		Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input type="checkbox"/> Generic Campaign	
Mailing Address		Allocated Activity or Event Year-To-Date	
City	State	Zip Code	<input type="text"/>
Purpose of Disbursement		Category/Type	Date <input type="text"/> / <input type="text"/> / <input type="text"/>
FEDERAL SHARE	+	LEVIN SHARE	= TOTAL AMOUNT
<input type="text"/>		<input type="text"/>	<input type="text"/>

C. Full Name (Last, First, Middle Initial) / Full Organization Name		Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input type="checkbox"/> Generic Campaign	
Mailing Address		Allocated Activity or Event Year-To-Date	
City	State	Zip Code	<input type="text"/>
Purpose of Disbursement		Category/Type	Date <input type="text"/> / <input type="text"/> / <input type="text"/>
FEDERAL SHARE	+	LEVIN SHARE	= TOTAL AMOUNT
<input type="text"/>		<input type="text"/>	<input type="text"/>

SUBTOTAL of Shared Federal and Levin Activity This Page			
FEDERAL SHARE	+	LEVIN SHARE	= TOTAL AMOUNT
<input type="text"/>		<input type="text"/>	<input type="text"/>
TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii))			
FEDERAL SHARE		LEVIN SHARE	= TOTAL AMOUNT
<input type="text"/>		<input type="text"/>	<input type="text"/>
TOTAL This Period for the Levin Share			

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SCHEDULE L (FEC Form 3X)
AGGREGATION PAGE: LEVIN FUNDS

NAME OF COMMITTEE (In Full)	Ability PAC
NAME OF ACCOUNT	N/A

	COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE
1. RECEIPTS FROM PERSONS		
(a) Itemized (Use Schedule L-A)		
(b) Unitemized		
(c) Total		
2. OTHER RECEIPTS		
3. TOTAL RECEIPTS (Add Lines 1c and 2)		
4. TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B)		
(a) Voter Registration		
(b) Voter ID		
(c) GOTV		
(d) Generic Campaign		
(e) Total		
5. OTHER DISBURSEMENTS		
6. TOTAL DISBURSEMENTS (Add Lines 4e and 5)		
7. BEGINNING CASH ON HAND (for Column B, use cash as of January 1st)		
8. RECEIPTS (from Line 3)		
9. SUBTOTAL (Add Lines 7 and 8)		
10. DISBURSEMENTS (From Line 6)		
11. ENDING CASH ON HAND (Subtract Line 10 From Line 9)		

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SCHEDULE L-A (FEC Form 3X)
ITEMIZED RECEIPTS OF LEVIN FUNDS

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

PAGE 1 OF 2

FOR LINE NUMBER: 1a 2

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)
Ability PAC

Full Name (Last, First, Middle Initial) / Full Organization Name

A.
 Mailing Address

Date of Receipt
 M M / D D /

City State Zip Code

Amount of Each Receipt this Period

Name of Employer or Principal Place of Business

Aggregate Year-to-Date

Occupation

Full Name (Last, First, Middle Initial) / Full Organization Name

B.
 Mailing Address

Date of Receipt
 M M / D D /

City State Zip Code

Amount of Each Receipt this Period

Name of Employer or Principal Place of Business

Aggregate Year-to-Date

Occupation

Full Name (Last, First, Middle Initial) / Full Organization Name

C.
 Mailing Address

Date of Receipt
 M M / D D /

City State Zip Code

Amount of Each Receipt this Period

Name of Employer or Principal Place of Business

Aggregate Year-to-Date

Occupation

Full Name (Last, First, Middle Initial) / Full Organization Name

D.
 Mailing Address

Date of Receipt
 M M / D D /

City State Zip Code

Amount of Each Receipt this Period

Name of Employer or Principal Place of Business

Aggregate Year-to-Date

Occupation

Full Name (Last, First, Middle Initial) / Full Organization Name

Full Name (Last, First, Middle Initial) / Full Organization Name

Full Name (Last, First, Middle Initial) / Full Organization Name

Full Name (Last, First, Middle Initial) / Full Organization Name

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

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

NOTICE OF FINANCIAL DISCLOSURE

**SCHEDULE L-B (FEC Form 3X)
ITEMIZED DISBURSEMENTS
OF LEVIN FUNDS**

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

FOR LINE NUMBER: (check only one)	PAGE	OF
<input type="checkbox"/> 4a	<input type="checkbox"/> 4c	<input type="checkbox"/> 5
<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> 4b	<input type="checkbox"/> 4d

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)

Ability PAC

Full Name (Last, First, Middle Initial) / Full Organization Name

A.

Date of Disbursement

M M M	/	D W D	/	Y Y Y Y Y Y
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Mailing Address

City State Zip Code

Amount of Each Disbursement this Period

--

Purpose of Disbursement

Full Name (Last, First, Middle Initial) / Full Organization Name

B.

Date of Disbursement

M M M	/	D W D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Mailing Address

City State Zip Code

Amount of Each Disbursement this Period

--

Purpose of Disbursement

Full Name (Last, First, Middle Initial) / Full Organization Name

C.

Date of Disbursement

M M M	/	D W D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Mailing Address

City State Zip Code

Amount of Each Disbursement this Period

--

Purpose of Disbursement

Full Name (Last, First, Middle Initial) / Full Organization Name

D.

Date of Disbursement

M M M	/	D W D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Mailing Address

City State Zip Code

Amount of Each Disbursement this Period

--

Purpose of Disbursement

Full Name (Last, First, Middle Initial) / Full Organization Name

E.

Date of Disbursement

M M M	/	D W D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Mailing Address

City State Zip Code

Amount of Each Disbursement this Period

--

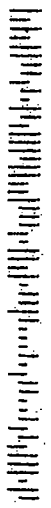
Purpose of Disbursement

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

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

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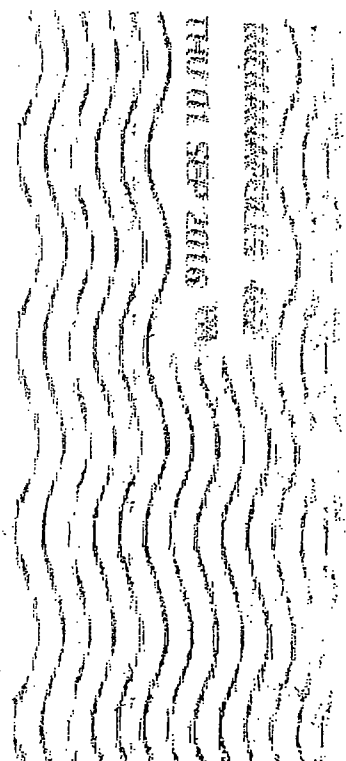


IN 46074



Federal Election Commission
999 E Street NW
Washington, DC 20463

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Federal Election Commission
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9/11/16 9/12/16

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked

USPS Priority Mail Express Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): Shipping Date
Next Business Day Delivery

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

Other (Specify): Date of Receipt or Postmarked

ER 9/12/16
 PREPARER DATE PREPARED

20150912 11:00 AM 000000170