

# 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 [MM] / [DD] / [YYYY] in the State of [ ]

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

Election on [MM] / [DD] / [YYYY] in the State of [ ]

5. Covering Period [MM] / [DD] / [YYYY] 01 / 01 / 2015 through [MM] / [DD] / [YYYY] 06 / 30 / 2015

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 Mrs. Amy Gray

Signature of Treasurer Mrs. Amy Gray [Electronically Filed] Date 07 / 31 / 2015

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									
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**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

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="2015"/>		398153.00
(b) Cash on Hand at Beginning of Reporting Period.....	398153.00	
(c) Total Receipts (from Line 19) .....	3180592.94	3180592.94
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	3578745.94	3578745.94
7. Total Disbursements (from Line 31).....	3512457.01	3512457.01
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	66288.93	66288.93
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) .....	386955.69	

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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Ready PAC

Report Covering the Period: From: 01 / 01 / 2015 To: 06 / 30 / 2015

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	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	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 Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	0.00	0.00
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.).....	3180592.94	3180592.94
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))..... ▶	3180592.94	3180592.94
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	3180592.94	3180592.94

**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 (2 U.S.C. §441a(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 .....	3512457.01	3512457.01
30. Federal Election Activity (2 U.S.C. §431(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)) ..	3512457.01	3512457.01
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3512457.01	3512457.01

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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	0.00
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	0.00
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 1282
<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 (Last, First, Middle Initial) <b>A. Anita Aaron</b>		Date of Receipt MM / DD / YYYY 02 / 16 / 2015 <b>Transaction ID : VN8ECDB93F4</b>
Mailing Address 5529 Lawton Ave		Amount of Each Receipt this Period 212.60
City Oakland	State CA	Zip Code 94618-1508
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer World Institute on Disability	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 212.60	

Full Name (Last, First, Middle Initial) <b>B. Joyce Aboussie</b>		Date of Receipt MM / DD / YYYY 01 / 06 / 2015 <b>Transaction ID : VN8ECDA8EY7</b>
Mailing Address 7700 Forsyth Blvd Ste 1050		Amount of Each Receipt this Period 2500.00
City Saint Louis	State MO	Zip Code 63105-1819
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Aboussie & Associates	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2602.10	

Full Name (Last, First, Middle Initial) <b>C. Joyce Aboussie</b>		Date of Receipt MM / DD / YYYY 01 / 06 / 2015 <b>Transaction ID : VN8ECDA8F52</b>
Mailing Address 7700 Forsyth Blvd Ste 1050		Amount of Each Receipt this Period 102.10
City Saint Louis	State MO	Zip Code 63105-1819
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Aboussie & Associates	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2602.10	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2814.70
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 7 OF 1282
<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

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

**A. Joyce Aboussie**  
Full Name (Last, First, Middle Initial)

Mailing Address 7700 Forsyth Blvd  
Ste 1050

City Saint Louis State MO Zip Code 63105-1819

FEC ID number of contributing federal political committee. **C**

Name of Employer Aboussie & Associates Occupation CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3102.10

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
04 / 08 / 2015  
**Transaction ID : VN8ECDDR104**

Amount of Each Receipt this Period  
500.00

Contribution-IE Only Account

**B. James Abrams**  
Full Name (Last, First, Middle Initial)

Mailing Address 461 2nd St  
Apt 310

City San Francisco State CA Zip Code 94107-4107

FEC ID number of contributing federal political committee. **C**

Name of Employer Greene Radovsky Maloney Share & Hennig Occupation attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
02 / 02 / 2015  
**Transaction ID : VN8ECDATWN7**

Amount of Each Receipt this Period  
250.00

Contribution-IE Only Account

**C. Gloria A Acevedo-Ishak**  
Full Name (Last, First, Middle Initial)

Mailing Address 13822 Eagles Glen Ct

City Orlando State FL Zip Code 32837-8032

FEC ID number of contributing federal political committee. **C**

Name of Employer Bi-Lo/Winn-Dixie Co.,Inc. Occupation Pharmacist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
40.32

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
04 / 11 / 2015  
**Transaction ID : VN8ECDDTZN8**

Amount of Each Receipt this Period  
20.16

Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	770.16
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 8 OF 1282
<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

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

**A. Gloria A Acevedo-Ishak**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13822 Eagles Glen Ct  
 City Orlando State FL Zip Code 32837-8032  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Bi-Lo/Winn-Dixie Co.,Inc. Occupation Pharmacist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 40.32

Date of Receipt 04 / 11 / 2015  
**Transaction ID : VN8ECDDTZT8**  
 Amount of Each Receipt this Period 20.16  
 Contribution-IE Only Account

**B. Gloria A Acevedo-Ishak**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13822 Eagles Glen Ct  
 City Orlando State FL Zip Code 32837-8032  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Bi-Lo/Winn-Dixie Co.,Inc. Occupation Pharmacist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 60.48

Date of Receipt 04 / 18 / 2015  
**Transaction ID : VN8ECDE18B5**  
 Amount of Each Receipt this Period 20.16  
 Contribution-IE Only Account

**C. Gloria A Acevedo-Ishak**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13822 Eagles Glen Ct  
 City Orlando State FL Zip Code 32837-8032  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Bi-Lo/Winn-Dixie Co.,Inc. Occupation Pharmacist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 80.64

Date of Receipt 04 / 25 / 2015  
**Transaction ID : VN8ECDE6H32**  
 Amount of Each Receipt this Period 20.16  
 Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	60.48
<b>TOTAL</b> This Period (last page this line number only).....▶	



**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 9 OF 1282
<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

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

Full Name (Last, First, Middle Initial) <b>A. Gloria A Acevedo-Ishak</b>		Date of Receipt
Mailing Address 13822 Eagles Glen Ct		<input type="text" value="05"/> / <input type="text" value="02"/> / <input type="text" value="2015"/>
City Orlando	State FL	Zip Code 32837-8032
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : VN8ECDEBMN9</b>
Name of Employer Bi-Lo/Winn-Dixie Co.,Inc.		Amount of Each Receipt this Period
Occupation Pharmacist		<input type="text" value="20.16"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	Contribution-IE Only Account
<input type="text" value="100.80"/>		

Full Name (Last, First, Middle Initial) <b>B. Gloria A Acevedo-Ishak</b>		Date of Receipt
Mailing Address 13822 Eagles Glen Ct		<input type="text" value="05"/> / <input type="text" value="09"/> / <input type="text" value="2015"/>
City Orlando	State FL	Zip Code 32837-8032
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : VN8ECDEGKZ7</b>
Name of Employer Bi-Lo/Winn-Dixie Co.,Inc.		Amount of Each Receipt this Period
Occupation Pharmacist		<input type="text" value="20.16"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	Contribution-IE Only Account
<input type="text" value="120.96"/>		

Full Name (Last, First, Middle Initial) <b>C. Gloria A Acevedo-Ishak</b>		Date of Receipt
Mailing Address 13822 Eagles Glen Ct		<input type="text" value="05"/> / <input type="text" value="11"/> / <input type="text" value="2015"/>
City Orlando	State FL	Zip Code 32837-8032
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : VN8ECDEHG12</b>
Name of Employer Bi-Lo/Winn-Dixie Co.,Inc.		Amount of Each Receipt this Period
Occupation Pharmacist		<input type="text" value="20.16"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	Contribution-IE Only Account
<input type="text" value="141.12"/>		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="60.48"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**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 10 OF 1282
<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

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

**A. Gloria A Acevedo-Ishak**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13822 Eagles Glen Ct  
 City Orlando State FL Zip Code 32837-8032  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Bi-Lo/Winn-Dixie Co.,Inc. Occupation Pharmacist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 161.28

Date of Receipt 05 / 16 / 2015  
**Transaction ID : VN8ECDEM0P5**  
 Amount of Each Receipt this Period 20.16  
 Contribution-IE Only Account

**B. Gloria A Acevedo-Ishak**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13822 Eagles Glen Ct  
 City Orlando State FL Zip Code 32837-8032  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Bi-Lo/Winn-Dixie Co.,Inc. Occupation Pharmacist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 181.44

Date of Receipt 05 / 23 / 2015  
**Transaction ID : VN8ECDEPXJ1**  
 Amount of Each Receipt this Period 20.16  
 Contribution-IE Only Account

**C. Gloria A Acevedo-Ishak**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13822 Eagles Glen Ct  
 City Orlando State FL Zip Code 32837-8032  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Bi-Lo/Winn-Dixie Co.,Inc. Occupation Pharmacist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 201.60

Date of Receipt 05 / 30 / 2015  
**Transaction ID : VN8ECDES4F0**  
 Amount of Each Receipt this Period 20.16  
 Contribution-IE Only Account

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 60.48  
**TOTAL** This Period (last page this line number only)..... ▶

**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 11 OF 1282
	<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	

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

**A. Gloria A Acevedo-Ishak**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13822 Eagles Glen Ct  
 City Orlando State FL Zip Code 32837-8032  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Bi-Lo/Winn-Dixie Co.,Inc. Occupation Pharmacist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 221.76

Date of Receipt 06 / 06 / 2015  
**Transaction ID : VN8ECDEZA17**  
 Amount of Each Receipt this Period 20.16  
 Contribution-IE Only Account

**B. Gloria A Acevedo-Ishak**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13822 Eagles Glen Ct  
 City Orlando State FL Zip Code 32837-8032  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Bi-Lo/Winn-Dixie Co.,Inc. Occupation Pharmacist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 241.92

Date of Receipt 06 / 11 / 2015  
**Transaction ID : VN8ECDF3KE1**  
 Amount of Each Receipt this Period 20.16  
 Contribution-IE Only Account

**C. Gloria A Acevedo-Ishak**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13822 Eagles Glen Ct  
 City Orlando State FL Zip Code 32837-8032  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Bi-Lo/Winn-Dixie Co.,Inc. Occupation Pharmacist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 262.08

Date of Receipt 06 / 13 / 2015  
**Transaction ID : VN8ECDF45K1**  
 Amount of Each Receipt this Period 20.16  
 Contribution-IE Only Account

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 60.48  
**TOTAL** This Period (last page this line number only)..... ▶

**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 12 OF 1282
<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

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

**A. Gloria A Acevedo-Ishak**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13822 Eagles Glen Ct  
 City Orlando State FL Zip Code 32837-8032  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Bi-Lo/Winn-Dixie Co.,Inc. Occupation Pharmacist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 282.24

Date of Receipt 06 / 20 / 2015  
**Transaction ID : VN8ECDF9T94**  
 Amount of Each Receipt this Period 20.16  
 Contribution-IE Only Account

**B. Gloria A Acevedo-Ishak**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13822 Eagles Glen Ct  
 City Orlando State FL Zip Code 32837-8032  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Bi-Lo/Winn-Dixie Co.,Inc. Occupation Pharmacist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 302.40

Date of Receipt 06 / 27 / 2015  
**Transaction ID : VN8ECDFEH47**  
 Amount of Each Receipt this Period 20.16  
 Contribution-IE Only Account

**C. Wendy Adair**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 928 Fugate St  
 City Houston State TX Zip Code 77009-5012  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Texas Southern University Occupation Fundraising/PR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 201.60

Date of Receipt 02 / 26 / 2015  
**Transaction ID : VN8ECDBN087**  
 Amount of Each Receipt this Period 201.60  
 Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	241.92
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 13 OF 1282
<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

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

**A. Kathy Adler**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3009 61st Ave SW

City Seattle	State WA	Zip Code 98116-2810
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Self	Occupation Publisher/ writer
--------------------------	---------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	06	/	2015

**Transaction ID : VN8ECDA9RX0**

Amount of Each Receipt this Period  
500.00

Contribution-IE Only Account

**B. Kathy Adler**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3009 61st Ave SW

City Seattle	State WA	Zip Code 98116-2810
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Self	Occupation Publisher/ writer
--------------------------	---------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	09	/	2015

**Transaction ID : VN8ECDC1JQ8**

Amount of Each Receipt this Period  
250.00

Contribution-IE Only Account

**C. Mehmet Sabri Agachan**  
Full Name (Last, First, Middle Initial)  
Mailing Address 9375 Viscount Blvd Apt 1408

City El Paso	State TX	Zip Code 79925-8058
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Raindrop Foundation, Inc.	Occupation Instructional Coordinator
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	26	/	2015

**Transaction ID : VN8ECDAYTX7**

Amount of Each Receipt this Period  
500.00

Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1250.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 14 OF 1282
<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

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

**A. Rajiv Aggarwal**  
Full Name (Last, First, Middle Initial)  
Mailing Address 19321 Summit Ash Ct  
City Leesburg State VA Zip Code 20175-8712  
FEC ID number of contributing federal political committee. **C**  
Name of Employer self employed Occupation doctor  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **500.00**

Date of Receipt **04 / 10 / 2015**  
**Transaction ID : VN8ECDDTHX2**  
Amount of Each Receipt this Period **500.00**  
Contribution-IE Only Account

**B. Michael Aguilera**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8815 Cynthia St Apt 106  
City West Hollywood State CA Zip Code 90069-4590  
FEC ID number of contributing federal political committee. **C**  
Name of Employer US House of Representatives Occupation District Representative  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **201.60**

Date of Receipt **03 / 18 / 2015**  
**Transaction ID : VN8ECDC7XB3**  
Amount of Each Receipt this Period **201.60**  
Contribution-IE Only Account

**C. Elaine Ahearn**  
Full Name (Last, First, Middle Initial)  
Mailing Address 195 Exeter Rd  
City Hampton Falls State NH Zip Code 03844-2010  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Wire Tech Occupation Ladders  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **50.00**

Date of Receipt **01 / 05 / 2015**  
**Transaction ID : VN8ECDA7TS7**  
Amount of Each Receipt this Period **50.00**  
Contribution-IE Only Account

**SUBTOTAL** of Receipts This Page (optional)..... **751.60**  
**TOTAL** This Period (last page this line number only).....

**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 15 OF 1282
<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

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

**A. Elaine Ahearn**  
Full Name (Last, First, Middle Initial)  
Mailing Address 195 Exeter Rd  
City Hampton Falls State NH Zip Code 03844-2010  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Wire Tech Occupation Ladders  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **100.00**

Date of Receipt **02 / 05 / 2015**  
**Transaction ID : VN8ECDAXYW2**  
Amount of Each Receipt this Period **50.00**  
Contribution-IE Only Account

**B. Elaine Ahearn**  
Full Name (Last, First, Middle Initial)  
Mailing Address 195 Exeter Rd  
City Hampton Falls State NH Zip Code 03844-2010  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Wire Tech Occupation Ladders  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **150.00**

Date of Receipt **03 / 05 / 2015**  
**Transaction ID : VN8ECDBTHV3**  
Amount of Each Receipt this Period **50.00**  
Contribution-IE Only Account

**C. Elaine Ahearn**  
Full Name (Last, First, Middle Initial)  
Mailing Address 195 Exeter Rd  
City Hampton Falls State NH Zip Code 03844-2010  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Wire Tech Occupation Ladders  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **200.00**

Date of Receipt **04 / 05 / 2015**  
**Transaction ID : VN8ECDDNPS1**  
Amount of Each Receipt this Period **50.00**  
Contribution-IE Only Account

**SUBTOTAL** of Receipts This Page (optional)..... **150.00**  
**TOTAL** This Period (last page this line number only).....

**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 16 OF 1282
<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

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

Full Name (Last, First, Middle Initial) <b>A. Elaine Ahearn</b>		Date of Receipt MM / DD / YYYY 05 / 05 / 2015 <b>Transaction ID : VN8ECDEC4D0</b>
Mailing Address 195 Exeter Rd		Amount of Each Receipt this Period 50.00
City Hampton Falls	State NH	Zip Code 03844-2010
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Wire Tech	Occupation Ladders	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Elaine Ahearn</b>		Date of Receipt MM / DD / YYYY 06 / 05 / 2015 <b>Transaction ID : VN8ECDEYNM3</b>
Mailing Address 195 Exeter Rd		Amount of Each Receipt this Period 50.00
City Hampton Falls	State NH	Zip Code 03844-2010
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Wire Tech	Occupation Ladders	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C. Tania Ahuja</b>		Date of Receipt MM / DD / YYYY 04 / 11 / 2015 <b>Transaction ID : VN8ECDDV4X3</b>
Mailing Address 101 W 67th St Ph 3A		Amount of Each Receipt this Period 221.76
City New York	State NY	Zip Code 10023-5955
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Tania Ahuja	Occupation Banker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 221.76	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	321.76
<b>TOTAL</b> This Period (last page this line number only).....▶	



# 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 17 OF 1282
<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

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

Full Name (Last, First, Middle Initial)  
**A. Mary Jane Akel**

Mailing Address 501 N Main St  
Ste B

City Harrison State AR Zip Code 72601

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
50.00

Date of Receipt  
MM / DD / YYYY  
02 / 11 / 2015

**Transaction ID : VN8ECDB4SV8**

Amount of Each Receipt this Period  
50.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)  
**B. Mary Jane Akel**

Mailing Address 501 N Main St  
Ste B

City Harrison State AR Zip Code 72601

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
120.15

Date of Receipt  
MM / DD / YYYY  
03 / 06 / 2015

**Transaction ID : VN8ECDBV271**

Amount of Each Receipt this Period  
49.99

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)  
**C. Mary Jane Akel**

Mailing Address 501 N Main St  
Ste B

City Harrison State AR Zip Code 72601

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
120.15

Date of Receipt  
MM / DD / YYYY  
03 / 06 / 2015

**Transaction ID : VN8ECDBV2F5**

Amount of Each Receipt this Period  
20.16

Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	120.15
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 18 OF 1282
<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

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

**A. Mary Jane Akel**  
Full Name (Last, First, Middle Initial)

Mailing Address 501 N Main St  
Ste B

City Harrison State AR Zip Code 72601

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
155.15

Date of Receipt  
03 / 13 / 2015  
**Transaction ID : VN8ECDC3DK2**

Amount of Each Receipt this Period  
35.00

Contribution-IE Only Account

**B. Mary Jane Akel**  
Full Name (Last, First, Middle Initial)

Mailing Address 501 N Main St  
Ste B

City Harrison State AR Zip Code 72601

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
190.15

Date of Receipt  
04 / 13 / 2015  
**Transaction ID : VN8ECDDXMC8**

Amount of Each Receipt this Period  
35.00

Contribution-IE Only Account

**C. Mary Jane Akel**  
Full Name (Last, First, Middle Initial)

Mailing Address 501 N Main St  
Ste B

City Harrison State AR Zip Code 72601

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.15

Date of Receipt  
05 / 13 / 2015  
**Transaction ID : VN8ECDEJPA4**

Amount of Each Receipt this Period  
35.00

Contribution-IE Only Account

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 105.00

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

**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 19 OF 1282
<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

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

**A. Edward Allard**  
Full Name (Last, First, Middle Initial)  
Mailing Address 328 Constitution Ave NE  
City Washington State DC Zip Code 20002-5922  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Gov Occupation Executive  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 100.00

Date of Receipt 01 / 25 / 2015  
**Transaction ID : VN8ECDB22D3**  
Amount of Each Receipt this Period 100.00  
Contribution-IE Only Account

**B. Edward Allard**  
Full Name (Last, First, Middle Initial)  
Mailing Address 328 Constitution Ave NE  
City Washington State DC Zip Code 20002-5922  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Gov Occupation Executive  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 120.16

Date of Receipt 03 / 14 / 2015  
**Transaction ID : VN8ECDC3Z01**  
Amount of Each Receipt this Period 20.16  
Contribution-IE Only Account

**C. Edward Allard**  
Full Name (Last, First, Middle Initial)  
Mailing Address 328 Constitution Ave NE  
City Washington State DC Zip Code 20002-5922  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Gov Occupation Executive  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 513.76

Date of Receipt 04 / 03 / 2015  
**Transaction ID : VN8ECDDMGC0**  
Amount of Each Receipt this Period 192.00  
Contribution-IE Only Account

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 312.16  
**TOTAL** This Period (last page this line number only)..... ▶

**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 20 OF 1282
<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

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

**A. Edward Allard**  
Full Name (Last, First, Middle Initial)  
Mailing Address 328 Constitution Ave NE  
City Washington State DC Zip Code 20002-5922  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Gov Occupation Executive  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 513.76

Date of Receipt 04 / 03 / 2015  
**Transaction ID : VN8ECDDN5Y6**  
Amount of Each Receipt this Period 201.60  
Contribution-IE Only Account

**B. Edward Allard**  
Full Name (Last, First, Middle Initial)  
Mailing Address 328 Constitution Ave NE  
City Washington State DC Zip Code 20002-5922  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Gov Occupation Executive  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 538.76

Date of Receipt 04 / 07 / 2015  
**Transaction ID : VN8ECDF15A4**  
Amount of Each Receipt this Period 25.00  
Earmarked; IE Only Account

**C. Frances Allegra**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1160 NE 98th St  
City Miami Shores State FL Zip Code 33138-2508  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Retired Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 20 / 2015  
**Transaction ID : VN8ECDBQTX4**  
Amount of Each Receipt this Period 250.00  
Contribution-IE Only Account

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 476.60  
**TOTAL** This Period (last page this line number only)..... ▶

**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 21 OF 1282
<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

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

**A. Barbara Allen**  
Full Name (Last, First, Middle Initial)

Mailing Address 45 E End Ave  
Apt 9J

City New York State NY Zip Code 10028-7982

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Public Service

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
201.60

Date of Receipt  
01 / 05 / 2015  
Transaction ID : VN8ECDA7RK4

Amount of Each Receipt this Period  
201.60

Contribution-IE Only Account

**B. Michelle Althuis**  
Full Name (Last, First, Middle Initial)

Mailing Address 1115 E Capitol St SE

City Washington State DC Zip Code 20003-1438

FEC ID number of contributing federal political committee. **C**

Name of Employer EpiContext Occupation Epidemiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
221.76

Date of Receipt  
02 / 03 / 2015  
Transaction ID : VN8ECDAVC14

Amount of Each Receipt this Period  
221.76

Contribution-IE Only Account

**C. Anthony Altimore**  
Full Name (Last, First, Middle Initial)

Mailing Address 360 W 55th St  
Apt 3M

City New York State NY Zip Code 10019-8609

FEC ID number of contributing federal political committee. **C**

Name of Employer TIAA-CREF Occupation Strategy

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
201.60

Date of Receipt  
01 / 15 / 2015  
Transaction ID : VN8ECDADTW6

Amount of Each Receipt this Period  
201.60

Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	624.96
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 22 OF 1282
<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

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

**A. Naveed Amalfard**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1345 S Capitol St SW  
City Washington State DC Zip Code 20003-3571  
FEC ID number of contributing federal political committee. **C**  
Name of Employer DC Public Schools Occupation Teacher  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 201.60

Date of Receipt 04 / 10 / 2015  
**Transaction ID : VN8ECDE4D45**  
Amount of Each Receipt this Period 201.60  
Contribution-IE Only Account

**B. Na'ilah Amaru**  
Full Name (Last, First, Middle Initial)  
Mailing Address 332 Saint Nicholas Ave Apt 4F  
City New York State NY Zip Code 10027  
FEC ID number of contributing federal political committee. **C**  
Name of Employer government Occupation government  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 201.60

Date of Receipt 04 / 10 / 2015  
**Transaction ID : VN8ECDE4DG0**  
Amount of Each Receipt this Period 201.60  
Contribution-IE Only Account

**C. Ronald Ambar**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6450 Alcalde Ct Unit 106  
City Orlando State FL Zip Code 32835-3065  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Planet up technology Occupation Ceo  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 1000.00

Date of Receipt 02 / 12 / 2015  
**Transaction ID : VN8ECDB6703**  
Amount of Each Receipt this Period 1000.00  
Contribution-IE Only Account

**SUBTOTAL** of Receipts This Page (optional).....▶ 1403.20  
**TOTAL** This Period (last page this line number only).....▶

**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 23 OF 1282
<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

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

**A. American Bridge 21st Century**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 455 Massachusetts Ave NW  
 Ste 650  
 City Washington State DC Zip Code 20001-2779  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 150000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 06 / 2015  
**Transaction ID : VN8ECDEZ091**  
 Amount of Each Receipt this Period  
 150000.00  
 List Rental-Fair Market Value; IE Only Account

**B. Susan Anable**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 124 Mercer St  
 City Princeton State NJ Zip Code 08540-6827  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Susan Anable Retired museum professional  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 02 / 2015  
**Transaction ID : VN8ECDBQWE1**  
 Amount of Each Receipt this Period  
 1500.00  
 Contribution-IE Only Account

**C. Barbara Andersen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7 Macbeth Ct  
 City Rancho Mirage State CA Zip Code 92270-1642  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Retired Physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 26 / 2015  
**Transaction ID : VN8ECDAMXJ9**  
 Amount of Each Receipt this Period  
 250.00  
 Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	▶	151750.00
<b>TOTAL</b> This Period (last page this line number only).....	▶	

**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 24 OF 1282
<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

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

**A. Charlotte Anderson**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6710 N River Blvd  
City Tampa State FL Zip Code 33604-6050  
FEC ID number of contributing federal political committee. **C**  
Name of Employer None Occupation Retired judge  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 201.60

Date of Receipt 02 / 17 / 2015  
**Transaction ID : VN8ECDB9999**  
Amount of Each Receipt this Period 201.60  
Contribution-IE Only Account

**B. Javier Ciriaco Angulo**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2649 Sichel St  
City Los Angeles State CA Zip Code 90031-2172  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Walmart Occupation Retail  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 5000.00

Date of Receipt 03 / 07 / 2015  
**Transaction ID : VN8ECDBW7N9**  
Amount of Each Receipt this Period 5000.00  
Contribution-IE Only Account

**C. Fayne Ansley**  
Full Name (Last, First, Middle Initial)  
Mailing Address 133 W 22nd St Apt 8H  
City New York State NY Zip Code 10011-2784  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Occupation Artist  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 201.60

Date of Receipt 04 / 08 / 2015  
**Transaction ID : VN8ECDDQR13**  
Amount of Each Receipt this Period 201.60  
Contribution-IE Only Account

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 5403.20  
**TOTAL** This Period (last page this line number only)..... ▶



**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 25 OF 1282
<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

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

**A. Fayne Ansley**  
Full Name (Last, First, Middle Initial)

Mailing Address 133 W 22nd St  
Apt 8H

City New York State NY Zip Code 10011-2784

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Artist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
597.40

Date of Receipt  
04 / 11 / 2015  
Transaction ID : VN8ECDDV7E1

Amount of Each Receipt this Period  
20.16

Contribution-IE Only Account

**B. Fayne Ansley**  
Full Name (Last, First, Middle Initial)

Mailing Address 133 W 22nd St  
Apt 8H

City New York State NY Zip Code 10011-2784

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Artist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
597.40

Date of Receipt  
04 / 11 / 2015  
Transaction ID : VN8ECDDV7Y8

Amount of Each Receipt this Period  
375.64

Contribution-IE Only Account

**C. Sylvia Arce-Garcia**  
Full Name (Last, First, Middle Initial)

Mailing Address 454 Soledad St  
Ste 300

City San Antonio State TX Zip Code 78205-1555

FEC ID number of contributing federal political committee. **C**

Name of Employer Not employed Occupation Not employed

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
02 / 20 / 2015  
Transaction ID : VN8ECDBQTZ0

Amount of Each Receipt this Period  
500.00

Contribution-IE Only Account

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 895.80

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

**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 26 OF 1282
<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

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

**A. Alfredo Arceo, jr**  
Full Name (Last, First, Middle Initial)

Mailing Address 20434 Attica Rd

City Olympia Fields State IL Zip Code 60461-1326

FEC ID number of contributing federal political committee. **C**

Name of Employer Joe Rizza Ford Occupation Master Technician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2016.00

Date of Receipt 04 / 07 / 2015  
**Transaction ID : VN8ECDF14A3**

Amount of Each Receipt this Period 2016.00

Earmarked; IE Only Account

**B. Lillian Argilagos**  
Full Name (Last, First, Middle Initial)

Mailing Address 10001 New London Dr

City Potomac State MD Zip Code 20854-4848

FEC ID number of contributing federal political committee. **C**

Name of Employer Viamericas Corporation Occupation Corporate Counsel

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 100.00

Date of Receipt 01 / 19 / 2015  
**Transaction ID : VN8ECDAG5S1**

Amount of Each Receipt this Period 100.00

Contribution-IE Only Account

**C. Lillian Argilagos**  
Full Name (Last, First, Middle Initial)

Mailing Address 10001 New London Dr

City Potomac State MD Zip Code 20854-4848

FEC ID number of contributing federal political committee. **C**

Name of Employer Viamericas Corporation Occupation Corporate Counsel

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt 02 / 19 / 2015  
**Transaction ID : VN8ECDBB589**

Amount of Each Receipt this Period 100.00

Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2216.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 27 OF 1282
<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

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

**A. Lillian Argilagos**  
Full Name (Last, First, Middle Initial)  
Mailing Address 10001 New London Dr  
City Potomac State MD Zip Code 20854-4848  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Viamericas Corporation Occupation Corporate Counsel  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 19 / 2015  
**Transaction ID : VN8ECDC8H75**  
Amount of Each Receipt this Period 100.00  
Contribution-IE Only Account

**B. Lillian Argilagos**  
Full Name (Last, First, Middle Initial)  
Mailing Address 10001 New London Dr  
City Potomac State MD Zip Code 20854-4848  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Viamericas Corporation Occupation Corporate Counsel  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 19 / 2015  
**Transaction ID : VN8ECDE1BV8**  
Amount of Each Receipt this Period 100.00  
Contribution-IE Only Account

**C. Lillian Argilagos**  
Full Name (Last, First, Middle Initial)  
Mailing Address 10001 New London Dr  
City Potomac State MD Zip Code 20854-4848  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Viamericas Corporation Occupation Corporate Counsel  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 19 / 2015  
**Transaction ID : VN8ECDEN7C0**  
Amount of Each Receipt this Period 100.00  
Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	300.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 28 OF 1282
	<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	

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

**A. Lillian Argilagos**  
Full Name (Last, First, Middle Initial)  
Mailing Address 10001 New London Dr  
City Potomac State MD Zip Code 20854-4848  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Viamericas Corporation Occupation Corporate Counsel  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **600.00**

Date of Receipt **06 / 19 / 2015**  
**Transaction ID : VN8ECDF9S34**  
Amount of Each Receipt this Period **100.00**  
Contribution-IE Only Account

**B. Gretchen Armijo**  
Full Name (Last, First, Middle Initial)  
Mailing Address 801 Oneida St  
City Denver State CO Zip Code 80220-4819  
FEC ID number of contributing federal political committee. **C**  
Name of Employer City and County of Denver Occupation urban planner  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **35.00**

Date of Receipt **01 / 15 / 2015**  
**Transaction ID : VN8ECDADT96**  
Amount of Each Receipt this Period **35.00**  
Contribution-IE Only Account

**C. Gretchen Armijo**  
Full Name (Last, First, Middle Initial)  
Mailing Address 801 Oneida St  
City Denver State CO Zip Code 80220-4819  
FEC ID number of contributing federal political committee. **C**  
Name of Employer City and County of Denver Occupation urban planner  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **70.00**

Date of Receipt **02 / 15 / 2015**  
**Transaction ID : VN8ECDB88Q8**  
Amount of Each Receipt this Period **35.00**  
Contribution-IE Only Account

**SUBTOTAL** of Receipts This Page (optional)..... **170.00**  
**TOTAL** This Period (last page this line number only).....

**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 29 OF 1282
<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

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

**A. Gretchen Armijo**  
Full Name (Last, First, Middle Initial)  
Mailing Address 801 Oneida St

City Denver	State CO	Zip Code 80220-4819
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer City and County of Denver	Occupation urban planner
---	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
105.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	15	/	2015

**Transaction ID : VN8ECDC4DQ2**

Amount of Each Receipt this Period  
35.00

Contribution-IE Only Account

**B. Gretchen Armijo**  
Full Name (Last, First, Middle Initial)  
Mailing Address 801 Oneida St

City Denver	State CO	Zip Code 80220-4819
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer City and County of Denver	Occupation urban planner
---	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
140.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	15	/	2015

**Transaction ID : VN8ECDDZW21**

Amount of Each Receipt this Period  
35.00

Contribution-IE Only Account

**C. Gretchen Armijo**  
Full Name (Last, First, Middle Initial)  
Mailing Address 801 Oneida St

City Denver	State CO	Zip Code 80220-4819
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer City and County of Denver	Occupation urban planner
---	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
175.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	15	/	2015

**Transaction ID : VN8ECDEK4Z8**

Amount of Each Receipt this Period  
35.00

Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	105.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 30 OF 1282
	<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	

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

Full Name (Last, First, Middle Initial)  
**A. Gretchen Armijo**

Mailing Address 801 Oneida St

City State Zip Code  
Denver CO 80220-4819

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
City and County of Denver urban planner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 15 / 2015  
**Transaction ID : VN8ECDF80Y6**

Amount of Each Receipt this Period  
35.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)  
**B. Moe Armstrong**

Mailing Address PO Box 28

City State Zip Code  
West Haven CT 06516

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self Mental Health Counselor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
234.30

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 06 / 2015  
**Transaction ID : VN8ECDA8B95**

Amount of Each Receipt this Period  
234.30

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)  
**C. Moe Armstrong**

Mailing Address PO Box 28

City State Zip Code  
West Haven CT 06516

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self Mental Health Counselor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
447.30

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 10 / 2015  
**Transaction ID : VN8ECDABDE2**

Amount of Each Receipt this Period  
213.00

Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	482.30
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 31 OF 1282
<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

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

**A. Moe Armstrong**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 28

City West Haven	State CT	Zip Code 06516
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Self	Occupation Mental Health Counselor
--------------------------	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
741.69

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	18	/	2015

**Transaction ID : VN8ECDAFYC3**

Amount of Each Receipt this Period  
294.39

Contribution-IE Only Account

**B. Moe Armstrong**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 28

City West Haven	State CT	Zip Code 06516
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Self	Occupation Mental Health Counselor
--------------------------	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
958.28

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	26	/	2015

**Transaction ID : VN8ECDAMEH8**

Amount of Each Receipt this Period  
216.59

Contribution-IE Only Account

**C. Richard T Asato**  
Full Name (Last, First, Middle Initial)  
Mailing Address 745 Fort Street Mall Ste 1700

City Honolulu	State HI	Zip Code 96813-3818
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Imanaka Asato LLC	Occupation Attorney
---------------------------------------	------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	06	/	2015

**Transaction ID : VN8ECDE1T48**

Amount of Each Receipt this Period  
1000.00

Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1510.98
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 32 OF 1282
<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

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

Full Name (Last, First, Middle Initial)  
**A. Enrique Atienza**

Mailing Address 325 Diamond St

City San Francisco	State CA	Zip Code 94114-2820
-----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Apple INC	Occupation Senior Executive
-------------------------------	--------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	26	/	2015

**Transaction ID : VN8ECDAMY07**

Amount of Each Receipt this Period  
500.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)  
**B. Enrique Atienza**

Mailing Address 325 Diamond St

City San Francisco	State CA	Zip Code 94114-2820
-----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Apple INC	Occupation Executive
-------------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	05	/	2015

**Transaction ID : VN8ECDAXPJ6**

Amount of Each Receipt this Period  
500.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)  
**C. Sirat Attapit**

Mailing Address 2001 12th St NW  
Apt 218

City Washington	State DC	Zip Code 20009-4578
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer US House of Representatives	Occupation Policy advisor
---	------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
201.60

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	26	/	2015

**Transaction ID : VN8ECDAMYK7**

Amount of Each Receipt this Period  
201.60

Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1201.60
<b>TOTAL</b> This Period (last page this line number only).....▶	



**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 33 OF 1282
<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**

**A. James Attwood**  
Full Name (Last, First, Middle Initial)

Mailing Address 376 Harris Rd

City Bedford Hills State NY Zip Code 10507-2411

FEC ID number of contributing federal political committee. **C**

Name of Employer The Carlyle Group Occupation Managing Partner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
25000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 03 / 2015  
**Transaction ID : VN8ECDB2XK7**

Amount of Each Receipt this Period  
 25000.00

Contribution-IE Only Account

**B. Robbie Ausley**  
Full Name (Last, First, Middle Initial)

Mailing Address 3707 Laurel Ledge Ln

City Austin State TX Zip Code 78731-4049

FEC ID number of contributing federal political committee. **C**

Name of Employer retired Occupation retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 08 / 2015  
**Transaction ID : VN8ECDAZVS5**

Amount of Each Receipt this Period  
 250.00

Contribution-IE Only Account

**C. Jon M Ausman**  
Full Name (Last, First, Middle Initial)

Mailing Address 2202 Woodlawn Dr

City Tallahassee State FL Zip Code 32303-3915

FEC ID number of contributing federal political committee. **C**

Name of Employer FL Dept. of Transportation Occupation State Committeeman

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
201.60

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 09 / 2015  
**Transaction ID : VN8ECDC92R4**

Amount of Each Receipt this Period  
 201.60

Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	25451.60
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 34 OF 1282
<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

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

Full Name (Last, First, Middle Initial)  
**A. Laurie Austin**

Mailing Address 162 Whitcomb Ave

City Littleton State MA Zip Code 01460-1417

FEC ID number of contributing federal political committee. **C**

Name of Employer DiCicco Gulman & Co, LLP Occupation CPA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 12 / 2015  
**Transaction ID : VN8ECDDVY26**

Amount of Each Receipt this Period  
 250.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)  
**B. Mark Avila**

Mailing Address 755 NE 77th St

City Miami State FL Zip Code 33138-5216

FEC ID number of contributing federal political committee. **C**

Name of Employer self Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 15 / 2015  
**Transaction ID : VN8ECDB8GQ6**

Amount of Each Receipt this Period  
 1000.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)  
**C. Felice Axelrod**

Mailing Address 7 Hubert St Apt 7B

City New York State NY Zip Code 10013-2065

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Self

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 08 / 2015  
**Transaction ID : VN8ECDB0306**

Amount of Each Receipt this Period  
 1000.00

Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 35 OF 1282
<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

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

**A. Salih B. Aykac**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2608 Elwood PI NE  
 City Albuquerque State NM Zip Code 87112-1909  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Albuquerque School of Excellence Occupation Principal  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 26 / 2015  
**Transaction ID : VN8ECDAYTF6**  
 Amount of Each Receipt this Period  
 325.00  
 Contribution-IE Only Account

**B. Elizabeth Ayoub**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 220 Alhambra Cir Ste 610  
 City Coral Gables State FL Zip Code 33134-5101  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Cifco, LLC Occupation CEO/ Artist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 30 / 2015  
**Transaction ID : VN8ECDASAY2**  
 Amount of Each Receipt this Period  
 250.00  
 Contribution-IE Only Account

**C. Elizabeth Ayoub**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 220 Alhambra Cir Ste 610  
 City Coral Gables State FL Zip Code 33134-5101  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Cifco, LLC Occupation CEO/ Artist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 02 / 2015  
**Transaction ID : VN8ECDAV3E7**  
 Amount of Each Receipt this Period  
 250.00  
 Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	825.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 36 OF 1282  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  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 (Last, First, Middle Initial)  
**A. Mouna Ayoub**

Mailing Address 1 Jochris Dr

City State Zip Code  
Princeton NJ 08540-2003

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
N/A Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
100.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 06 / 2015  
**Transaction ID : VN8ECDA8CV0**

Amount of Each Receipt this Period  
100.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)  
**B. Mouna Ayoub**

Mailing Address 1 Jochris Dr

City State Zip Code  
Princeton NJ 08540-2003

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
N/A Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 13 / 2015  
**Transaction ID : VN8ECDACPG5**

Amount of Each Receipt this Period  
100.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)  
**C. Mouna Ayoub**

Mailing Address 1 Jochris Dr

City State Zip Code  
Princeton NJ 08540-2003

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
N/A Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 20 / 2015  
**Transaction ID : VN8ECDAGGR8**

Amount of Each Receipt this Period  
100.00

Contribution-IE Only Account

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 300.00

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

**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 37 OF 1282
	<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	

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

Full Name (Last, First, Middle Initial) <b>A. Mouna Ayoub</b>		Date of Receipt MM / DD / YYYY 01 / 27 / 2015 <b>Transaction ID : VN8ECDAPJ91</b>
Mailing Address 1 Jochris Dr		Amount of Each Receipt this Period 100.00
City Princeton	State NJ	Zip Code 08540-2003
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer N/A	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) <b>B. Mouna Ayoub</b>		Date of Receipt MM / DD / YYYY 02 / 03 / 2015 <b>Transaction ID : VN8ECDAVT89</b>
Mailing Address 1 Jochris Dr		Amount of Each Receipt this Period 100.00
City Princeton	State NJ	Zip Code 08540-2003
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer N/A	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Mouna Ayoub</b>		Date of Receipt MM / DD / YYYY 02 / 10 / 2015 <b>Transaction ID : VN8ECDB32W8</b>
Mailing Address 1 Jochris Dr		Amount of Each Receipt this Period 100.00
City Princeton	State NJ	Zip Code 08540-2003
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer N/A	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 38 OF 1282
	<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	

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

Full Name (Last, First, Middle Initial) <b>A. Mouna Ayoub</b>		Date of Receipt MM / DD / YYYY 02 / 17 / 2015 <b>Transaction ID : VN8ECDB9GR2</b>
Mailing Address 1 Jochris Dr		Amount of Each Receipt this Period 100.00
City Princeton	State NJ	Zip Code 08540-2003
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer N/A	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

Full Name (Last, First, Middle Initial) <b>B. Mouna Ayoub</b>		Date of Receipt MM / DD / YYYY 02 / 24 / 2015 <b>Transaction ID : VN8ECDBKJ30</b>
Mailing Address 1 Jochris Dr		Amount of Each Receipt this Period 100.00
City Princeton	State NJ	Zip Code 08540-2003
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer N/A	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

Full Name (Last, First, Middle Initial) <b>C. Mouna Ayoub</b>		Date of Receipt MM / DD / YYYY 03 / 03 / 2015 <b>Transaction ID : VN8ECDBSG00</b>
Mailing Address 1 Jochris Dr		Amount of Each Receipt this Period 100.00
City Princeton	State NJ	Zip Code 08540-2003
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer N/A	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 39 OF 1282
<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

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

Full Name (Last, First, Middle Initial) <b>A. Mouna Ayoub</b>		Date of Receipt MM / DD / YYYY 03 / 10 / 2015 <b>Transaction ID : VN8ECD0RC8</b>
Mailing Address 1 Jochris Dr		Amount of Each Receipt this Period 100.00
City Princeton	State NJ	Zip Code 08540-2003
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer N/A	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. Mouna Ayoub</b>		Date of Receipt MM / DD / YYYY 03 / 17 / 2015 <b>Transaction ID : VN8ECD6PW5</b>
Mailing Address 1 Jochris Dr		Amount of Each Receipt this Period 100.00
City Princeton	State NJ	Zip Code 08540-2003
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer N/A	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	

Full Name (Last, First, Middle Initial) <b>C. Mouna Ayoub</b>		Date of Receipt MM / DD / YYYY 03 / 24 / 2015 <b>Transaction ID : VN8ECDCE2P9</b>
Mailing Address 1 Jochris Dr		Amount of Each Receipt this Period 100.00
City Princeton	State NJ	Zip Code 08540-2003
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer N/A	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 40 OF 1282
<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

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

**A. Mouna Ayoub**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1 Jochris Dr  
City Princeton State NJ Zip Code 08540-2003  
FEC ID number of contributing federal political committee. **C**  
Name of Employer N/A Occupation Retired  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **1300.00**

Date of Receipt **03 / 31 / 2015**  
**Transaction ID : VN8ECDDCJP8**  
Amount of Each Receipt this Period **100.00**  
Contribution-IE Only Account

**B. Mouna Ayoub**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1 Jochris Dr  
City Princeton State NJ Zip Code 08540-2003  
FEC ID number of contributing federal political committee. **C**  
Name of Employer N/A Occupation Retired  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **1400.00**

Date of Receipt **04 / 07 / 2015**  
**Transaction ID : VN8ECDDQ696**  
Amount of Each Receipt this Period **100.00**  
Contribution-IE Only Account

**C. Mouna Ayoub**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1 Jochris Dr  
City Princeton State NJ Zip Code 08540-2003  
FEC ID number of contributing federal political committee. **C**  
Name of Employer N/A Occupation Retired  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **1500.00**

Date of Receipt **04 / 14 / 2015**  
**Transaction ID : VN8ECDDYGM1**  
Amount of Each Receipt this Period **100.00**  
Contribution-IE Only Account

**SUBTOTAL** of Receipts This Page (optional)..... **300.00**  
**TOTAL** This Period (last page this line number only).....



**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 41 OF 1282
	<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	

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

Full Name (Last, First, Middle Initial) <b>A. Mouna Ayoub</b>		Date of Receipt MM / DD / YYYY 04 / 21 / 2015 <b>Transaction ID : VN8ECDE2K41</b>
Mailing Address 1 Jochris Dr		Amount of Each Receipt this Period 100.00
City Princeton	State NJ	Zip Code 08540-2003
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer N/A	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1600.00	

Full Name (Last, First, Middle Initial) <b>B. Mouna Ayoub</b>		Date of Receipt MM / DD / YYYY 04 / 28 / 2015 <b>Transaction ID : VN8ECDE8JY3</b>
Mailing Address 1 Jochris Dr		Amount of Each Receipt this Period 100.00
City Princeton	State NJ	Zip Code 08540-2003
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer N/A	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1700.00	

Full Name (Last, First, Middle Initial) <b>C. Mouna Ayoub</b>		Date of Receipt MM / DD / YYYY 05 / 05 / 2015 <b>Transaction ID : VN8ECDEEH84</b>
Mailing Address 1 Jochris Dr		Amount of Each Receipt this Period 100.00
City Princeton	State NJ	Zip Code 08540-2003
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer N/A	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1800.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 42 OF 1282
	<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	

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

Full Name (Last, First, Middle Initial) <b>A. Mouna Ayoub</b>		Date of Receipt MM / DD / YYYY 05 / 12 / 2015 <b>Transaction ID : VN8ECDEJ998</b>
Mailing Address 1 Jochris Dr		Amount of Each Receipt this Period 100.00
City Princeton	State NJ	Zip Code 08540-2003
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer N/A	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1900.00	

Full Name (Last, First, Middle Initial) <b>B. Mouna Ayoub</b>		Date of Receipt MM / DD / YYYY 05 / 19 / 2015 <b>Transaction ID : VN8ECDEN7D8</b>
Mailing Address 1 Jochris Dr		Amount of Each Receipt this Period 100.00
City Princeton	State NJ	Zip Code 08540-2003
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer N/A	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) <b>C. Mouna Ayoub</b>		Date of Receipt MM / DD / YYYY 05 / 26 / 2015 <b>Transaction ID : VN8ECDER460</b>
Mailing Address 1 Jochris Dr		Amount of Each Receipt this Period 100.00
City Princeton	State NJ	Zip Code 08540-2003
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer N/A	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2100.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 43 OF 1282
<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

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

**A. Mouna Ayoub**  
Full Name (Last, First, Middle Initial)

Mailing Address 1 Jochris Dr

City Princeton State NJ Zip Code 08540-2003

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2200.00

Date of Receipt  
06 / 02 / 2015  
**Transaction ID : VN8ECDEY1F0**

Amount of Each Receipt this Period  
100.00

Contribution-IE Only Account

**B. Mouna Ayoub**  
Full Name (Last, First, Middle Initial)

Mailing Address 1 Jochris Dr

City Princeton State NJ Zip Code 08540-2003

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2300.00

Date of Receipt  
06 / 09 / 2015  
**Transaction ID : VN8ECDF2M62**

Amount of Each Receipt this Period  
100.00

Contribution-IE Only Account

**C. Mouna Ayoub**  
Full Name (Last, First, Middle Initial)

Mailing Address 1 Jochris Dr

City Princeton State NJ Zip Code 08540-2003

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2400.00

Date of Receipt  
06 / 16 / 2015  
**Transaction ID : VN8ECDF8AT5**

Amount of Each Receipt this Period  
100.00

Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 44 OF 1282
<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

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

**A. Mouna Ayoub**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1 Jochris Dr  
City Princeton State NJ Zip Code 08540-2003  
FEC ID number of contributing federal political committee. **C**  
Name of Employer N/A Occupation Retired  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **2500.00**

Date of Receipt **06 / 23 / 2015**  
**Transaction ID : VN8ECDFC8R8**  
Amount of Each Receipt this Period **100.00**  
Contribution-IE Only Account

**B. Mouna Ayoub**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1 Jochris Dr  
City Princeton State NJ Zip Code 08540-2003  
FEC ID number of contributing federal political committee. **C**  
Name of Employer N/A Occupation Retired  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **2600.00**

Date of Receipt **06 / 30 / 2015**  
**Transaction ID : VN8ECDFJEE8**  
Amount of Each Receipt this Period **100.00**  
Contribution-IE Only Account

**C. Terry Babcock-Lumish**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3038 Felix St  
City Honolulu State HI Zip Code 96816-1912  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Islay Consulting LLC Occupation economic geographer  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **500.00**

Date of Receipt **03 / 14 / 2015**  
**Transaction ID : VN8ECDC4036**  
Amount of Each Receipt this Period **500.00**  
Contribution-IE Only Account

**SUBTOTAL** of Receipts This Page (optional)..... **700.00**  
**TOTAL** This Period (last page this line number only).....



**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 46 OF 1282
<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

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

**A. Michael Bailkin**  
Full Name (Last, First, Middle Initial)

Mailing Address 380 Upland Rd

City Kennett Square State PA Zip Code 19348-1421

FEC ID number of contributing federal political committee. **C**

Name of Employer Akerman Occupation Lawyer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 10 / 2015  
**Transaction ID : VN8ECDC1583**

Amount of Each Receipt this Period  
 1500.00

Contribution-IE Only Account

**B. Craig Baker**  
Full Name (Last, First, Middle Initial)

Mailing Address 11315 215th Ave E

City Bonney Lake State WA Zip Code 98391

FEC ID number of contributing federal political committee. **C**

Name of Employer Hill's Pet Nutrition Occupation Customer Service Representative

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 07 / 2015  
**Transaction ID : VN8ECDDQ4M0**

Amount of Each Receipt this Period  
 250.00

Contribution-IE Only Account

**C. Kenneth Baker**  
Full Name (Last, First, Middle Initial)

Mailing Address 736 Grayhawk Dr

City Dayton State NV Zip Code 89403-8779

FEC ID number of contributing federal political committee. **C**

Name of Employer Smith Systems Transportation Occupation Truck Driver

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 35.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 22 / 2015  
**Transaction ID : VN8ECDAHJAO**

Amount of Each Receipt this Period  
 35.00

Contribution-IE Only Account

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1785.00

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

**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 47 OF 1282
<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

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

**A. Kenneth Baker**  
Full Name (Last, First, Middle Initial)  
Mailing Address 736 Grayhawk Dr  
City Dayton State NV Zip Code 89403-8779  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Smith Systems Tansportation Occupation Truck Driver  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 70.00

Date of Receipt 02 / 22 / 2015  
**Transaction ID : VN8ECDBDCJ8**  
Amount of Each Receipt this Period 35.00  
Contribution-IE Only Account

**B. Kenneth Baker**  
Full Name (Last, First, Middle Initial)  
Mailing Address 736 Grayhawk Dr  
City Dayton State NV Zip Code 89403-8779  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Smith Systems Tansportation Occupation Truck Driver  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 105.00

Date of Receipt 03 / 22 / 2015  
**Transaction ID : VN8ECDCAV71**  
Amount of Each Receipt this Period 35.00  
Contribution-IE Only Account

**C. Kenneth Baker**  
Full Name (Last, First, Middle Initial)  
Mailing Address 736 Grayhawk Dr  
City Dayton State NV Zip Code 89403-8779  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Smith Systems Tansportation Occupation Truck Driver  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 140.00

Date of Receipt 04 / 22 / 2015  
**Transaction ID : VN8ECDE5XW6**  
Amount of Each Receipt this Period 35.00  
Contribution-IE Only Account

**SUBTOTAL** of Receipts This Page (optional).....▶ 105.00  
**TOTAL** This Period (last page this line number only).....▶

**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 48 OF 1282
<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

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

Full Name (Last, First, Middle Initial) <b>A. Kenneth Baker</b>			Date of Receipt MM / DD / YYYY 05 / 22 / 2015 <b>Transaction ID : VN8ECDEPKY4</b>
Mailing Address 736 Grayhawk Dr			Amount of Each Receipt this Period 35.00
City Dayton	State NV	Zip Code 89403-8779	
FEC ID number of contributing federal political committee. C			Contribution-IE Only Account
Name of Employer Smith Systems Tansportation		Occupation Truck Driver	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 175.00	

Full Name (Last, First, Middle Initial) <b>B. Kenneth Baker</b>			Date of Receipt MM / DD / YYYY 06 / 22 / 2015 <b>Transaction ID : VN8ECDFAYA8</b>
Mailing Address 736 Grayhawk Dr			Amount of Each Receipt this Period 35.00
City Dayton	State NV	Zip Code 89403-8779	
FEC ID number of contributing federal political committee. C			Contribution-IE Only Account
Name of Employer Smith Systems Tansportation		Occupation Truck Driver	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) <b>C. Endre Balazs</b>			Date of Receipt MM / DD / YYYY 02 / 20 / 2015 <b>Transaction ID : VN8ECDBQH39</b>
Mailing Address 1040 Arcadian Way			Amount of Each Receipt this Period 1000.00
City Fort Lee	State NJ	Zip Code 07024-6348	
FEC ID number of contributing federal political committee. C			Contribution-IE Only Account
Name of Employer Matrix Biology Institute		Occupation Chairman	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1070.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**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 49 OF 1282
<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

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

Full Name (Last, First, Middle Initial) <b>A. Brad Baldia</b>		Date of Receipt MM / DD / YYYY 01 / 23 / 2015 <b>Transaction ID : VN8ECDAJEA9</b>
Mailing Address 401 Edgemoor Rd		Amount of Each Receipt this Period 201.60
City Wilmington	State DE	Zip Code 19809-3270
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Turnkey SMS	Occupation Senior Business & Government Affairs C	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 201.60	

Full Name (Last, First, Middle Initial) <b>B. Laura Ann Barberena</b>		Date of Receipt MM / DD / YYYY 02 / 28 / 2015 <b>Transaction ID : VN8ECDORA2</b>
Mailing Address 8314 Dawnwood Dr		Amount of Each Receipt this Period 500.00
City San Antonio	State TX	Zip Code 78250-3206
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Self	Occupation Consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Dale Barnes</b>		Date of Receipt MM / DD / YYYY 01 / 30 / 2015 <b>Transaction ID : VN8ECDASAV8</b>
Mailing Address 187 Harrison Ave		Amount of Each Receipt this Period 250.00
City Sausalito	State CA	Zip Code 94965-2043
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Morgan, Lewis & Bockius LLP	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	951.60
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 50 OF 1282
<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

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

Full Name (Last, First, Middle Initial) <b>A. Sarah Barrett-Page</b>		Date of Receipt MM / DD / YYYY 01 / 26 / 2015
Mailing Address 616 Pine St		<b>Transaction ID : VN8ECDAMMP0</b>
City Boulder	State CO	Zip Code 80302
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Self	Occupation Writer	Contribution-IE Only Account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 50.00	

Full Name (Last, First, Middle Initial) <b>B. Sarah Barrett-Page</b>		Date of Receipt MM / DD / YYYY 02 / 26 / 2015
Mailing Address 616 Pine St		<b>Transaction ID : VN8ECDBMZD4</b>
City Boulder	State CO	Zip Code 80302
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Self	Occupation Writer	Contribution-IE Only Account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 100.00	

Full Name (Last, First, Middle Initial) <b>C. Sarah Barrett-Page</b>		Date of Receipt MM / DD / YYYY 04 / 26 / 2015
Mailing Address 616 Pine St		<b>Transaction ID : VN8ECDE7X44</b>
City Boulder	State CO	Zip Code 80302
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Self	Occupation Writer	Contribution-IE Only Account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 150.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 51 OF 1282
<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

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

**A. Sarah Barrett-Page**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 616 Pine St  
 City Boulder State CO Zip Code 80302  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Writer  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **200.00**

Date of Receipt **05 / 26 / 2015**  
**Transaction ID : VN8ECDEQWJ6**  
 Amount of Each Receipt this Period **50.00**  
 Contribution-IE Only Account

**B. Sarah Barrett-Page**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 616 Pine St  
 City Boulder State CO Zip Code 80302  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Writer  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **06 / 26 / 2015**  
**Transaction ID : VN8ECDFE8R4**  
 Amount of Each Receipt this Period **50.00**  
 Contribution-IE Only Account

**C. Diane Barrickman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 402 Vista De La Playa Ln  
 City Santa Barbara State CA Zip Code 93109-1701  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Robert Huhn Human Performance Center Occupation Physical Therapist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **04 / 13 / 2015**  
**Transaction ID : VN8ECDDYE17**  
 Amount of Each Receipt this Period **500.00**  
 Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>600.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**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 52 OF 1282
	<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	

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

Full Name (Last, First, Middle Initial) <b>A. Clinton Bartlett</b>		Date of Receipt MM / DD / YYYY 03 / 07 / 2015 <b>Transaction ID : VN8ECDBW847</b>
Mailing Address 4502 N 2nd Ave		Amount of Each Receipt this Period 210.16
City Phoenix	State AZ	Zip Code 85013-2911
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer People Empowering People of AZ, Inc.	Occupation Psychotherapist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.16	

Full Name (Last, First, Middle Initial) <b>B. Clinton Bartlett</b>		Date of Receipt MM / DD / YYYY 03 / 19 / 2015 <b>Transaction ID : VN8ECDC8XH9</b>
Mailing Address 4502 N 2nd Ave		Amount of Each Receipt this Period 20.16
City Phoenix	State AZ	Zip Code 85013-2911
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer People Empowering People of AZ, Inc.	Occupation Psychotherapist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.32	

Full Name (Last, First, Middle Initial) <b>C. Alec Benedict Bash</b>		Date of Receipt MM / DD / YYYY 01 / 21 / 2015 <b>Transaction ID : VN8ECDAQ9H1</b>
Mailing Address 936 Church St		Amount of Each Receipt this Period 21.00
City San Francisco	State CA	Zip Code 94114-3029
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer none	Occupation retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 21.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	251.32
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 53 OF 1282
<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

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

**A. Alec Benedict Bash**  
Full Name (Last, First, Middle Initial)  
Mailing Address 936 Church St  
City San Francisco State CA Zip Code 94114-3029  
FEC ID number of contributing federal political committee. **C**  
Name of Employer none Occupation retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 41.16

Date of Receipt **01 / 27 / 2015**  
**Transaction ID : VN8ECDAPVP2**  
Amount of Each Receipt this Period 20.16  
Contribution-IE Only Account

**B. Alec Benedict Bash**  
Full Name (Last, First, Middle Initial)  
Mailing Address 936 Church St  
City San Francisco State CA Zip Code 94114-3029  
FEC ID number of contributing federal political committee. **C**  
Name of Employer none Occupation retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 291.16

Date of Receipt **02 / 05 / 2015**  
**Transaction ID : VN8ECDAXQ21**  
Amount of Each Receipt this Period 250.00  
Contribution-IE Only Account

**C. Alec Benedict Bash**  
Full Name (Last, First, Middle Initial)  
Mailing Address 936 Church St  
City San Francisco State CA Zip Code 94114-3029  
FEC ID number of contributing federal political committee. **C**  
Name of Employer none Occupation retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 402.96

Date of Receipt **03 / 17 / 2015**  
**Transaction ID : VN8ECD7AC1**  
Amount of Each Receipt this Period 111.80  
Contribution-IE Only Account

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 381.96  
**TOTAL** This Period (last page this line number only)..... ▶

**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 54 OF 1282
<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

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

**A. Marc Baum**  
Full Name (Last, First, Middle Initial)  
Mailing Address 241 W 12th St  
City New York State NY Zip Code 10014  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Serengeti Asset Mangement Occupation lawyer  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **1000.00**

Date of Receipt **01 / 21 / 2015**  
**Transaction ID : VN8ECDAHA60**  
Amount of Each Receipt this Period **1000.00**  
Contribution-IE Only Account

**B. Wayne Bautista**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1043 Hampshire St  
City San Francisco State CA Zip Code 94110-3425  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Arhaus Occupation Sourcing Director  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **2000.00**

Date of Receipt **04 / 08 / 2015**  
**Transaction ID : VN8ECDDQYT1**  
Amount of Each Receipt this Period **2000.00**  
Contribution-IE Only Account

**C. Jessica Beasley**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1541 A St SE  
City Washington State DC Zip Code 20003-1506  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Fannie Mae Occupation Recruiter  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **201.60**

Date of Receipt **02 / 06 / 2015**  
**Transaction ID : VN8ECDAYQD4**  
Amount of Each Receipt this Period **201.60**  
Contribution-IE Only Account

**SUBTOTAL** of Receipts This Page (optional)..... **3201.60**  
**TOTAL** This Period (last page this line number only).....

**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 55 OF 1282
	<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	

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

Full Name (Last, First, Middle Initial)  
**A. Becky Beaver**

Mailing Address 816 Congress Ave  
Ste 1600

City Austin State TX Zip Code 78701-2638

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
02 / 23 / 2015  
**Transaction ID : VN8ECDBDXC8**

Amount of Each Receipt this Period  
500.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)  
**B. Becky Beaver**

Mailing Address 816 Congress Ave  
Ste 1600

City Austin State TX Zip Code 78701-2638

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
02 / 23 / 2015  
**Transaction ID : VN8ECDBDXD6**

Amount of Each Receipt this Period  
500.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)  
**C. Connie Beckerley**

Mailing Address 3006 Lakeside Dr

City Rockwall State TX Zip Code 75087-5317

FEC ID number of contributing federal political committee. **C**

Name of Employer None Occupation Social Worker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
200.00

Date of Receipt  
02 / 03 / 2015  
**Transaction ID : VN8ECDAWP06**

Amount of Each Receipt this Period  
200.00

Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1200.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 56 OF 1282
<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

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

**A. Connie Beckerley**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3006 Lakeside Dr  
City Rockwall State TX Zip Code 75087-5317  
FEC ID number of contributing federal political committee. **C**  
Name of Employer None Occupation Social Worker  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 220.16

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
02 / 25 / 2015  
**Transaction ID : VN8ECDBMEQ7**  
Amount of Each Receipt this Period 20.16  
Contribution-IE Only Account

**B. Connie Beckerley**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3006 Lakeside Dr  
City Rockwall State TX Zip Code 75087-5317  
FEC ID number of contributing federal political committee. **C**  
Name of Employer None Occupation Social Worker  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 225.16

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
04 / 23 / 2015  
**Transaction ID : VN8ECDE51X5**  
Amount of Each Receipt this Period 5.00  
Contribution-IE Only Account

**C. Catherine Begaye**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 65008  
City Albuquerque State NM Zip Code 87193-5008  
FEC ID number of contributing federal political committee. **C**  
Name of Employer self Occupation Attorney  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 201.60

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
04 / 09 / 2015  
**Transaction ID : VN8ECDDS184**  
Amount of Each Receipt this Period 201.60  
Contribution-IE Only Account

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 226.76  
**TOTAL** This Period (last page this line number only)..... ▶



**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 57 OF 1282
	<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	

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

Full Name (Last, First, Middle Initial) <b>A. Samantha Begovich</b>		Date of Receipt MM / DD / YYYY 01 / 25 / 2015 <b>Transaction ID : VN8ECDAK0H2</b>
Mailing Address 9974 Scripps Ranch Blvd No 511		Amount of Each Receipt this Period 250.00
City San Diego	State CA	Zip Code 92101
FEC ID number of contributing federal political committee. C	Name of Employer san diego county	Occupation lawyer prosecutor
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
		Contribution-IE Only Account

Full Name (Last, First, Middle Initial) <b>B. Glenn Bell</b>		Date of Receipt MM / DD / YYYY 03 / 24 / 2015 <b>Transaction ID : VN8ECDCERR2</b>
Mailing Address 139 Cashua St		Amount of Each Receipt this Period 201.60
City Darlington	State SC	Zip Code 29532-3334
FEC ID number of contributing federal political committee. C	Name of Employer The Law Office of Monty Bell	Occupation Attorney
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 201.60	
		Contribution-IE Only Account

Full Name (Last, First, Middle Initial) <b>C. Kathryn Bender</b>		Date of Receipt MM / DD / YYYY 03 / 10 / 2015 <b>Transaction ID : VN8ECD0P80</b>
Mailing Address 1057 Mathis Ferry Rd		Amount of Each Receipt this Period 201.60
City Mt Pleasant	State SC	Zip Code 29464-2616
FEC ID number of contributing federal political committee. C	Name of Employer The College of Charleston	Occupation Professor
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 201.60	
		Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	653.20
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 58 OF 1282
<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

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

**A. Sam Bennett**  
Full Name (Last, First, Middle Initial)  
Mailing Address 25 S 15th St  
City Allentown State PA Zip Code 18102-4435  
FEC ID number of contributing federal political committee. **C**  
Name of Employer The Historic Benner Mansion Occupation small business owner  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 26 / 2015  
**Transaction ID : VN8ECDAMGD2**  
Amount of Each Receipt this Period 500.00  
Contribution-IE Only Account

**B. Peter Bentley**  
Full Name (Last, First, Middle Initial)  
Mailing Address 13537 us 1  
City Sebastian State FL Zip Code 32958  
FEC ID number of contributing federal political committee. **C**  
Name of Employer retired Occupation retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 14 / 2015  
**Transaction ID : VN8ECDDYFN8**  
Amount of Each Receipt this Period 1000.00  
Contribution-IE Only Account

**C. Renee Berberette**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1438 N Ogden Dr  
City Los Angeles State CA Zip Code 90046-3907  
FEC ID number of contributing federal political committee. **C**  
Name of Employer self employed Occupation production, homemaker  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 580.64

Date of Receipt 04 / 12 / 2015  
**Transaction ID : VN8ECDDWB71**  
Amount of Each Receipt this Period 500.00  
Contribution-IE Only Account

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2000.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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 59 OF 1282
<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

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

Full Name (Last, First, Middle Initial) <b>A. Renee Berberette</b>		Date of Receipt MM / DD / YYYY 04 / 12 / 2015
Mailing Address 1438 N Ogden Dr		<b>Transaction ID : VN8ECDDWBE6</b>
City Los Angeles	State CA	Zip Code 90046-3907
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.64
Name of Employer self employed	Occupation production, homemaker	Contribution-IE Only Account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 580.64	

Full Name (Last, First, Middle Initial) <b>B. Jarret Berg</b>		Date of Receipt MM / DD / YYYY 04 / 05 / 2015
Mailing Address 251 E 32nd St 3B		<b>Transaction ID : VN8ECDDNQ30</b>
City New York	State NY	Zip Code 10016-6304
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 362.88
Name of Employer Legislature	Occupation Law	Contribution-IE Only Account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 362.88	

Full Name (Last, First, Middle Initial) <b>C. Mitchell Berger</b>		Date of Receipt MM / DD / YYYY 02 / 10 / 2015
Mailing Address 350 E Las Olas Blvd		<b>Transaction ID : VN8ECDB33G6</b>
City Ft Lauderdale	State FL	Zip Code 33301-4215
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Berger Singerman	Occupation Attorney	Contribution-IE Only Account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1443.52
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 60 OF 1282
<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

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

**A. Joanne Berger-Sweeney**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 133 Vernon St  
 City Hartford State CT Zip Code 06106-3177  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Trinity College Occupation educator  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **04 / 12 / 2015**  
**Transaction ID : VN8ECDDX4J2**  
 Amount of Each Receipt this Period **500.00**  
 Contribution-IE Only Account

**B. Alicia Berhow**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2552 Kelvin Ave 335  
 City Irvine State CA Zip Code 92614-5704  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Orange County Business Council Occupation Vice President, Workforce Development  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **201.60**

Date of Receipt **03 / 27 / 2015**  
**Transaction ID : VN8ECDD9656**  
 Amount of Each Receipt this Period **201.60**  
 Contribution-IE Only Account

**C. Janna L Berk**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 700 Ravinia Glen Pl  
 City Highland Park State IL Zip Code 60035-5131  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Not employed Occupation Not employed  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **02 / 28 / 2015**  
**Transaction ID : VN8ECDC0KA0**  
 Amount of Each Receipt this Period **250.00**  
 Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>951.60</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**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 61 OF 1282
<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

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

Full Name (Last, First, Middle Initial) <b>A. Lisa Berkower</b>		Date of Receipt MM / DD / YYYY 01 / 22 / 2015 <b>Transaction ID : VN8ECDAHHH2</b>
Mailing Address 252 Munsee Way		Amount of Each Receipt this Period 2500.00
City Westfield	State NJ	Zip Code 07090-3818
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer retired	Occupation retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) <b>B. Gwen Berlin</b>		Date of Receipt MM / DD / YYYY 01 / 16 / 2015 <b>Transaction ID : VN8ECDAEMX0</b>
Mailing Address 3600 Mystic Pointe Dr Apt 1103		Amount of Each Receipt this Period 20.16
City Miami	State FL	Zip Code 33180
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Retired	Occupation Director, Department of State Art in E	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 20.16	

Full Name (Last, First, Middle Initial) <b>C. Gwen Berlin</b>		Date of Receipt MM / DD / YYYY 02 / 01 / 2015 <b>Transaction ID : VN8ECDB2NE1</b>
Mailing Address 3600 Mystic Pointe Dr Apt 1103		Amount of Each Receipt this Period 15.00
City Miami	State FL	Zip Code 33180
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Retired	Occupation Director, Department of State Art in E	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 35.16	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2535.16
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 62 OF 1282
<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

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

Full Name (Last, First, Middle Initial) <b>A. Gwen Berlin</b>		Date of Receipt MM / DD / YYYY 02 / 16 / 2015 <b>Transaction ID : VN8ECDB8NA3</b>
Mailing Address 3600 Mystic Pointe Dr Apt 1103		Amount of Each Receipt this Period 20.16
City Miami	State FL	Zip Code 33180
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Retired	Occupation Director, Department of State Art in E	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 55.32	

Full Name (Last, First, Middle Initial) <b>B. Gwen Berlin</b>		Date of Receipt MM / DD / YYYY 03 / 05 / 2015 <b>Transaction ID : VN8ECDBTYM5</b>
Mailing Address 3600 Mystic Pointe Dr Apt 1103		Amount of Each Receipt this Period 201.60
City Miami	State FL	Zip Code 33180
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Retired	Occupation Director, Department of State Art in E	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 256.92	

Full Name (Last, First, Middle Initial) <b>C. Gwen Berlin</b>		Date of Receipt MM / DD / YYYY 03 / 09 / 2015 <b>Transaction ID : VN8ECDF0P60</b>
Mailing Address 3600 Mystic Pointe Dr Apt 1103		Amount of Each Receipt this Period 15.00
City Miami	State FL	Zip Code 33180
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Retired	Occupation Director, Department of State Art in E	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 271.92	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	236.76
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 63 OF 1282
<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

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

Full Name (Last, First, Middle Initial) <b>A. Gwen Berlin</b>		Date of Receipt MM / DD / YYYY 03 / 16 / 2015 <b>Transaction ID : VN8ECDC5103</b>
Mailing Address 3600 Mystic Pointe Dr Apt 1103		Amount of Each Receipt this Period 20.16
City Miami	State FL	Zip Code 33180
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Retired	Occupation Director, Department of State Art in E	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 292.08	

Full Name (Last, First, Middle Initial) <b>B. Gwen Berlin</b>		Date of Receipt MM / DD / YYYY 04 / 07 / 2015 <b>Transaction ID : VN8ECDF1461</b>
Mailing Address 3600 Mystic Pointe Dr Apt 1103		Amount of Each Receipt this Period 15.00
City Miami	State FL	Zip Code 33180
FEC ID number of contributing federal political committee. C		Earmarked; IE Only Account
Name of Employer Retired	Occupation Director, Department of State Art in E	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 307.08	

Full Name (Last, First, Middle Initial) <b>C. Gwen Berlin</b>		Date of Receipt MM / DD / YYYY 04 / 16 / 2015 <b>Transaction ID : VN8ECDE0BR5</b>
Mailing Address 3600 Mystic Pointe Dr Apt 1103		Amount of Each Receipt this Period 20.16
City Miami	State FL	Zip Code 33180
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Retired	Occupation Director, Department of State Art in E	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 327.24	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	55.32
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 64 OF 1282
<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

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

**A. Gwen Berlin**  
Full Name (Last, First, Middle Initial)

Mailing Address 3600 Mystic Pointe Dr  
Apt 1103

City Miami State FL Zip Code 33180

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Director, Department of State Art in E

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **342.24**

Date of Receipt **05 / 11 / 2015**  
**Transaction ID : VN8ECDF1C34**

Amount of Each Receipt this Period **15.00**

Earmarked; IE Only Account

**B. Gwen Berlin**  
Full Name (Last, First, Middle Initial)

Mailing Address 3600 Mystic Pointe Dr  
Apt 1103

City Miami State FL Zip Code 33180

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Director, Department of State Art in E

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **362.40**

Date of Receipt **05 / 16 / 2015**  
**Transaction ID : VN8ECDEM4W1**

Amount of Each Receipt this Period **20.16**

Contribution-IE Only Account

**C. Christopher Bernard**  
Full Name (Last, First, Middle Initial)

Mailing Address 350 Fairfield Ave

City Bridgeport State CT Zip Code 06604-6023

FEC ID number of contributing federal political committee. **C**

Name of Employer Koskoff, Koskoff & Bieder Occupation Lawyer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt **04 / 03 / 2015**  
**Transaction ID : VN8ECDDJ774**

Amount of Each Receipt this Period **1000.00**

Contribution-IE Only Account

**SUBTOTAL** of Receipts This Page (optional)..... **1035.16**

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



**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 65 OF 1282
<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

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

**A. David Bernard**  
Full Name (Last, First, Middle Initial)

Mailing Address 221 North St

City Litchfield State CT Zip Code 06759-2401

FEC ID number of contributing federal political committee. **C**

Name of Employer Koskoff, Koskoff & Bieder Occupation Lawyer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 03 / 2015  
**Transaction ID : VN8ECDDJ7C4**

Amount of Each Receipt this Period  
 1000.00

Contribution-IE Only Account

**B. Michelle Bethel**  
Full Name (Last, First, Middle Initial)

Mailing Address 1024 Alhambra Cir

City Coral Gables State FL Zip Code 33134-3528

FEC ID number of contributing federal political committee. **C**

Name of Employer MIBR Occupation Board Member

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 21 / 2015  
**Transaction ID : VN8ECDAH866**

Amount of Each Receipt this Period  
 250.00

Contribution-IE Only Account

**C. Lisa Better**  
Full Name (Last, First, Middle Initial)

Mailing Address 3265 Coacoochee St

City Miami State FL Zip Code 33133

FEC ID number of contributing federal political committee. **C**

Name of Employer Miami Book Fair International Occupation Membership Manager/Development

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 08 / 2015  
**Transaction ID : VN8ECDAZX45**

Amount of Each Receipt this Period  
 500.00

Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 66 OF 1282
	<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	

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

Full Name (Last, First, Middle Initial)  
**A. Esther Beynon**

Mailing Address 2560 Hill Cir

City State Zip Code  
Colorado Springs CO 80904-1111

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self Business Owner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
03 / 17 / 2015  
**Transaction ID : VN8ECDC8DN7**

Amount of Each Receipt this Period  
500.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)  
**B. Charlene N Bickford**

Mailing Address 3220 5th St N

City State Zip Code  
Arlington VA 22201-1702

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
The George Washington University Professor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
200.16

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
01 / 09 / 2015  
**Transaction ID : VN8ECDACM94**

Amount of Each Receipt this Period  
200.16

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)  
**C. Richard Bieder**

Mailing Address 70 Forest St  
Apt 16A

City State Zip Code  
Stamford CT 06901-1881

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Koskoff, Koskoff and Bieder Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
02 / 26 / 2015  
**Transaction ID : VN8ECDBMZM9**

Amount of Each Receipt this Period  
10000.00

Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	10700.16
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 67 OF 1282
<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

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

**A. Caroline Billet**  
Full Name (Last, First, Middle Initial)

Mailing Address 102 W 74th St  
Apt 4B

City New York State NY Zip Code 10023-2337

FEC ID number of contributing federal political committee. **C**

Name of Employer Squire Patton Boggs (US) LLP Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
201.60

Date of Receipt  
MM / DD / YYYY  
01 / 12 / 2015  
**Transaction ID : VN8ECDAC270**

Amount of Each Receipt this Period  
201.60

Contribution-IE Only Account

**B. Caroline Billet**  
Full Name (Last, First, Middle Initial)

Mailing Address 102 W 74th St  
Apt 4B

City New York State NY Zip Code 10023-2337

FEC ID number of contributing federal political committee. **C**

Name of Employer Squire Patton Boggs (US) LLP Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
448.20

Date of Receipt  
MM / DD / YYYY  
04 / 02 / 2015  
**Transaction ID : VN8ECDG135**

Amount of Each Receipt this Period  
201.60

Contribution-IE Only Account

**C. Caroline Billet**  
Full Name (Last, First, Middle Initial)

Mailing Address 102 W 74th St  
Apt 4B

City New York State NY Zip Code 10023-2337

FEC ID number of contributing federal political committee. **C**

Name of Employer Squire Patton Boggs (US) LLP Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
448.20

Date of Receipt  
MM / DD / YYYY  
04 / 02 / 2015  
**Transaction ID : VN8ECDG151**

Amount of Each Receipt this Period  
45.00

Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	448.20
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 68 OF 1282
<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

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

**A. Nan Birdwhistell**  
Full Name (Last, First, Middle Initial)  
Mailing Address 9 Tyler Ave  
City Branford State CT Zip Code 06405-5306  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Murtha Cullina, LLP Occupation attorney  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 250.00

Date of Receipt 01 / 27 / 2015  
**Transaction ID : VN8ECDAPQQ1**  
Amount of Each Receipt this Period 250.00  
Contribution-IE Only Account

**B. Michel Bitritto**  
Full Name (Last, First, Middle Initial)  
Mailing Address 261 Springfield Ave  
City Summit State NJ Zip Code 07901-3607  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Njit Occupation Talent Dir  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 50.00

Date of Receipt 01 / 07 / 2015  
**Transaction ID : VN8ECDAAKD8**  
Amount of Each Receipt this Period 50.00  
Contribution-IE Only Account

**C. Michel Bitritto**  
Full Name (Last, First, Middle Initial)  
Mailing Address 261 Springfield Ave  
City Summit State NJ Zip Code 07901-3607  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Njit Occupation Talent Dir  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 150.00

Date of Receipt 02 / 10 / 2015  
**Transaction ID : VN8ECDYFP83**  
Amount of Each Receipt this Period 100.00  
Earmarked; IE Only Account

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 400.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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 69 OF 1282
<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

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

Full Name (Last, First, Middle Initial) <b>A. Michel Bitritto</b>		Date of Receipt MM / DD / YYYY 03 / 03 / 2015 <b>Transaction ID : VN8ECDFZY12</b>
Mailing Address 261 Springfield Ave		Amount of Each Receipt this Period 100.00
City Summit	State NJ	Zip Code 07901-3607
FEC ID number of contributing federal political committee. C		Earmarked; IE Only Account
Name of Employer Njit	Occupation Talent Dir	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. James Blanchard</b>		Date of Receipt MM / DD / YYYY 02 / 03 / 2015 <b>Transaction ID : VN8ECDB2XN3</b>
Mailing Address 22326 Valley Oaks Dr		Amount of Each Receipt this Period 5000.00
City Beverly Hills	State MI	Zip Code 48025-2527
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Piper Rudnick	Occupation Partner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) <b>C. Jean-Marc Blanchard</b>		Date of Receipt MM / DD / YYYY 01 / 10 / 2015 <b>Transaction ID : VN8ECDABHJ3</b>
Mailing Address 1922 Tice Valley Blvd Unit 2460		Amount of Each Receipt this Period 5000.00
City Walnut Creek	State CA	Zip Code 94595-5027
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Shanghai Jiaotong University	Occupation Assistant Dean	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	10100.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 70 OF 1282
<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

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

Full Name (Last, First, Middle Initial) <b>A. Anne Frances Bleecker</b>		Date of Receipt MM / DD / YYYY 03 / 18 / 2015 <b>Transaction ID : VN8ECDC7RF4</b>
Mailing Address PO Box 30245		Amount of Each Receipt this Period 201.60
City Charleston	State SC	Zip Code 29417-0245
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer The Bleecker Law Firm	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 201.60	

Full Name (Last, First, Middle Initial) <b>B. Jeff Bleich</b>		Date of Receipt MM / DD / YYYY 02 / 06 / 2015 <b>Transaction ID : VN8ECDAYWR1</b>
Mailing Address 109 Monte Ave		Amount of Each Receipt this Period 212.60
City Piedmont	State CA	Zip Code 94611-3718
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Munger Tolles & Olson	Occupation attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 212.60	

Full Name (Last, First, Middle Initial) <b>C. Jeff Bleich</b>		Date of Receipt MM / DD / YYYY 04 / 23 / 2015 <b>Transaction ID : VN8ECDE4YM7</b>
Mailing Address 109 Monte Ave		Amount of Each Receipt this Period 60.16
City Piedmont	State CA	Zip Code 94611-3718
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Munger Tolles & Olson	Occupation attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 272.76	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	474.36
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 71 OF 1282
	<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	

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

**A. David Bloch**  
Full Name (Last, First, Middle Initial)  
Mailing Address 320 Riverside Dr  
7H  
City New York State NY Zip Code 10025-4115  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Occupation Marketing  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 221.76

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
01 / 09 / 2015  
**Transaction ID : VN8ECDAAV3**  
Amount of Each Receipt this Period  
221.76  
Contribution-IE Only Account

**B. Jamie Block**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7231 Shady Corners Ln  
City Houston State TX Zip Code 77040  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Heart to Heart Hospice Occupation RN Case Manager  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 246.40

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
01 / 20 / 2015  
**Transaction ID : VN8ECDAGFQ7**  
Amount of Each Receipt this Period  
246.40  
Contribution-IE Only Account

**C. Jamie Block**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7231 Shady Corners Ln  
City Houston State TX Zip Code 77040  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Heart to Heart Hospice Occupation RN Case Manager  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 281.40

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
01 / 26 / 2015  
**Transaction ID : VN8ECDAMCY7**  
Amount of Each Receipt this Period  
35.00  
Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	503.16
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 72 OF 1282
	<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	

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

Full Name (Last, First, Middle Initial) <b>A. Jamie Block</b>		Date of Receipt MM / DD / YYYY 02 / 26 / 2015 <b>Transaction ID : VN8ECDBMXJ0</b>
Mailing Address 7231 Shady Corners Ln		Amount of Each Receipt this Period 35.00
City Houston State TX Zip Code 77040	FEC ID number of contributing federal political committee. C	Contribution-IE Only Account
Name of Employer Heart to Heart Hospice Occupation RN Case Manager	Aggregate Year-to-Date 316.40	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Jamie Block</b>		Date of Receipt MM / DD / YYYY 03 / 26 / 2015 <b>Transaction ID : VN8ECDD9876</b>
Mailing Address 7231 Shady Corners Ln		Amount of Each Receipt this Period 35.00
City Houston State TX Zip Code 77040	FEC ID number of contributing federal political committee. C	Contribution-IE Only Account
Name of Employer Heart to Heart Hospice Occupation RN Case Manager	Aggregate Year-to-Date 351.40	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Jamie Block</b>		Date of Receipt MM / DD / YYYY 04 / 26 / 2015 <b>Transaction ID : VN8ECDE6E10</b>
Mailing Address 7231 Shady Corners Ln		Amount of Each Receipt this Period 35.00
City Houston State TX Zip Code 77040	FEC ID number of contributing federal political committee. C	Contribution-IE Only Account
Name of Employer Heart to Heart Hospice Occupation RN Case Manager	Aggregate Year-to-Date 386.40	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	105.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**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 73 OF 1282
<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

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

**A. Jamie Block**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7231 Shady Corners Ln  
City Houston State TX Zip Code 77040  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Heart to Heart Hospice Occupation RN Case Manager  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 421.40

Date of Receipt 05 / 26 / 2015  
**Transaction ID : VN8ECDEQ023**  
Amount of Each Receipt this Period 35.00  
Contribution-IE Only Account

**B. Jamie Block**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7231 Shady Corners Ln  
City Houston State TX Zip Code 77040  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Heart to Heart Hospice Occupation RN Case Manager  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 456.40

Date of Receipt 06 / 26 / 2015  
**Transaction ID : VN8ECDFDT63**  
Amount of Each Receipt this Period 35.00  
Contribution-IE Only Account

**C. William Bloss**  
Full Name (Last, First, Middle Initial)  
Mailing Address 88 Mulberry Farms Rd  
City Guilford State CT Zip Code 06437-3215  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Koskoff Koskoff & Bredan Occupation Attorney  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 04 / 07 / 2015  
**Transaction ID : VN8ECDEZ075**  
Amount of Each Receipt this Period 5000.00  
Contribution-IE Only Account

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 5070.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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 74 OF 1282
<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

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

**A. Joseph Blount**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1510 W 23rd St  
City Miami Beach State FL Zip Code 33140-4517  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Employed Occupation Private Investor  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 250.00

Date of Receipt 01 / 25 / 2015  
**Transaction ID : VN8ECDAJSF1**  
Amount of Each Receipt this Period 250.00  
Contribution-IE Only Account

**B. Lisa Blue Baron**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5950 Deloache Ave  
City Dallas State TX Zip Code 75225-3005  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Baron and Blue Occupation Attorney  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 5000.00

Date of Receipt 03 / 06 / 2015  
**Transaction ID : VN8ECDBVCM6**  
Amount of Each Receipt this Period 5000.00  
Contribution-IE Only Account

**C. Gary Blumenthal**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1067 Boston Post Rd  
City Sudbury State MA Zip Code 01776  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Association of Developmental Disabilit Occupation President & CEO  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 35.00

Date of Receipt 01 / 07 / 2015  
**Transaction ID : VN8ECDA9CE6**  
Amount of Each Receipt this Period 35.00  
Contribution-IE Only Account

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 5285.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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 75 OF 1282
	<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	

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

**A. Gary Blumenthal**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1067 Boston Post Rd  
City Sudbury State MA Zip Code 01776  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Association of Developmental Disabilit Occupation President & CEO  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **70.00**

Date of Receipt **02 / 07 / 2015**  
**Transaction ID : VN8ECDAZE1**  
Amount of Each Receipt this Period **35.00**  
Contribution-IE Only Account

**B. Gary Blumenthal**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1067 Boston Post Rd  
City Sudbury State MA Zip Code 01776  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Association of Developmental Disabilit Occupation President & CEO  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **105.00**

Date of Receipt **03 / 07 / 2015**  
**Transaction ID : VN8ECDBW278**  
Amount of Each Receipt this Period **35.00**  
Contribution-IE Only Account

**C. Gary Blumenthal**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1067 Boston Post Rd  
City Sudbury State MA Zip Code 01776  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Association of Developmental Disabilit Occupation President & CEO  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **140.00**

Date of Receipt **04 / 07 / 2015**  
**Transaction ID : VN8ECDDQ801**  
Amount of Each Receipt this Period **35.00**  
Contribution-IE Only Account

**SUBTOTAL** of Receipts This Page (optional)..... **105.00**  
**TOTAL** This Period (last page this line number only).....

**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 76 OF 1282
<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

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

Full Name (Last, First, Middle Initial) <b>A. Gary Blumenthal</b>		Date of Receipt MM / DD / YYYY 05 / 07 / 2015 <b>Transaction ID : VN8ECDEGC48</b>
Mailing Address 1067 Boston Post Rd		Amount of Each Receipt this Period 35.00
City Sudbury	State MA	Zip Code 01776
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Association of Developmental Disabilit	Occupation President & CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 175.00	

Full Name (Last, First, Middle Initial) <b>B. Gary Blumenthal</b>		Date of Receipt MM / DD / YYYY 06 / 07 / 2015 <b>Transaction ID : VN8ECDF0T51</b>
Mailing Address 1067 Boston Post Rd		Amount of Each Receipt this Period 35.00
City Sudbury	State MA	Zip Code 01776
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Association of Developmental Disabilit	Occupation President & CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) <b>C. Jane E. Bond</b>		Date of Receipt MM / DD / YYYY 02 / 28 / 2015 <b>Transaction ID : VN8ECDC0K68</b>
Mailing Address 80 Devon Ln Apt 103		Amount of Each Receipt this Period 300.00
City Akron	State OH	Zip Code 44313-6851
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer N/A	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	370.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 77 OF 1282
<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

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

**A. Michael Bond**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1900 Beaverbrook Dr  
City Casper State WY Zip Code 82604-4954  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Natrona county schools Occupation Administrator  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **50.00**

Date of Receipt **01 / 22 / 2015**  
**Transaction ID : VN8ECDAHJR0**  
Amount of Each Receipt this Period **50.00**  
Contribution-IE Only Account

**B. Michael Bond**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1900 Beaverbrook Dr  
City Casper State WY Zip Code 82604-4954  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Natrona county schools Occupation Administrator  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **100.00**

Date of Receipt **02 / 22 / 2015**  
**Transaction ID : VN8ECDBG88**  
Amount of Each Receipt this Period **50.00**  
Contribution-IE Only Account

**C. Michael Bond**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1900 Beaverbrook Dr  
City Casper State WY Zip Code 82604-4954  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Natrona county schools Occupation Administrator  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **150.00**

Date of Receipt **03 / 22 / 2015**  
**Transaction ID : VN8ECDCAVY3**  
Amount of Each Receipt this Period **50.00**  
Contribution-IE Only Account

**SUBTOTAL** of Receipts This Page (optional)..... **150.00**  
**TOTAL** This Period (last page this line number only).....

**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 78 OF 1282
	<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	

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

Full Name (Last, First, Middle Initial) <b>A. Michael Bond</b>		Date of Receipt MM / DD / YYYY 04 / 22 / 2015 <b>Transaction ID : VN8ECDE5RT1</b>
Mailing Address 1900 Beaverbrook Dr		Amount of Each Receipt this Period 50.00
City Casper	State WY	Zip Code 82604-4954
FEC ID number of contributing federal political committee. C	Contribution-IE Only Account	
Name of Employer Natrona county schools	Occupation Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

Full Name (Last, First, Middle Initial) <b>B. Michael Bond</b>		Date of Receipt MM / DD / YYYY 05 / 22 / 2015 <b>Transaction ID : VN8ECDEPKQ1</b>
Mailing Address 1900 Beaverbrook Dr		Amount of Each Receipt this Period 50.00
City Casper	State WY	Zip Code 82604-4954
FEC ID number of contributing federal political committee. C	Contribution-IE Only Account	
Name of Employer Natrona county schools	Occupation Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Michael Bond</b>		Date of Receipt MM / DD / YYYY 06 / 22 / 2015 <b>Transaction ID : VN8ECDFB3C6</b>
Mailing Address 1900 Beaverbrook Dr		Amount of Each Receipt this Period 50.00
City Casper	State WY	Zip Code 82604-4954
FEC ID number of contributing federal political committee. C	Contribution-IE Only Account	
Name of Employer Natrona county schools	Occupation Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 79 OF 1282
<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

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

**A. Bette BonFleur**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 410 Sylvan Dr  
 City Winter Park State FL Zip Code 32789-3975  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Ivanhoe Broadcast News Occupation Co-owner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 29 / 2015  
**Transaction ID : VN8ECDARHD5**  
 Amount of Each Receipt this Period  
 1000.00  
 Contribution-IE Only Account

**B. Mary Pat Bonner**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11499 Quailwood Manor Dr  
 City Fairfax Station State VA Zip Code 22039-2036  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Consultant  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 25000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 09 / 2015  
**Transaction ID : VN8ECDB0G95**  
 Amount of Each Receipt this Period  
 25000.00  
 Contribution-IE Only Account

**C. Sheldon Bonovitz**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1930 Panama St  
 City Philadelphia State PA Zip Code 19103-6610  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Duane Morris LLP Occupation Attorney  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 27 / 2015  
**Transaction ID : VN8ECDDFFP0**  
 Amount of Each Receipt this Period  
 5000.00  
 Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	31000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 80 OF 1282
<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

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

**A. Heather Booth**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3724 Benton St NW  
City Washington State DC Zip Code 20007-1803  
FEC ID number of contributing federal political committee. **C**  
Name of Employer self Occupation consultant  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **201.60**

Date of Receipt **02 / 20 / 2015**  
**Transaction ID : VN8ECDBCK94**  
Amount of Each Receipt this Period **201.60**  
Contribution-IE Only Account

**B. Amitabha Bose**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1306 Pennsylvania Ave SE Apt 201  
City Washington State DC Zip Code 20003-3163  
FEC ID number of contributing federal political committee. **C**  
Name of Employer U.S. Department of Transportation Occupation Associate General Counsel  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **225.00**

Date of Receipt **02 / 28 / 2015**  
**Transaction ID : VN8ECDBPTH1**  
Amount of Each Receipt this Period **225.00**  
Contribution-IE Only Account

**C. Deborah Both**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3411 33rd PI NW  
City Washington State DC Zip Code 20008-3228  
FEC ID number of contributing federal political committee. **C**  
Name of Employer self employed Occupation consultant  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **201.60**

Date of Receipt **02 / 04 / 2015**  
**Transaction ID : VN8ECDAX118**  
Amount of Each Receipt this Period **201.60**  
Contribution-IE Only Account

**SUBTOTAL** of Receipts This Page (optional)..... **628.20**  
**TOTAL** This Period (last page this line number only).....



**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 81 OF 1282
	<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	

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Ana Maria Bottazzi</b>		Date of Receipt MM / DD / YYYY 01 / 24 / 2015 <b>Transaction ID : VN8ECDAJH48</b>
Mailing Address 1385 York Ave 5B		Amount of Each Receipt this Period 35.00
City New York	State NY	
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer self	Occupation concert pianist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 35.00	

Full Name (Last, First, Middle Initial) <b>B. Dr. Ana Maria Bottazzi</b>		Date of Receipt MM / DD / YYYY 02 / 24 / 2015 <b>Transaction ID : VN8ECDBHA12</b>
Mailing Address 1385 York Ave 5B		Amount of Each Receipt this Period 35.00
City New York	State NY	
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer self	Occupation concert pianist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 70.00	

Full Name (Last, First, Middle Initial) <b>C. Dr. Ana Maria Bottazzi</b>		Date of Receipt MM / DD / YYYY 03 / 24 / 2015 <b>Transaction ID : VN8ECDCDNF6</b>
Mailing Address 1385 York Ave 5B		Amount of Each Receipt this Period 35.00
City New York	State NY	
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer self	Occupation concert pianist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 105.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	105.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 82 OF 1282
	<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	

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Ana Maria Bottazzi</b>		Date of Receipt MM / DD / YYYY 04 / 24 / 2015 <b>Transaction ID : VN8ECDE6F05</b>
Mailing Address 1385 York Ave 5B		Amount of Each Receipt this Period 35.00
City New York	State Zip Code NY 10021	
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer self	Occupation concert pianist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 140.00	

Full Name (Last, First, Middle Initial) <b>B. Dr. Ana Maria Bottazzi</b>		Date of Receipt MM / DD / YYYY 05 / 24 / 2015 <b>Transaction ID : VN8ECDEPXN4</b>
Mailing Address 1385 York Ave 5B		Amount of Each Receipt this Period 35.00
City New York	State Zip Code NY 10021	
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer self	Occupation concert pianist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 175.00	

Full Name (Last, First, Middle Initial) <b>C. Dr. Ana Maria Bottazzi</b>		Date of Receipt MM / DD / YYYY 06 / 24 / 2015 <b>Transaction ID : VN8ECDFDTB3</b>
Mailing Address 1385 York Ave 5B		Amount of Each Receipt this Period 35.00
City New York	State Zip Code NY 10021	
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer self	Occupation concert pianist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	105.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 83 OF 1282
	<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	

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

**A. Lorna Bourg**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 213 Oak Hill Rd  
 City New Iberia State LA Zip Code 70563-8647  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Southern Mutual Help Assn Occupation Pres/Ceo  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **02 / 10 / 2015**  
**Transaction ID : VN8ECDB5J49**  
 Amount of Each Receipt this Period **500.00**  
 Contribution-IE Only Account

**B. Kathy Bourne**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 205 Morning Star Ln  
 City Howell State MI Zip Code 48855  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Retired Occupation Retired  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **04 / 12 / 2015**  
**Transaction ID : VN8ECDDWFY2**  
 Amount of Each Receipt this Period **250.00**  
 Contribution-IE Only Account

**C. Amy Susan Bouska**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1114 Yankee Ave  
 City Cresco State IA Zip Code 52136-1150  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer N/A Occupation Retired  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **02 / 28 / 2015**  
**Transaction ID : VN8ECDC0KJ3**  
 Amount of Each Receipt this Period **500.00**  
 Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1250.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**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 84 OF 1282
<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

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

**A. Wanda Bradford**  
Full Name (Last, First, Middle Initial)  
Mailing Address 10074 Highway 48

City Russellville	State AL	Zip Code 35654-3526
----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired	Occupation Professor of Nursing
-----------------------------	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
20.16

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	06	/	2015

**Transaction ID : VN8ECDA8AW2**

Amount of Each Receipt this Period  
20.16

Contribution-IE Only Account

**B. Wanda Bradford**  
Full Name (Last, First, Middle Initial)  
Mailing Address 10074 Highway 48

City Russellville	State AL	Zip Code 35654-3526
----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired	Occupation Professor of Nursing
-----------------------------	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
55.16

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	13	/	2015

**Transaction ID : VN8ECDAD5P4**

Amount of Each Receipt this Period  
35.00

Contribution-IE Only Account

**C. Wanda Bradford**  
Full Name (Last, First, Middle Initial)  
Mailing Address 10074 Highway 48

City Russellville	State AL	Zip Code 35654-3526
----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired	Occupation Professor of Nursing
-----------------------------	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
80.16

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	21	/	2015

**Transaction ID : VN8ECDAHE43**

Amount of Each Receipt this Period  
25.00

Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	80.16
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 85 OF 1282
<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

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

**A. Wanda Bradford**  
Full Name (Last, First, Middle Initial)  
Mailing Address 10074 Highway 48

City Russellville	State AL	Zip Code 35654-3526
----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired	Occupation Professor of Nursing
-----------------------------	------------------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
100.32

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	06	/	2015

**Transaction ID : VN8ECDAYWH6**

Amount of Each Receipt this Period  

90.16
-------

Contribution-IE Only Account

**B. Wanda Bradford**  
Full Name (Last, First, Middle Initial)  
Mailing Address 10074 Highway 48

City Russellville	State AL	Zip Code 35654-3526
----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired	Occupation Professor of Nursing
-----------------------------	------------------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
135.32

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	12	/	2015

**Transaction ID : VN8ECDB5QA7**

Amount of Each Receipt this Period  

35.00
-------

Contribution-IE Only Account

**C. Wanda Bradford**  
Full Name (Last, First, Middle Initial)  
Mailing Address 10074 Highway 48

City Russellville	State AL	Zip Code 35654-3526
----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired	Occupation Professor of Nursing
-----------------------------	------------------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
170.32

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	13	/	2015

**Transaction ID : VN8ECDB6TA2**

Amount of Each Receipt this Period  

35.00
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Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	90.16
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 86 OF 1282
<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

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

Full Name (Last, First, Middle Initial) <b>A. Wanda Bradford</b>		Date of Receipt MM / DD / YYYY 02 / 21 / 2015 <b>Transaction ID : VN8ECDBC86</b>
Mailing Address 10074 Highway 48		Amount of Each Receipt this Period 80.16
City Russellville	State AL	Zip Code 35654-3526
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Retired	Occupation Professor of Nursing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 195.32	

Full Name (Last, First, Middle Initial) <b>B. Wanda Bradford</b>		Date of Receipt MM / DD / YYYY 03 / 06 / 2015 <b>Transaction ID : VN8ECDBVAR2</b>
Mailing Address 10074 Highway 48		Amount of Each Receipt this Period 20.16
City Russellville	State AL	Zip Code 35654-3526
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Retired	Occupation Professor of Nursing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 215.48	

Full Name (Last, First, Middle Initial) <b>C. Wanda Bradford</b>		Date of Receipt MM / DD / YYYY 03 / 13 / 2015 <b>Transaction ID : VN8ECDC3988</b>
Mailing Address 10074 Highway 48		Amount of Each Receipt this Period 35.00
City Russellville	State AL	Zip Code 35654-3526
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Retired	Occupation Professor of Nursing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.48	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	80.16
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 87 OF 1282
<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

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

**A. Wanda Bradford**  
Full Name (Last, First, Middle Initial)  
Mailing Address 10074 Highway 48

City Russellville	State AL	Zip Code 35654-3526
----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired	Occupation Professor of Nursing
-----------------------------	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.48

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	21	/	2015

**Transaction ID : VN8ECDCAEV2**

Amount of Each Receipt this Period  
25.00

Contribution-IE Only Account

**B. Wanda Bradford**  
Full Name (Last, First, Middle Initial)  
Mailing Address 10074 Highway 48

City Russellville	State AL	Zip Code 35654-3526
----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired	Occupation Professor of Nursing
-----------------------------	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
295.64

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	06	/	2015

**Transaction ID : VN8ECDDP0K4**

Amount of Each Receipt this Period  
20.16

Contribution-IE Only Account

**C. Wanda Bradford**  
Full Name (Last, First, Middle Initial)  
Mailing Address 10074 Highway 48

City Russellville	State AL	Zip Code 35654-3526
----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired	Occupation Professor of Nursing
-----------------------------	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
330.64

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	13	/	2015

**Transaction ID : VN8ECDDXMF2**

Amount of Each Receipt this Period  
35.00

Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	80.16
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 88 OF 1282
<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

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

Full Name (Last, First, Middle Initial) <b>A. Wanda Bradford</b>		Date of Receipt MM / DD / YYYY 04 / 21 / 2015 <b>Transaction ID : VN8ECDE2A50</b>
Mailing Address 10074 Highway 48		Amount of Each Receipt this Period 80.16
City Russellville	State AL	Zip Code 35654-3526
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Retired	Occupation Professor of Nursing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 355.64	

Full Name (Last, First, Middle Initial) <b>B. Wanda Bradford</b>		Date of Receipt MM / DD / YYYY 05 / 06 / 2015 <b>Transaction ID : VN8ECDEDFV2</b>
Mailing Address 10074 Highway 48		Amount of Each Receipt this Period 20.16
City Russellville	State AL	Zip Code 35654-3526
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Retired	Occupation Professor of Nursing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.80	

Full Name (Last, First, Middle Initial) <b>C. Wanda Bradford</b>		Date of Receipt MM / DD / YYYY 05 / 13 / 2015 <b>Transaction ID : VN8ECDEJHZ8</b>
Mailing Address 10074 Highway 48		Amount of Each Receipt this Period 35.00
City Russellville	State AL	Zip Code 35654-3526
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Retired	Occupation Professor of Nursing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 410.80	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	80.16
<b>TOTAL</b> This Period (last page this line number only).....▶	







**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 91 OF 1282
<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

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

**A. David Brehm**  
Full Name (Last, First, Middle Initial)

Mailing Address 2200 Victory Ave  
no. 1504

City Dallas State TX Zip Code 75219-7675

FEC ID number of contributing federal political committee. **C**

Name of Employer Brehm Medical Center Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
70.00

Date of Receipt  
MM / DD / YYYY  
02 / 09 / 2015

**Transaction ID : VN8ECDB0BM0**

Amount of Each Receipt this Period  
35.00

Contribution-IE Only Account

**B. David Brehm**  
Full Name (Last, First, Middle Initial)

Mailing Address 2200 Victory Ave  
no. 1504

City Dallas State TX Zip Code 75219-7675

FEC ID number of contributing federal political committee. **C**

Name of Employer Brehm Medical Center Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
105.00

Date of Receipt  
MM / DD / YYYY  
03 / 09 / 2015

**Transaction ID : VN8ECDBYGR9**

Amount of Each Receipt this Period  
35.00

Contribution-IE Only Account

**C. David Brehm**  
Full Name (Last, First, Middle Initial)

Mailing Address 2200 Victory Ave  
no. 1504

City Dallas State TX Zip Code 75219-7675

FEC ID number of contributing federal political committee. **C**

Name of Employer Brehm Medical Center Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
140.00

Date of Receipt  
MM / DD / YYYY  
04 / 09 / 2015

**Transaction ID : VN8ECDDRC07**

Amount of Each Receipt this Period  
35.00

Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	105.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 92 OF 1282
<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

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

**A. David Brehm**  
Full Name (Last, First, Middle Initial)

Mailing Address 2200 Victory Ave  
no. 1504

City Dallas State TX Zip Code 75219-7675

FEC ID number of contributing federal political committee. **C**

Name of Employer Brehm Medical Center Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
175.00

Date of Receipt  
05 / 09 / 2015  
Transaction ID : VN8ECDEGPD1

Amount of Each Receipt this Period  
35.00

Contribution-IE Only Account

**B. David Brehm**  
Full Name (Last, First, Middle Initial)

Mailing Address 2200 Victory Ave  
no. 1504

City Dallas State TX Zip Code 75219-7675

FEC ID number of contributing federal political committee. **C**

Name of Employer Brehm Medical Center Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  
06 / 09 / 2015  
Transaction ID : VN8ECDF2KQ5

Amount of Each Receipt this Period  
35.00

Contribution-IE Only Account

**C. Herbert Brentlinger**  
Full Name (Last, First, Middle Initial)

Mailing Address 14511 E Gunnison Pl

City Aurora State CO Zip Code 80012

FEC ID number of contributing federal political committee. **C**

Name of Employer ESP Computer Services, Ltd Occupation IT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
20.16

Date of Receipt  
01 / 09 / 2015  
Transaction ID : VN8ECDAB594

Amount of Each Receipt this Period  
20.16

Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	90.16
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 93 OF 1282
<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

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

**A. Herbert Brentlinger**  
Full Name (Last, First, Middle Initial)

Mailing Address 14511 E Gunnison PI

City Aurora State CO Zip Code 80012

FEC ID number of contributing federal political committee. **C**

Name of Employer ESP Computer Services, Ltd Occupation IT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **40.32**

Date of Receipt **01 / 12 / 2015**

**Transaction ID : VN8ECDAC1G9**

Amount of Each Receipt this Period **20.16**

Contribution-IE Only Account

**B. Herbert Brentlinger**  
Full Name (Last, First, Middle Initial)

Mailing Address 14511 E Gunnison PI

City Aurora State CO Zip Code 80012

FEC ID number of contributing federal political committee. **C**

Name of Employer ESP Computer Services, Ltd Occupation IT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **60.48**

Date of Receipt **02 / 09 / 2015**

**Transaction ID : VN8ECDB0BT8**

Amount of Each Receipt this Period **20.16**

Contribution-IE Only Account

**C. Herbert Brentlinger**  
Full Name (Last, First, Middle Initial)

Mailing Address 14511 E Gunnison PI

City Aurora State CO Zip Code 80012

FEC ID number of contributing federal political committee. **C**

Name of Employer ESP Computer Services, Ltd Occupation IT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **80.64**

Date of Receipt **02 / 12 / 2015**

**Transaction ID : VN8ECDB5YR3**

Amount of Each Receipt this Period **20.16**

Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>60.48</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**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 94 OF 1282
<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

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

**A. Herbert Brentlinger**  
Full Name (Last, First, Middle Initial)

Mailing Address 14511 E Gunnison PI

City Aurora	State CO	Zip Code 80012
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer ESP Computer Services, Ltd	Occupation IT
--	------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
100.80

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	09	/	2015

**Transaction ID : VN8ECDBYGS7**

Amount of Each Receipt this Period  
20.16

Contribution-IE Only Account

**B. Herbert Brentlinger**  
Full Name (Last, First, Middle Initial)

Mailing Address 14511 E Gunnison PI

City Aurora	State CO	Zip Code 80012
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer ESP Computer Services, Ltd	Occupation IT
--	------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
120.96

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	12	/	2015

**Transaction ID : VN8ECDC2FY6**

Amount of Each Receipt this Period  
20.16

Contribution-IE Only Account

**C. Herbert Brentlinger**  
Full Name (Last, First, Middle Initial)

Mailing Address 14511 E Gunnison PI

City Aurora	State CO	Zip Code 80012
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer ESP Computer Services, Ltd	Occupation IT
--	------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
141.12

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	09	/	2015

**Transaction ID : VN8ECDDREW1**

Amount of Each Receipt this Period  
20.16

Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	60.48
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 95 OF 1282
	<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	

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

**A. Herbert Brentlinger**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14511 E Gunnison Pl  
 City Aurora State CO Zip Code 80012  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: ESP Computer Services, Ltd Occupation: IT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 161.28

Date of Receipt: 04 / 12 / 2015  
**Transaction ID : VN8ECDDW5M2**  
 Amount of Each Receipt this Period: 20.16  
 Contribution-IE Only Account

**B. Herbert Brentlinger**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14511 E Gunnison Pl  
 City Aurora State CO Zip Code 80012  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: ESP Computer Services, Ltd Occupation: IT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 181.44

Date of Receipt: 05 / 09 / 2015  
**Transaction ID : VN8ECDEGP32**  
 Amount of Each Receipt this Period: 20.16  
 Contribution-IE Only Account

**C. Herbert Brentlinger**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14511 E Gunnison Pl  
 City Aurora State CO Zip Code 80012  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: ESP Computer Services, Ltd Occupation: IT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 201.60

Date of Receipt: 05 / 12 / 2015  
**Transaction ID : VN8ECDEJ8C9**  
 Amount of Each Receipt this Period: 20.16  
 Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	60.48
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 96 OF 1282
<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

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

**A. Herbert Brentlinger**  
Full Name (Last, First, Middle Initial)  
Mailing Address 14511 E Gunnison Pl  
City Aurora State CO Zip Code 80012  
FEC ID number of contributing federal political committee. **C**  
Name of Employer ESP Computer Services, Ltd Occupation IT  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 221.76

Date of Receipt 06 / 09 / 2015  
**Transaction ID : VN8ECDF2K37**  
Amount of Each Receipt this Period 20.16  
Contribution-IE Only Account

**B. Herbert Brentlinger**  
Full Name (Last, First, Middle Initial)  
Mailing Address 14511 E Gunnison Pl  
City Aurora State CO Zip Code 80012  
FEC ID number of contributing federal political committee. **C**  
Name of Employer ESP Computer Services, Ltd Occupation IT  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 241.92

Date of Receipt 06 / 12 / 2015  
**Transaction ID : VN8ECDF4534**  
Amount of Each Receipt this Period 20.16  
Contribution-IE Only Account

**C. Patricia Brinkley**  
Full Name (Last, First, Middle Initial)  
Mailing Address PSC 481  
City Apo State AE Zip Code 09749  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Department of Defense Occupation Transportation Mgt  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 35.00

Date of Receipt 01 / 13 / 2015  
**Transaction ID : VN8ECDACPP3**  
Amount of Each Receipt this Period 35.00  
Contribution-IE Only Account

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.32  
**TOTAL** This Period (last page this line number only)..... ▶



**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 97 OF 1282
<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

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

Full Name (Last, First, Middle Initial) <b>A. Patricia Brinkely</b>		Date of Receipt MM / DD / YYYY 02 / 13 / 2015 <b>Transaction ID : VN8ECDB6VX5</b>
Mailing Address PSC 481		Amount of Each Receipt this Period 35.00
City Apo	State AE	Zip Code 09749
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Department of Defense	Occupation Transportation Mgt	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 70.00	

Full Name (Last, First, Middle Initial) <b>B. Patricia Brinkely</b>		Date of Receipt MM / DD / YYYY 03 / 13 / 2015 <b>Transaction ID : VN8ECDC39N0</b>
Mailing Address PSC 481		Amount of Each Receipt this Period 35.00
City Apo	State AE	Zip Code 09749
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Department of Defense	Occupation Transportation Mgt	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 105.00	

Full Name (Last, First, Middle Initial) <b>C. Patricia Brinkely</b>		Date of Receipt MM / DD / YYYY 04 / 13 / 2015 <b>Transaction ID : VN8ECDDXKG9</b>
Mailing Address PSC 481		Amount of Each Receipt this Period 35.00
City Apo	State AE	Zip Code 09749
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Department of Defense	Occupation Transportation Mgt	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 140.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	105.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 98 OF 1282
<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 (Last, First, Middle Initial) <b>A. Patricia Brinkely</b>		Date of Receipt MM / DD / YYYY 05 / 13 / 2015 <b>Transaction ID : VN8ECDEJJ64</b>
Mailing Address PSC 481		Amount of Each Receipt this Period 35.00
City Apo	State AE	Zip Code 09749
FEC ID number of contributing federal political committee. C	Occupation Transportation Mgt	
Name of Employer Department of Defense	Aggregate Year-to-Date 175.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Contribution-IE Only Account	

Full Name (Last, First, Middle Initial) <b>B. Patricia Brinkely</b>		Date of Receipt MM / DD / YYYY 06 / 13 / 2015 <b>Transaction ID : VN8ECDF4518</b>
Mailing Address PSC 481		Amount of Each Receipt this Period 35.00
City Apo	State AE	Zip Code 09749
FEC ID number of contributing federal political committee. C	Occupation Transportation Mgt	
Name of Employer Department of Defense	Aggregate Year-to-Date 210.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Contribution-IE Only Account	

Full Name (Last, First, Middle Initial) <b>C. Edgar Jr. Bronfman</b>		Date of Receipt MM / DD / YYYY 02 / 28 / 2015 <b>Transaction ID : VN8ECDC0J67</b>
Mailing Address 51 Madison Ave FI 31		Amount of Each Receipt this Period 25000.00
City New York	State NY	Zip Code 10010-1606
FEC ID number of contributing federal political committee. C	Occupation Managing Partner	
Name of Employer Accretive	Aggregate Year-to-Date 25000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Contribution-IE Only Account	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	25070.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 99 OF 1282
	<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	

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

Full Name (Last, First, Middle Initial) <b>A. Lynda Lee Brothers</b>		Date of Receipt MM / DD / YYYY 04 / 10 / 2015 <b>Transaction ID : VN8ECDE44N1</b>
Mailing Address 406 Avila Rd		Amount of Each Receipt this Period 250.00
City San Mateo	State CA	Zip Code 94402-2822
FEC ID number of contributing federal political committee. <b>C</b>		Contribution-IE Only Account
Name of Employer Sonnenschein, Nath, and Rosenthal, LLP	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Kenneth Brown</b>		Date of Receipt MM / DD / YYYY 01 / 21 / 2015 <b>Transaction ID : VN8ECDAHAK2</b>
Mailing Address 150 E Robinson St Unit 3502		Amount of Each Receipt this Period 1000.00
City Orlando	State FL	Zip Code 32801-4364
FEC ID number of contributing federal political committee. <b>C</b>		Contribution-IE Only Account
Name of Employer retired	Occupation retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. Kenneth Brown</b>		Date of Receipt MM / DD / YYYY 01 / 30 / 2015 <b>Transaction ID : VN8ECDASDC8</b>
Mailing Address 150 E Robinson St Unit 3502		Amount of Each Receipt this Period 20.16
City Orlando	State FL	Zip Code 32801-4364
FEC ID number of contributing federal political committee. <b>C</b>		Contribution-IE Only Account
Name of Employer retired	Occupation retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1020.16	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1270.16
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 100 OF 1282
<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

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

Full Name (Last, First, Middle Initial) <b>A. Kenneth Brown</b>		Date of Receipt MM / DD / YYYY 02 / 15 / 2015 <b>Transaction ID : VN8ECDB88Y4</b>
Mailing Address 150 E Robinson St Unit 3502		Amount of Each Receipt this Period 500.00
City Orlando	State FL	Zip Code 32801-4364
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer retired	Occupation retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1520.16	

Full Name (Last, First, Middle Initial) <b>B. Robin Brown</b>		Date of Receipt MM / DD / YYYY 04 / 11 / 2015 <b>Transaction ID : VN8ECDDVAF5</b>
Mailing Address 28 Elmview Pl		Amount of Each Receipt this Period 201.60
City Buffalo	State NY	Zip Code 14207-2908
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer WomenElect	Occupation Board Member	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 201.60	

Full Name (Last, First, Middle Initial) <b>C. Kristine Brunt</b>		Date of Receipt MM / DD / YYYY 01 / 25 / 2015 <b>Transaction ID : VN8ECDB1N51</b>
Mailing Address 3814 Crown Bay		Amount of Each Receipt this Period 25.00
City St. Thomas	State VI	Zip Code 00802
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer MSI	Occupation businesswoman	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 25.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	726.60
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 101 OF 1282
<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

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

**A. Kristine Brunt**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3814 Crown Bay

City St. Thomas	State VI	Zip Code 00802
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer MSI	Occupation businesswoman
-------------------------	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
100.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
03		03		2015

**Transaction ID : VN8ECDF0GM8**

Amount of Each Receipt this Period  
25.00

Contribution-IE Only Account

**B. Kristine Brunt**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3814 Crown Bay

City St. Thomas	State VI	Zip Code 00802
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer MSI	Occupation businesswoman
-------------------------	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
100.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
03		03		2015

**Transaction ID : VN8ECDF0HR2**

Amount of Each Receipt this Period  
50.00

Contribution-IE Only Account

**C. Kristine Brunt**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3814 Crown Bay

City St. Thomas	State VI	Zip Code 00802
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer MSI	Occupation businesswoman
-------------------------	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
125.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
03		09		2015

**Transaction ID : VN8ECDF0PA2**

Amount of Each Receipt this Period  
25.00

Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	100.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 102 OF 1282
<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

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

**A. Kristine Brunt**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3814 Crown Bay

City St. Thomas	State VI	Zip Code 00802
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer MSI	Occupation businesswoman
-------------------------	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
200.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2015

**Transaction ID : VN8ECDF0XR8**

Amount of Each Receipt this Period  
50.00

Earmarked; IE Only Account

**B. Kristine Brunt**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3814 Crown Bay

City St. Thomas	State VI	Zip Code 00802
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer MSI	Occupation businesswoman
-------------------------	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
200.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2015

**Transaction ID : VN8ECDF0Y27**

Amount of Each Receipt this Period  
25.00

Earmarked; IE Only Account

**C. Kristine Brunt**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3814 Crown Bay

City St. Thomas	State VI	Zip Code 00802
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer MSI	Occupation businesswoman
-------------------------	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	01	/	2015

**Transaction ID : VN8ECDF1A56**

Amount of Each Receipt this Period  
50.00

Earmarked; IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	125.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 103 OF 1282
<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

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

**A. Lloyd M Brusen**  
Full Name (Last, First, Middle Initial)  
Mailing Address 930 Saint Andrews Dr  
City Rio Vista State CA Zip Code 94571-9707  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Retired Occupation Retired  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **115.00**

Date of Receipt **01 / 06 / 2015**  
**Transaction ID : VN8ECDA9TE5**  
Amount of Each Receipt this Period **115.00**  
Contribution-IE Only Account

**B. Lloyd M Brusen**  
Full Name (Last, First, Middle Initial)  
Mailing Address 930 Saint Andrews Dr  
City Rio Vista State CA Zip Code 94571-9707  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Retired Occupation Retired  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **215.00**

Date of Receipt **02 / 11 / 2015**  
**Transaction ID : VN8ECDB6JP0**  
Amount of Each Receipt this Period **100.00**  
Contribution-IE Only Account

**C. Skip Brutkiewicz**  
Full Name (Last, First, Middle Initial)  
Mailing Address 56 S Conception St  
City Mobile State AL Zip Code 36602-2704  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Occupation Attorney  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **5000.00**

Date of Receipt **03 / 30 / 2015**  
**Transaction ID : VN8ECDBS78**  
Amount of Each Receipt this Period **5000.00**  
Contribution-IE Only Account

**SUBTOTAL** of Receipts This Page (optional)..... **5215.00**  
**TOTAL** This Period (last page this line number only).....

**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 104 OF 1282
	<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	

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

Full Name (Last, First, Middle Initial) <b>A. Skip Brutkiewicz</b>		Date of Receipt MM / DD / YYYY 04 / 30 / 2015 <b>Transaction ID : VN8ECDE98K3</b>
Mailing Address 56 S Conception St		Amount of Each Receipt this Period 5000.00
City State Zip Code Mobile AL 36602-2704	FEC ID number of contributing federal political committee. C	Contribution-IE Only Account
Name of Employer Self Occupation Attorney	Aggregate Year-to-Date 10000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Ed Buck</b>		Date of Receipt MM / DD / YYYY 03 / 17 / 2015 <b>Transaction ID : VN8ECDD7861</b>
Mailing Address 1234 N Laurel Ave Apt 17		Amount of Each Receipt this Period 1000.00
City State Zip Code West Hollywood CA 90046-5117	FEC ID number of contributing federal political committee. C	Contribution-IE Only Account
Name of Employer Retired Occupation Retired	Aggregate Year-to-Date 1000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Jane Buder Shapiro</b>		Date of Receipt MM / DD / YYYY 01 / 24 / 2015 <b>Transaction ID : VN8ECDAJKR0</b>
Mailing Address 3351 Ingleside Rd		Amount of Each Receipt this Period 201.60
City State Zip Code Beachwood OH 44122	FEC ID number of contributing federal political committee. C	Contribution-IE Only Account
Name of Employer self Occupation Psychologist	Aggregate Year-to-Date 201.60	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	6201.60
<b>TOTAL</b> This Period (last page this line number only).....▶	



**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 105 OF 1282
	<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	

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

**A. Caroline Buerkle**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5801 Desert View Ct NE  
City Rio Rancho State NM Zip Code 87144-2638  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Occupation Consultant  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **200.16**

Date of Receipt **04 / 27 / 2015**  
**Transaction ID : VN8ECDEH1B9**  
Amount of Each Receipt this Period **200.16**  
Contribution-IE Only Account

**B. Leonarda Buike**  
Full Name (Last, First, Middle Initial)  
Mailing Address 13480 SW 196th St  
City Miami State FL Zip Code 33177-4111  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self employed Occupation Behavioral Counselor  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **250.00**

Date of Receipt **01 / 29 / 2015**  
**Transaction ID : VN8ECDARG27**  
Amount of Each Receipt this Period **250.00**  
Contribution-IE Only Account

**C. John Bumgarner Jr.**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2200 S Utica Pl FI 9  
City Tulsa State OK Zip Code 74114-7006  
FEC ID number of contributing federal political committee. **C**  
Name of Employer N/A Occupation Retired  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **5000.00**

Date of Receipt **02 / 20 / 2015**  
**Transaction ID : VN8ECDBQV99**  
Amount of Each Receipt this Period **5000.00**  
Contribution-IE Only Account

**SUBTOTAL** of Receipts This Page (optional)..... **5450.16**  
**TOTAL** This Period (last page this line number only).....

**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 106 OF 1282
<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

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

**A. Jennifer Bunge**  
Full Name (Last, First, Middle Initial)  
Mailing Address 339 White Oak Ln  
City Winnetka State IL Zip Code 60093-3631  
FEC ID number of contributing federal political committee. **C**  
Name of Employer NA Occupation homemaker  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
04 / 08 / 2015  
**Transaction ID : VN8ECDDR4R8**  
Amount of Each Receipt this Period  
2500.00  
Contribution-IE Only Account

**B. Jonathan Bunge**  
Full Name (Last, First, Middle Initial)  
Mailing Address 339 White Oak Ln  
City Winnetka State IL Zip Code 60093-3631  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Kirkland & Ellis Occupation lawyer  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
04 / 08 / 2015  
**Transaction ID : VN8ECDDR4P4**  
Amount of Each Receipt this Period  
2500.00  
Contribution-IE Only Account

**C. Bobbie Burgess**  
Full Name (Last, First, Middle Initial)  
Mailing Address 13219 Madrone Mountain Way  
City Austin State TX Zip Code 78737-8833  
FEC ID number of contributing federal political committee. **C**  
Name of Employer N/A Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 35.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
01 / 24 / 2015  
**Transaction ID : VN8ECDAJMJ7**  
Amount of Each Receipt this Period  
35.00  
Contribution-IE Only Account

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 5035.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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 107 OF 1282
	<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	

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

**A. Bobbie Burgess**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13219 Madrone Mountain Way  
 City Austin State TX Zip Code 78737-8833  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer N/A Occupation Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 70.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 24 / 2015  
**Transaction ID : VN8ECDBH9Y9**  
 Amount of Each Receipt this Period 35.00  
 Contribution-IE Only Account

**B. Bobbie Burgess**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13219 Madrone Mountain Way  
 City Austin State TX Zip Code 78737-8833  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer N/A Occupation Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 105.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 24 / 2015  
**Transaction ID : VN8ECDCDX06**  
 Amount of Each Receipt this Period 35.00  
 Contribution-IE Only Account

**C. Bobbie Burgess**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13219 Madrone Mountain Way  
 City Austin State TX Zip Code 78737-8833  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer N/A Occupation Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 140.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 24 / 2015  
**Transaction ID : VN8ECDE6E43**  
 Amount of Each Receipt this Period 35.00  
 Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	105.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 108 OF 1282
	<input type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14
	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16
	<input checked="" type="checkbox"/> 17	

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

**A. Bobbie Burgess**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13219 Madrone Mountain Way  
 City Austin State TX Zip Code 78737-8833  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer N/A Occupation Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 175.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 24 / 2015  
**Transaction ID : VN8ECDEQ064**  
 Amount of Each Receipt this Period  
 35.00  
 Contribution-IE Only Account

**B. Bobbie Burgess**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13219 Madrone Mountain Way  
 City Austin State TX Zip Code 78737-8833  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer N/A Occupation Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 24 / 2015  
**Transaction ID : VN8ECDFDYW4**  
 Amount of Each Receipt this Period  
 35.00  
 Contribution-IE Only Account

**C. Dianna Burgess**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 81 Stile Hall Gardens  
 City Austin State TX Zip Code 000W4- 3BT  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer IES Occupation Education  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 18 / 2015  
**Transaction ID : VN8ECDB1HW4**  
 Amount of Each Receipt this Period  
 250.00  
 Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	320.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 109 OF 1282
<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

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

Full Name (Last, First, Middle Initial) <b>A. David Burke</b>		Date of Receipt MM / DD / YYYY 02 / 24 / 2015 <b>Transaction ID : VN8ECDBH9A1</b>
Mailing Address PO Box 3239		Amount of Each Receipt this Period 201.60
City Tampa	State FL	Zip Code 33601-3239
FEC ID number of contributing federal political committee. C		
Name of Employer Carlton Fields Jordan Burt	Occupation Tax and Corp Lawyer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 201.60	Contribution-IE Only Account

Full Name (Last, First, Middle Initial) <b>B. Lize Burr</b>		Date of Receipt MM / DD / YYYY 02 / 24 / 2015 <b>Transaction ID : VN8ECDBKHR3</b>
Mailing Address 4107 Sinclair Ave		Amount of Each Receipt this Period 250.00
City Austin	State TX	Zip Code 78756-3524
FEC ID number of contributing federal political committee. C		
Name of Employer Self	Occupation Mother	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	Contribution-IE Only Account

Full Name (Last, First, Middle Initial) <b>C. Melissa Burrows</b>		Date of Receipt MM / DD / YYYY 03 / 06 / 2015 <b>Transaction ID : VN8ECDBVPZ1</b>
Mailing Address 4614 Kingfisher Dr		Amount of Each Receipt this Period 201.60
City Houston	State TX	Zip Code 77035-5114
FEC ID number of contributing federal political committee. C		
Name of Employer The Eads Company	Occupation Inside Sales	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 201.60	Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	653.20
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 110 OF 1282
<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

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

Full Name (Last, First, Middle Initial) <b>A. Miguel Bustos</b>		Date of Receipt MM / DD / YYYY 03 / 27 / 2015 <b>Transaction ID : VN8ECDDAFY0</b>
Mailing Address 2757 Harrison St		Amount of Each Receipt this Period 134.98
City San Francisco	State CA	Zip Code 94110-3319
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Wells Fargo	Occupation Regional Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 134.98	

Full Name (Last, First, Middle Initial) <b>B. Miguel Bustos</b>		Date of Receipt MM / DD / YYYY 04 / 08 / 2015 <b>Transaction ID : VN8ECDDR7C2</b>
Mailing Address 2757 Harrison St		Amount of Each Receipt this Period 110.47
City San Francisco	State CA	Zip Code 94110-3319
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Wells Fargo	Occupation Regional Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 245.45	

Full Name (Last, First, Middle Initial) <b>C. Miguel Bustos</b>		Date of Receipt MM / DD / YYYY 04 / 12 / 2015 <b>Transaction ID : VN8ECDDWB08</b>
Mailing Address 2757 Harrison St		Amount of Each Receipt this Period 84.15
City San Francisco	State CA	Zip Code 94110-3319
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Wells Fargo	Occupation Regional Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 379.59	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	329.60
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 111 OF 1282
<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

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

**A. Miguel Bustos**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2757 Harrison St  
City San Francisco State CA Zip Code 94110-3319  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Wells Fargo Occupation Regional Director  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ **379.59**

Date of Receipt **04 / 12 / 2015**  
**Transaction ID : VN8ECDDWB47**  
Amount of Each Receipt this Period **49.99**  
Contribution-IE Only Account

**B. Miguel Bustos**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2757 Harrison St  
City San Francisco State CA Zip Code 94110-3319  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Wells Fargo Occupation Regional Director  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ **449.75**

Date of Receipt **04 / 23 / 2015**  
**Transaction ID : VN8ECDE3XJ2**  
Amount of Each Receipt this Period **70.16**  
Contribution-IE Only Account

**C. Greg Butler**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1701 N Troy St Apt 376  
City Arlington State VA Zip Code 22201-3241  
FEC ID number of contributing federal political committee. **C**  
Name of Employer WilmerHale Occupation Attorney  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **04 / 10 / 2015**  
**Transaction ID : VN8ECDDS8Z1**  
Amount of Each Receipt this Period **250.00**  
Contribution-IE Only Account

**SUBTOTAL** of Receipts This Page (optional)..... **370.15**  
**TOTAL** This Period (last page this line number only).....

**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 112 OF 1282
<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

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

**A. Scott Calabro**  
Full Name (Last, First, Middle Initial)

Mailing Address 7780 Sheridan Rd

City West Melbourne	State FL	Zip Code 32904-2112
------------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Hooper Properties	Occupation Property Mangt
---------------------------------------	------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
100.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	25	/	2015

**Transaction ID : VN8ECDB1RF7**

Amount of Each Receipt this Period  
100.00

Contribution-IE Only Account

**B. Scott Calabro**  
Full Name (Last, First, Middle Initial)

Mailing Address 7780 Sheridan Rd

City West Melbourne	State FL	Zip Code 32904-2112
------------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Hooper Properties	Occupation Property Mangt
---------------------------------------	------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
435.15

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	16	/	2015

**Transaction ID : VN8ECDB9566**

Amount of Each Receipt this Period  
335.15

Contribution-IE Only Account

**C. Scott Calabro**  
Full Name (Last, First, Middle Initial)

Mailing Address 7780 Sheridan Rd

City West Melbourne	State FL	Zip Code 32904-2112
------------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Hooper Properties	Occupation Property Mangt
---------------------------------------	------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
648.34

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	26	/	2015

**Transaction ID : VN8ECDBNFC0**

Amount of Each Receipt this Period  
213.19

Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	648.34
<b>TOTAL</b> This Period (last page this line number only).....▶	



**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 113 OF 1282
	<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	

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

**A. Scott Calabro**  
Full Name (Last, First, Middle Initial)

Mailing Address 7780 Sheridan Rd

City West Melbourne State FL Zip Code 32904-2112

FEC ID number of contributing federal political committee. **C**

Name of Employer Hooper Properties Occupation Property Mangt

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.34**

Date of Receipt **04 / 02 / 2015**

**Transaction ID : VN8ECDDFZB2**

Amount of Each Receipt this Period **252.00**

Contribution-IE Only Account

**B. Scott Calabro**  
Full Name (Last, First, Middle Initial)

Mailing Address 7780 Sheridan Rd

City West Melbourne State FL Zip Code 32904-2112

FEC ID number of contributing federal political committee. **C**

Name of Employer Hooper Properties Occupation Property Mangt

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1146.34**

Date of Receipt **04 / 08 / 2015**

**Transaction ID : VN8ECDDR084**

Amount of Each Receipt this Period **246.00**

Contribution-IE Only Account

**C. Donna Maria Victoria Callejon**  
Full Name (Last, First, Middle Initial)

Mailing Address 11314 Kenilworth Ave

City Garrett Park State MD Zip Code 20896-1513

FEC ID number of contributing federal political committee. **C**

Name of Employer globalgiving Occupation exec

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt **02 / 09 / 2015**

**Transaction ID : VN8ECDB0CR5**

Amount of Each Receipt this Period **1000.00**

Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>1498.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 114 OF 1282
<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

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

**A. Andy Camacho**  
Full Name (Last, First, Middle Initial)

Mailing Address 845 N Alameda St

City Los Angeles	State CA	Zip Code 90012-2901
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Restaurant Owner	Occupation Self
--------------------------------------	--------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	17	/	2015

**Transaction ID : VN8ECDB9HW5**

Amount of Each Receipt this Period  
1250.00

Contribution-IE Only Account

**B. Judith Campbell**  
Full Name (Last, First, Middle Initial)

Mailing Address 54 Samson Ave

City Madison	State NJ	Zip Code 07940-2840
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer New York Life	Occupation Retired
-----------------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	11	/	2015

**Transaction ID : VN8ECDFY5F1**

Amount of Each Receipt this Period  
250.00

Earmarked; IE Only Account

**C. Sabrina Campbell**  
Full Name (Last, First, Middle Initial)

Mailing Address 1907 Joliette Ct

City Alexandria	State VA	Zip Code 22307-1626
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer American Electric Power	Occupation Director Federal Agency Relations
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	21	/	2015

**Transaction ID : VN8ECDE2Z56**

Amount of Each Receipt this Period  
250.00

Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 115 OF 1282  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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

**A. Yavuz Canbolat**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4118 N Yale Ave  
 City State Zip Code  
 Arlington Heights IL 60004-7925  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Rain Trading President  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 26 / 2015  
**Transaction ID : VN8ECDB0K83**  
 Amount of Each Receipt this Period  
 500.00  
 Contribution-IE Only Account

**B. Mehmet Cansizoglu**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7365 River Pointe Dr Apt 22  
 City State Zip Code  
 North Little Rock AR 72113-7083  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 University of Arkansas at Little Rock Researcher  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 26 / 2015  
**Transaction ID : VN8ECDAYTR8**  
 Amount of Each Receipt this Period  
 250.00  
 Contribution-IE Only Account

**c. Maura Canter**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9554 Yashuntafun Rd  
 City State Zip Code  
 Tallahassee FL 32311-4080  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 The Florida Bar attorney  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 12 / 2015  
**Transaction ID : VN8ECDDWZR9**  
 Amount of Each Receipt this Period  
 500.00  
 Contribution-IE Only Account

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1250.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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 116 OF 1282
<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

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

**A. Jane Cantor**  
Full Name (Last, First, Middle Initial)  
Mailing Address 107E Long Beach Blvd  
City Long Beach Township State NJ Zip Code 08008-6145  
FEC ID number of contributing federal political committee. **C**  
Name of Employer self Occupation retired  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **500.00**

Date of Receipt **04 / 12 / 2015**  
**Transaction ID : VN8ECDDWX71**  
Amount of Each Receipt this Period **500.00**  
Contribution-IE Only Account

**B. Michelle Carlson**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2815 Stagecoach Cir  
City Grand Island State NE Zip Code 68801  
FEC ID number of contributing federal political committee. **C**  
Name of Employer American Heart Association Occupation Fundraising  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **39.00**

Date of Receipt **01 / 06 / 2015**  
**Transaction ID : VN8ECDA96Q4**  
Amount of Each Receipt this Period **39.00**  
Contribution-IE Only Account

**C. Michelle Carlson**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2815 Stagecoach Cir  
City Grand Island State NE Zip Code 68801  
FEC ID number of contributing federal political committee. **C**  
Name of Employer American Heart Association Occupation Fundraising  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **139.00**

Date of Receipt **01 / 07 / 2015**  
**Transaction ID : VN8ECDA96S8**  
Amount of Each Receipt this Period **100.00**  
Contribution-IE Only Account

**SUBTOTAL** of Receipts This Page (optional)..... **639.00**  
**TOTAL** This Period (last page this line number only).....

**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 117 OF 1282
	<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	

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

Full Name (Last, First, Middle Initial) <b>A. Michelle Carlson</b>		Date of Receipt MM / DD / YYYY 03 / 06 / 2015 <b>Transaction ID : VN8ECDBG79</b>
Mailing Address 2815 Stagecoach Cir		Amount of Each Receipt this Period 50.00
City Grand Island	State NE	Zip Code 68801
FEC ID number of contributing federal political committee. C	Name of Employer American Heart Association	Occupation Fundraising
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 189.00	Contribution-IE Only Account

Full Name (Last, First, Middle Initial) <b>B. Michelle Carlson</b>		Date of Receipt MM / DD / YYYY 04 / 06 / 2015 <b>Transaction ID : VN8ECDDNZC0</b>
Mailing Address 2815 Stagecoach Cir		Amount of Each Receipt this Period 50.00
City Grand Island	State NE	Zip Code 68801
FEC ID number of contributing federal political committee. C	Name of Employer American Heart Association	Occupation Fundraising
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 239.00	Contribution-IE Only Account

Full Name (Last, First, Middle Initial) <b>C. Michelle Carlson</b>		Date of Receipt MM / DD / YYYY 05 / 06 / 2015 <b>Transaction ID : VN8ECDEG187</b>
Mailing Address 2815 Stagecoach Cir		Amount of Each Receipt this Period 50.00
City Grand Island	State NE	Zip Code 68801
FEC ID number of contributing federal political committee. C	Name of Employer American Heart Association	Occupation Fundraising
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 289.00	Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 118 OF 1282
<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

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

Full Name (Last, First, Middle Initial) <b>A. Michelle Carlson</b>		Date of Receipt MM / DD / YYYY 06 / 06 / 2015 <b>Transaction ID : VN8ECDEZ9E9</b>
Mailing Address 2815 Stagecoach Cir		Amount of Each Receipt this Period 50.00
City Grand Island	State NE	Zip Code 68801
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer American Heart Association	Occupation Fundraising	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 339.00	

Full Name (Last, First, Middle Initial) <b>B. Aaron Carr</b>		Date of Receipt MM / DD / YYYY 04 / 05 / 2015 <b>Transaction ID : VN8ECDDNR83</b>
Mailing Address 1221 Faichney Dr Apt 5		Amount of Each Receipt this Period 201.60
City Watertown	State NY	Zip Code 13601
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer New York State Assembly	Occupation Chief of Staff	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 201.60	

Full Name (Last, First, Middle Initial) <b>C. Aaron Carr</b>		Date of Receipt MM / DD / YYYY 04 / 07 / 2015 <b>Transaction ID : VN8ECDF16D0</b>
Mailing Address 105 W 29th St		Amount of Each Receipt this Period 250.00
City New York	State NY	Zip Code 10001-5397
FEC ID number of contributing federal political committee. C		Earmarked; IE Only Account
Name of Employer New York State Assembly	Occupation Chief of Staff	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	501.60
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 119 OF 1282
<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

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

Full Name (Last, First, Middle Initial) <b>A. Kathleen Carr</b>		Date of Receipt MM / DD / YYYY 01 / 11 / 2015 <b>Transaction ID : VN8ECDABMM5</b>
Mailing Address 3452 Launcelot Way		Amount of Each Receipt this Period 45.00
City Annandale State VA Zip Code 22003-1356	FEC ID number of contributing federal political committee. C	Contribution-IE Only Account
Name of Employer John Carr Occupation Housewife	Aggregate Year-to-Date 45.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Kathleen Carr</b>		Date of Receipt MM / DD / YYYY 02 / 11 / 2015 <b>Transaction ID : VN8ECDB49F9</b>
Mailing Address 3452 Launcelot Way		Amount of Each Receipt this Period 45.00
City Annandale State VA Zip Code 22003-1356	FEC ID number of contributing federal political committee. C	Contribution-IE Only Account
Name of Employer John Carr Occupation Housewife	Aggregate Year-to-Date 90.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Kathleen Carr</b>		Date of Receipt MM / DD / YYYY 03 / 11 / 2015 <b>Transaction ID : VN8ECDC1RV2</b>
Mailing Address 3452 Launcelot Way		Amount of Each Receipt this Period 45.00
City Annandale State VA Zip Code 22003-1356	FEC ID number of contributing federal political committee. C	Contribution-IE Only Account
Name of Employer John Carr Occupation Housewife	Aggregate Year-to-Date 135.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	135.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 120 OF 1282
<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

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

Full Name (Last, First, Middle Initial) <b>A. Kathleen Carr</b>		Date of Receipt MM / DD / YYYY 04 / 11 / 2015 <b>Transaction ID : VN8ECDDV673</b>
Mailing Address 3452 Launcelot Way		Amount of Each Receipt this Period 45.00
City Annandale	State VA	Zip Code 22003-1356
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer John Carr	Occupation Housewife	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 180.00	

Full Name (Last, First, Middle Initial) <b>B. Kathleen Carr</b>		Date of Receipt MM / DD / YYYY 05 / 11 / 2015 <b>Transaction ID : VN8ECDEHGB1</b>
Mailing Address 3452 Launcelot Way		Amount of Each Receipt this Period 45.00
City Annandale	State VA	Zip Code 22003-1356
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer John Carr	Occupation Housewife	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) <b>C. Kathleen Carr</b>		Date of Receipt MM / DD / YYYY 06 / 11 / 2015 <b>Transaction ID : VN8ECDF3JK9</b>
Mailing Address 3452 Launcelot Way		Amount of Each Receipt this Period 45.00
City Annandale	State VA	Zip Code 22003-1356
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer John Carr	Occupation Housewife	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	135.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**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 121 OF 1282
<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

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

**A. Magalys Carrillo**  
Full Name (Last, First, Middle Initial)  
Mailing Address 241 Jersey Ave  
City State Zip Code  
Cliffside Park NJ 07010-1421  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Formerly Newark Public Schools Formerly Asst Supt of Schools  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
**40.32**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**01 / 18 / 2015**  
**Transaction ID : VN8ECDAFYT4**  
Amount of Each Receipt this Period  
**20.16**  
Contribution-IE Only Account

**B. Magalys Carrillo**  
Full Name (Last, First, Middle Initial)  
Mailing Address 241 Jersey Ave  
City State Zip Code  
Cliffside Park NJ 07010-1421  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Formerly Newark Public Schools Formerly Asst Supt of Schools  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
**40.32**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**01 / 18 / 2015**  
**Transaction ID : VN8ECDAFZM9**  
Amount of Each Receipt this Period  
**20.16**  
Contribution-IE Only Account

**C. Magalys Carrillo**  
Full Name (Last, First, Middle Initial)  
Mailing Address 241 Jersey Ave  
City State Zip Code  
Cliffside Park NJ 07010-1421  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Formerly Newark Public Schools Formerly Asst Supt of Schools  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
**80.64**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**02 / 18 / 2015**  
**Transaction ID : VN8ECDBA3Y9**  
Amount of Each Receipt this Period  
**20.16**  
Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>60.48</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 122 OF 1282
	<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	

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

Full Name (Last, First, Middle Initial) <b>A. Magalys Carrillo</b>		Date of Receipt MM / DD / YYYY 02 / 18 / 2015 <b>Transaction ID : VN8ECDBA5E8</b>
Mailing Address 241 Jersey Ave		Amount of Each Receipt this Period 20.16
City Cliffside Park	State NJ	Zip Code 07010-1421
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Formerly Newark Public Schools	Occupation Formerly Asst Supt of Schools	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 80.64	

Full Name (Last, First, Middle Initial) <b>B. Magalys Carrillo</b>		Date of Receipt MM / DD / YYYY 03 / 18 / 2015 <b>Transaction ID : VN8ECDC7RX5</b>
Mailing Address 241 Jersey Ave		Amount of Each Receipt this Period 20.16
City Cliffside Park	State NJ	Zip Code 07010-1421
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Formerly Newark Public Schools	Occupation Formerly Asst Supt of Schools	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 120.96	

Full Name (Last, First, Middle Initial) <b>C. Magalys Carrillo</b>		Date of Receipt MM / DD / YYYY 03 / 18 / 2015 <b>Transaction ID : VN8ECDC7RY3</b>
Mailing Address 241 Jersey Ave		Amount of Each Receipt this Period 20.16
City Cliffside Park	State NJ	Zip Code 07010-1421
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Formerly Newark Public Schools	Occupation Formerly Asst Supt of Schools	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 120.96	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	60.48
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 123 OF 1282
	<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	

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

**A. Magalys Carrillo**  
Full Name (Last, First, Middle Initial)  
Mailing Address 241 Jersey Ave  
City State Zip Code  
Cliffside Park NJ 07010-1421  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Formerly Newark Public Schools Formerly Asst Supt of Schools  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
**161.28**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**04 / 18 / 2015**  
**Transaction ID : VN8ECDE1740**  
Amount of Each Receipt this Period  
**20.16**  
Contribution-IE Only Account

**B. Magalys Carrillo**  
Full Name (Last, First, Middle Initial)  
Mailing Address 241 Jersey Ave  
City State Zip Code  
Cliffside Park NJ 07010-1421  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Formerly Newark Public Schools Formerly Asst Supt of Schools  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
**161.28**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**04 / 18 / 2015**  
**Transaction ID : VN8ECDE17B5**  
Amount of Each Receipt this Period  
**20.16**  
Contribution-IE Only Account

**C. Magalys Carrillo**  
Full Name (Last, First, Middle Initial)  
Mailing Address 241 Jersey Ave  
City State Zip Code  
Cliffside Park NJ 07010-1421  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Formerly Newark Public Schools Formerly Asst Supt of Schools  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
**201.60**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**05 / 18 / 2015**  
**Transaction ID : VN8ECDEMWK0**  
Amount of Each Receipt this Period  
**20.16**  
Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>60.48</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 124 OF 1282
<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

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

**A. Magalys Carrillo**  
Full Name (Last, First, Middle Initial)  
Mailing Address 241 Jersey Ave

City Cliffside Park	State NJ	Zip Code 07010-1421
------------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Formerly Newark Public Schools	Occupation Formerly Asst Supt of Schools
--	---

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
201.60

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	18	/	2015

**Transaction ID : VN8ECDEMXXH7**

Amount of Each Receipt this Period  
20.16

Contribution-IE Only Account

**B. Magalys Carrillo**  
Full Name (Last, First, Middle Initial)  
Mailing Address 241 Jersey Ave

City Cliffside Park	State NJ	Zip Code 07010-1421
------------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Formerly Newark Public Schools	Occupation Formerly Asst Supt of Schools
--	---

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
241.92

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	18	/	2015

**Transaction ID : VN8ECDF9RW9**

Amount of Each Receipt this Period  
20.16

Contribution-IE Only Account

**C. Magalys Carrillo**  
Full Name (Last, First, Middle Initial)  
Mailing Address 241 Jersey Ave

City Cliffside Park	State NJ	Zip Code 07010-1421
------------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Formerly Newark Public Schools	Occupation Formerly Asst Supt of Schools
--	---

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
241.92

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	18	/	2015

**Transaction ID : VN8ECDF9T11**

Amount of Each Receipt this Period  
20.16

Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	60.48
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 125 OF 1282
<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

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

**A. Janet Carson**  
Full Name (Last, First, Middle Initial)

Mailing Address 30285 Bruce Industrial Pkwy  
Ste B

City Solon State OH Zip Code 44139-3900

FEC ID number of contributing federal political committee. **C**

Name of Employer ID Agency, Inc. Occupation Owner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
201.60

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
02 / 10 / 2015  
**Transaction ID : VN8ECDB3P26**

Amount of Each Receipt this Period  
201.60

Contribution-IE Only Account

**B. Ellen Carter**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 203

City Lancaster State SC Zip Code 29721-0203

FEC ID number of contributing federal political committee. **C**

Name of Employer Rucker Occupation Chiropractor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
201.60

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
03 / 24 / 2015  
**Transaction ID : VN8ECDCCDDA1**

Amount of Each Receipt this Period  
201.60

Contribution-IE Only Account

**C. Patricia Carton**  
Full Name (Last, First, Middle Initial)

Mailing Address 500 Rodeo Rd  
Apt 1121

City Santa Fe State NM Zip Code 87505

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
40.32

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
01 / 30 / 2015  
**Transaction ID : VN8ECDAS851**

Amount of Each Receipt this Period  
20.16

Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	423.36
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 126 OF 1282
<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

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

Full Name (Last, First, Middle Initial) <b>A. Patricia Carton</b>		Date of Receipt MM / DD / YYYY 01 / 30 / 2015 <b>Transaction ID : VN8ECDAS8A1</b>
Mailing Address 500 Rodeo Rd Apt 1121		Amount of Each Receipt this Period 20.16
City Santa Fe	State NM	Zip Code 87505
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer N/A	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 40.32	

Full Name (Last, First, Middle Initial) <b>B. Patricia Carton</b>		Date of Receipt MM / DD / YYYY 02 / 28 / 2015 <b>Transaction ID : VN8ECDBPRX2</b>
Mailing Address 500 Rodeo Rd Apt 1121		Amount of Each Receipt this Period 20.16
City Santa Fe	State NM	Zip Code 87505
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer N/A	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 80.64	

Full Name (Last, First, Middle Initial) <b>C. Patricia Carton</b>		Date of Receipt MM / DD / YYYY 02 / 28 / 2015 <b>Transaction ID : VN8ECDBPVZ4</b>
Mailing Address 500 Rodeo Rd Apt 1121		Amount of Each Receipt this Period 20.16
City Santa Fe	State NM	Zip Code 87505
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer N/A	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 80.64	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	60.48
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 127 OF 1282
<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

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

Full Name (Last, First, Middle Initial) <b>A. Patricia Carton</b>		Date of Receipt
Mailing Address 500 Rodeo Rd Apt 1121		<input type="text" value="03"/> / <input type="text" value="30"/> / <input type="text" value="2015"/>
City Santa Fe	State NM	Zip Code 87505
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : VN8ECDBJA7</b>
Name of Employer N/A		Amount of Each Receipt this Period
Occupation Retired		<input type="text" value="20.16"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	Contribution-IE Only Account
<input type="text" value="120.96"/>		

Full Name (Last, First, Middle Initial) <b>B. Patricia Carton</b>		Date of Receipt
Mailing Address 500 Rodeo Rd Apt 1121		<input type="text" value="03"/> / <input type="text" value="30"/> / <input type="text" value="2015"/>
City Santa Fe	State NM	Zip Code 87505
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : VN8ECDBSP6</b>
Name of Employer N/A		Amount of Each Receipt this Period
Occupation Retired		<input type="text" value="20.16"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	Contribution-IE Only Account
<input type="text" value="120.96"/>		

Full Name (Last, First, Middle Initial) <b>C. Patricia Carton</b>		Date of Receipt
Mailing Address 500 Rodeo Rd Apt 1121		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2015"/>
City Santa Fe	State NM	Zip Code 87505
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : VN8ECDE96M7</b>
Name of Employer N/A		Amount of Each Receipt this Period
Occupation Retired		<input type="text" value="20.16"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	Contribution-IE Only Account
<input type="text" value="161.28"/>		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="60.48"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**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 128 OF 1282
<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

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

**A. Patricia Carton**  
Full Name (Last, First, Middle Initial)  
Mailing Address 500 Rodeo Rd  
Apt 1121  
City Santa Fe State NM Zip Code 87505  
FEC ID number of contributing federal political committee. **C**  
Name of Employer N/A Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 161.28

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
04 / 30 / 2015  
**Transaction ID : VN8ECDE98A2**  
Amount of Each Receipt this Period  
20.16  
Contribution-IE Only Account

**B. Patricia Carton**  
Full Name (Last, First, Middle Initial)  
Mailing Address 500 Rodeo Rd  
Apt 1121  
City Santa Fe State NM Zip Code 87505  
FEC ID number of contributing federal political committee. **C**  
Name of Employer N/A Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 201.60

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
05 / 30 / 2015  
**Transaction ID : VN8ECDERQG9**  
Amount of Each Receipt this Period  
20.16  
Contribution-IE Only Account

**C. Patricia Carton**  
Full Name (Last, First, Middle Initial)  
Mailing Address 500 Rodeo Rd  
Apt 1121  
City Santa Fe State NM Zip Code 87505  
FEC ID number of contributing federal political committee. **C**  
Name of Employer N/A Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 201.60

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
05 / 30 / 2015  
**Transaction ID : VN8ECDES3J1**  
Amount of Each Receipt this Period  
20.16  
Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	60.48
<b>TOTAL</b> This Period (last page this line number only).....▶	



**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 129 OF 1282
<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

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

Full Name (Last, First, Middle Initial) <b>A. Patricia Carton</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2015 <b>Transaction ID : VN8ECDFGK77</b>
Mailing Address 500 Rodeo Rd Apt 1121		Amount of Each Receipt this Period 20.16
City Santa Fe	State NM	Zip Code 87505
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer N/A	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 241.92	

Full Name (Last, First, Middle Initial) <b>B. Patricia Carton</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2015 <b>Transaction ID : VN8ECDFMXM4</b>
Mailing Address 500 Rodeo Rd Apt 1121		Amount of Each Receipt this Period 20.16
City Santa Fe	State NM	Zip Code 87505
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer N/A	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 241.92	

Full Name (Last, First, Middle Initial) <b>C. Laura Cary</b>		Date of Receipt MM / DD / YYYY 01 / 09 / 2015 <b>Transaction ID : VN8ECDAAZN7</b>
Mailing Address 1163 S Milwaukee St		Amount of Each Receipt this Period 138.00
City Denver	State CO	Zip Code 80210-2022
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer none	Occupation mom	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 138.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	178.32
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 130 OF 1282
<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

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

**A. Laura Cary**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1163 S Milwaukee St  
City Denver State CO Zip Code 80210-2022  
FEC ID number of contributing federal political committee. **C**  
Name of Employer none Occupation mom  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **388.00**

Date of Receipt **03 / 20 / 2015**  
**Transaction ID : VN8ECDCA6J5**  
Amount of Each Receipt this Period **250.00**  
Contribution-IE Only Account

**B. Mary Ann Casati**  
Full Name (Last, First, Middle Initial)  
Mailing Address 90 Riverside Dr Apt 9G  
City New York State NY Zip Code 10024-5318  
FEC ID number of contributing federal political committee. **C**  
Name of Employer not applicable Occupation self-employed  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **296.97**

Date of Receipt **02 / 26 / 2015**  
**Transaction ID : VN8ECDBMSD1**  
Amount of Each Receipt this Period **296.97**  
Contribution-IE Only Account

**C. George Casey**  
Full Name (Last, First, Middle Initial)  
Mailing Address 520 Madison St  
City Denver State CO Zip Code 80206-4441  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Spectrum Ventures LLC Occupation Management Consultant  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **100.00**

Date of Receipt **01 / 20 / 2015**  
**Transaction ID : VN8ECDAGNZ3**  
Amount of Each Receipt this Period **100.00**  
Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>646.97</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**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 131 OF 1282
<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

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

**A. George Casey**  
Full Name (Last, First, Middle Initial)  
Mailing Address 520 Madison St  
City Denver State CO Zip Code 80206-4441  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Spectrum Ventures LLC Occupation Management Consultant  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **221.00**

Date of Receipt **04 / 05 / 2015**  
**Transaction ID : VN8ECDDNSF1**  
Amount of Each Receipt this Period **121.00**  
Contribution-IE Only Account

**B. Julia Cash**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3543 Eagle Canyon Dr  
City San Antonio State TX Zip Code 78247-4458  
FEC ID number of contributing federal political committee. **C**  
Name of Employer retired Occupation caregiver  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **50.00**

Date of Receipt **01 / 26 / 2015**  
**Transaction ID : VN8ECDAM9R5**  
Amount of Each Receipt this Period **50.00**  
Contribution-IE Only Account

**C. Julia Cash**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3543 Eagle Canyon Dr  
City San Antonio State TX Zip Code 78247-4458  
FEC ID number of contributing federal political committee. **C**  
Name of Employer retired Occupation caregiver  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **100.00**

Date of Receipt **02 / 25 / 2015**  
**Transaction ID : VN8ECDBMDK3**  
Amount of Each Receipt this Period **50.00**  
Contribution-IE Only Account

**SUBTOTAL** of Receipts This Page (optional)..... **221.00**  
**TOTAL** This Period (last page this line number only).....

**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 132 OF 1282
<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

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

Full Name (Last, First, Middle Initial) <b>A. Julia Cash</b>		Date of Receipt MM / DD / YYYY 02 / 26 / 2015 <b>Transaction ID : VN8ECDBMY18</b>
Mailing Address 3543 Eagle Canyon Dr		Amount of Each Receipt this Period 50.00
City San Antonio	State TX	Zip Code 78247-4458
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer retired	Occupation caregiver	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 150.00	

Full Name (Last, First, Middle Initial) <b>B. Julia Cash</b>		Date of Receipt MM / DD / YYYY 03 / 26 / 2015 <b>Transaction ID : VN8ECDD9D26</b>
Mailing Address 3543 Eagle Canyon Dr		Amount of Each Receipt this Period 50.00
City San Antonio	State TX	Zip Code 78247-4458
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer retired	Occupation caregiver	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

Full Name (Last, First, Middle Initial) <b>C. Julia Cash</b>		Date of Receipt MM / DD / YYYY 04 / 26 / 2015 <b>Transaction ID : VN8ECDE7Z06</b>
Mailing Address 3543 Eagle Canyon Dr		Amount of Each Receipt this Period 50.00
City San Antonio	State TX	Zip Code 78247-4458
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer retired	Occupation caregiver	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 133 OF 1282
<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

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

**A. Julia Cash**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3543 Eagle Canyon Dr  
City San Antonio State TX Zip Code 78247-4458  
FEC ID number of contributing federal political committee. **C**  
Name of Employer: retired Occupation: caregiver  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **300.00**

Date of Receipt: **05 / 26 / 2015**  
**Transaction ID : VN8ECDER436**  
Amount of Each Receipt this Period: **50.00**  
Contribution-IE Only Account

**B. Julia Cash**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3543 Eagle Canyon Dr  
City San Antonio State TX Zip Code 78247-4458  
FEC ID number of contributing federal political committee. **C**  
Name of Employer: retired Occupation: caregiver  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **350.00**

Date of Receipt: **06 / 26 / 2015**  
**Transaction ID : VN8ECDFE923**  
Amount of Each Receipt this Period: **50.00**  
Contribution-IE Only Account

**C. Sue Castner**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8701 E Camino Vivaz  
City Scottsdale State AZ Zip Code 85255-3545  
FEC ID number of contributing federal political committee. **C**  
Name of Employer: NS Occupation: NA  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **100.00**

Date of Receipt: **03 / 20 / 2015**  
**Transaction ID : VN8ECDC9RQ3**  
Amount of Each Receipt this Period: **100.00**  
Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>200.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**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 134 OF 1282
	<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	

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

**A. Sue Castner**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8701 E Camino Vivaz  
City Scottsdale State AZ Zip Code 85255-3545  
FEC ID number of contributing federal political committee. **C**  
Name of Employer NS Occupation NA  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 235.08

Date of Receipt 04 / 07 / 2015  
**Transaction ID : VN8ECDDQBZ0**  
Amount of Each Receipt this Period 135.08  
Contribution-IE Only Account

**B. Kevin Ceckowski**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2560 N Vermont St  
City Arlington State VA Zip Code 22207-4151  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Walter reed Occupation Social worker  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 100.00

Date of Receipt 02 / 07 / 2015  
**Transaction ID : VN8ECDAZNF5**  
Amount of Each Receipt this Period 100.00  
Contribution-IE Only Account

**C. Kevin Ceckowski**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2560 N Vermont St  
City Arlington State VA Zip Code 22207-4151  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Walter reed Occupation Social worker  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 150.00

Date of Receipt 02 / 13 / 2015  
**Transaction ID : VN8ECDB7907**  
Amount of Each Receipt this Period 50.00  
Contribution-IE Only Account

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 285.08  
**TOTAL** This Period (last page this line number only)..... ▶

**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 135 OF 1282
<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

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

Full Name (Last, First, Middle Initial) <b>A. Kevin Ceckowski</b>		Date of Receipt MM / DD / YYYY 02 / 26 / 2015 <b>Transaction ID : VN8ECDBMQT0</b>
Mailing Address 2560 N Vermont St		Amount of Each Receipt this Period 100.00
City Arlington	State VA	Zip Code 22207-4151
FEC ID number of contributing federal political committee. C	Contribution-IE Only Account	
Name of Employer Walter reed	Occupation Social worker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Helena Cence</b>		Date of Receipt MM / DD / YYYY 01 / 13 / 2015 <b>Transaction ID : VN8ECDACN30</b>
Mailing Address 1071 Noio St		Amount of Each Receipt this Period 35.00
City Honolulu	State HI	Zip Code 96816-5116
FEC ID number of contributing federal political committee. C	Contribution-IE Only Account	
Name of Employer self	Occupation self	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 35.00	

Full Name (Last, First, Middle Initial) <b>C. Helena Cence</b>		Date of Receipt MM / DD / YYYY 02 / 13 / 2015 <b>Transaction ID : VN8ECDB6V13</b>
Mailing Address 1071 Noio St		Amount of Each Receipt this Period 35.00
City Honolulu	State HI	Zip Code 96816-5116
FEC ID number of contributing federal political committee. C	Contribution-IE Only Account	
Name of Employer self	Occupation self	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 70.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	170.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 136 OF 1282
<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

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

**A. Helena Cence**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1071 Noio St  
City Honolulu State HI Zip Code 96816-5116  
FEC ID number of contributing federal political committee. **C**  
Name of Employer self Occupation self  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 105.00

Date of Receipt 03 / 13 / 2015  
**Transaction ID : VN8ECDC3A07**  
Amount of Each Receipt this Period 35.00  
Contribution-IE Only Account

**B. Helena Cence**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1071 Noio St  
City Honolulu State HI Zip Code 96816-5116  
FEC ID number of contributing federal political committee. **C**  
Name of Employer self Occupation self  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 145.32

Date of Receipt 03 / 24 / 2015  
**Transaction ID : VN8ECDCEW69**  
Amount of Each Receipt this Period 40.32  
Contribution-IE Only Account

**C. Helena Cence**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1071 Noio St  
City Honolulu State HI Zip Code 96816-5116  
FEC ID number of contributing federal political committee. **C**  
Name of Employer self Occupation self  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 180.32

Date of Receipt 04 / 13 / 2015  
**Transaction ID : VN8ECDDXS96**  
Amount of Each Receipt this Period 35.00  
Contribution-IE Only Account

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 110.32  
**TOTAL** This Period (last page this line number only)..... ▶



**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 137 OF 1282
	<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	

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

**A. Helena Cence**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1071 Noio St  
City Honolulu State HI Zip Code 96816-5116  
FEC ID number of contributing federal political committee. **C**  
Name of Employer self Occupation self  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **215.32**

Date of Receipt **05 / 13 / 2015**  
**Transaction ID : VN8ECDEJRB6**  
Amount of Each Receipt this Period **35.00**  
Contribution-IE Only Account

**B. Helena Cence**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1071 Noio St  
City Honolulu State HI Zip Code 96816-5116  
FEC ID number of contributing federal political committee. **C**  
Name of Employer self Occupation self  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **250.32**

Date of Receipt **06 / 13 / 2015**  
**Transaction ID : VN8ECDF44D0**  
Amount of Each Receipt this Period **35.00**  
Contribution-IE Only Account

**C. Francisco Cerezo**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2 S Biscayne Blvd Ste 1900  
City Miami State FL Zip Code 33131-1832  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Foley & Lardner Occupation Attorney  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **5000.00**

Date of Receipt **03 / 13 / 2015**  
**Transaction ID : VN8ECDC9N96**  
Amount of Each Receipt this Period **5000.00**  
Contribution-IE Only Account

**SUBTOTAL** of Receipts This Page (optional)..... **5070.00**  
**TOTAL** This Period (last page this line number only).....

**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 138 OF 1282
<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

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

Full Name (Last, First, Middle Initial) <b>A. Sara Cerrell</b>		Date of Receipt MM / DD / YYYY 01 / 11 / 2015 <b>Transaction ID : VN8ECDAH578</b>
Mailing Address 448961 PO Box		Amount of Each Receipt this Period 1020.16
City Sioux Falls	State SD	Zip Code 57186-0001
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Global Change Network	Occupation Public Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1020.16	

Full Name (Last, First, Middle Initial) <b>B. Sara Cerrell</b>		Date of Receipt MM / DD / YYYY 03 / 09 / 2015 <b>Transaction ID : VN8ECDF0KT2</b>
Mailing Address 448961 PO Box		Amount of Each Receipt this Period 41.32
City Sioux Falls	State SD	Zip Code 57186-0001
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Global Change Network	Occupation Public Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1061.48	

Full Name (Last, First, Middle Initial) <b>C. Mark Cesare</b>		Date of Receipt MM / DD / YYYY 01 / 21 / 2015 <b>Transaction ID : VN8ECDAQ9A6</b>
Mailing Address 260 Valdez Ave		Amount of Each Receipt this Period 20.00
City San Francisco	State CA	Zip Code 94127-2122
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Self/Coldwell banker	Occupation Realtor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 20.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1081.48
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 139 OF 1282
<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

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

Full Name (Last, First, Middle Initial) <b>A. Mark Cesare</b>		Date of Receipt
Mailing Address 260 Valdez Ave		<input type="text" value="03"/> / <input type="text" value="19"/> / <input type="text" value="2015"/>
City	State	Zip Code
San Francisco	CA	94127-2122
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	<b>Transaction ID : VN8ECDC96R3</b>
Self/Coldwell banker	Realtor	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="232.60"/>	<input type="text" value="212.60"/>
		Contribution-IE Only Account

Full Name (Last, First, Middle Initial) <b>B. Mustafa Cetin</b>		Date of Receipt
Mailing Address 3841 Hendrix St		<input type="text" value="01"/> / <input type="text" value="26"/> / <input type="text" value="2015"/>
City	State	Zip Code
Irvine	CA	92614-6603
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	<b>Transaction ID : VN8ECDB3KJ6</b>
University of New Mexico	Research Assistant	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="250.00"/>	<input type="text" value="250.00"/>
		Contribution-IE Only Account

Full Name (Last, First, Middle Initial) <b>C. Jimmy Chai</b>		Date of Receipt
Mailing Address 13592 Hewes Ave		<input type="text" value="03"/> / <input type="text" value="11"/> / <input type="text" value="2015"/>
City	State	Zip Code
Santa Ana	CA	92705-2761
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	<b>Transaction ID : VN8ECDC1Q74</b>
Cushman & Wakefield	broker	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="201.60"/>	<input type="text" value="201.60"/>
		Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="664.20"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**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 140 OF 1282
	<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	

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

**A. Nancy Chambers**  
Full Name (Last, First, Middle Initial)  
Mailing Address 375 S End Ave  
Apt 9J  
City New York State NY Zip Code 10280-1020  
FEC ID number of contributing federal political committee. **C**  
Name of Employer retired Occupation retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 20.16

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
01 / 09 / 2015  
**Transaction ID : VN8ECDAQS2**  
Amount of Each Receipt this Period 20.16  
Contribution-IE Only Account

**B. Nancy Chambers**  
Full Name (Last, First, Middle Initial)  
Mailing Address 375 S End Ave  
Apt 9J  
City New York State NY Zip Code 10280-1020  
FEC ID number of contributing federal political committee. **C**  
Name of Employer retired Occupation retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 40.32

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
02 / 09 / 2015  
**Transaction ID : VN8ECDB0CH9**  
Amount of Each Receipt this Period 20.16  
Contribution-IE Only Account

**C. Nancy Chambers**  
Full Name (Last, First, Middle Initial)  
Mailing Address 375 S End Ave  
Apt 9J  
City New York State NY Zip Code 10280-1020  
FEC ID number of contributing federal political committee. **C**  
Name of Employer retired Occupation retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 60.48

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
02 / 25 / 2015  
**Transaction ID : VN8ECDBME39**  
Amount of Each Receipt this Period 20.16  
Contribution-IE Only Account

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 60.48  
**TOTAL** This Period (last page this line number only)..... ▶

**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 141 OF 1282
<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

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

Full Name (Last, First, Middle Initial) <b>A. Nancy Chambers</b>		Date of Receipt MM / DD / YYYY 03 / 08 / 2015 <b>Transaction ID : VN8ECDBWZ45</b>
Mailing Address 375 S End Ave Apt 9J		Amount of Each Receipt this Period 110.48
City New York	State NY	Zip Code 10280-1020
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer retired	Occupation retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 110.48	

Full Name (Last, First, Middle Initial) <b>B. Nancy Chambers</b>		Date of Receipt MM / DD / YYYY 04 / 07 / 2015 <b>Transaction ID : VN8ECDDQNM4</b>
Mailing Address 375 S End Ave Apt 9J		Amount of Each Receipt this Period 40.32
City New York	State NY	Zip Code 10280-1020
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer retired	Occupation retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 150.80	

Full Name (Last, First, Middle Initial) <b>C. Nancy Chambers</b>		Date of Receipt MM / DD / YYYY 04 / 10 / 2015 <b>Transaction ID : VN8ECDDSHB1</b>
Mailing Address 375 S End Ave Apt 9J		Amount of Each Receipt this Period 20.16
City New York	State NY	Zip Code 10280-1020
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer retired	Occupation retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 170.96	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	110.48
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 142 OF 1282
	<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	

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

Full Name (Last, First, Middle Initial) <b>A. Nancy Chambers</b>		Date of Receipt MM / DD / YYYY 04 / 23 / 2015 <b>Transaction ID : VN8ECDE4109</b>
Mailing Address 375 S End Ave Apt 9J		Amount of Each Receipt this Period 30.00
City New York	State NY	Zip Code 10280-1020
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer retired	Occupation retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.96	

Full Name (Last, First, Middle Initial) <b>B. Cynthia Champion</b>		Date of Receipt MM / DD / YYYY 03 / 18 / 2015 <b>Transaction ID : VN8ECDC7NR9</b>
Mailing Address 5531 Royal Vista Dr		Amount of Each Receipt this Period 250.00
City San Antonio	State TX	Zip Code 78247-4669
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Harland Clarke	Occupation Marketing Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. OLARONKE CHAMPION</b>		Date of Receipt MM / DD / YYYY 01 / 25 / 2015 <b>Transaction ID : VN8ECDAJQE0</b>
Mailing Address 111 W 59th St		Amount of Each Receipt this Period 250.00
City Hinsdale	State IL	Zip Code 60521-4969
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer peace hospice and Palliative Care	Occupation President & CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	530.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 143 OF 1282
<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

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

**A. Chris Chan**  
Full Name (Last, First, Middle Initial)

Mailing Address 1314 Massachusetts Ave NW  
Unit 506

City Washington State DC Zip Code 20005-4811

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Consultant

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
201.60

Date of Receipt  
01 / 23 / 2015  
Transaction ID : VN8ECDAJ543

Amount of Each Receipt this Period  
201.60

Contribution-IE Only Account

**B. Nancy Chase**  
Full Name (Last, First, Middle Initial)

Mailing Address 450 River View Rd

City Memphis State TN Zip Code 38120-2617

FEC ID number of contributing federal political committee. **C**

Name of Employer self Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
180.19

Date of Receipt  
01 / 05 / 2015  
Transaction ID : VN8ECD7VE1

Amount of Each Receipt this Period  
180.19

Contribution-IE Only Account

**C. Nancy Chase**  
Full Name (Last, First, Middle Initial)

Mailing Address 450 River View Rd

City Memphis State TN Zip Code 38120-2617

FEC ID number of contributing federal political committee. **C**

Name of Employer self Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
200.35

Date of Receipt  
01 / 18 / 2015  
Transaction ID : VN8ECDAG0R3

Amount of Each Receipt this Period  
20.16

Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	401.95
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 144 OF 1282
<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

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

**A. Nancy Chase**  
Full Name (Last, First, Middle Initial)  
Mailing Address 450 River View Rd

City Memphis	State TN	Zip Code 38120-2617
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer self	Occupation physician
--------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.51

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	28	/	2015

**Transaction ID : VN8ECDAQ3H9**

Amount of Each Receipt this Period  
20.16

Contribution-IE Only Account

**B. Nancy Chase**  
Full Name (Last, First, Middle Initial)  
Mailing Address 450 River View Rd

City Memphis	State TN	Zip Code 38120-2617
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer self	Occupation physician
--------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.67

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2015

**Transaction ID : VN8ECDBPMB0**

Amount of Each Receipt this Period  
20.16

Contribution-IE Only Account

**C. Nancy Chase**  
Full Name (Last, First, Middle Initial)  
Mailing Address 450 River View Rd

City Memphis	State TN	Zip Code 38120-2617
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer self	Occupation physician
--------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.83

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	07	/	2015

**Transaction ID : VN8ECDBW6S7**

Amount of Each Receipt this Period  
20.16

Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	60.48
<b>TOTAL</b> This Period (last page this line number only).....▶	



**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 145 OF 1282
<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

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

**A. Nancy Chase**  
Full Name (Last, First, Middle Initial)  
Mailing Address 450 River View Rd

City Memphis	State TN	Zip Code 38120-2617
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer self	Occupation physician
--------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
265.83

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	16	/	2015

**Transaction ID : VN8ECDC4VS8**

Amount of Each Receipt this Period  
5.00

Contribution-IE Only Account

**B. Nancy Chase**  
Full Name (Last, First, Middle Initial)  
Mailing Address 450 River View Rd

City Memphis	State TN	Zip Code 38120-2617
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer self	Occupation physician
--------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
285.99

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	22	/	2015

**Transaction ID : VN8ECDCBB19**

Amount of Each Receipt this Period  
20.16

Contribution-IE Only Account

**C. Nancy Chase**  
Full Name (Last, First, Middle Initial)  
Mailing Address 450 River View Rd

City Memphis	State TN	Zip Code 38120-2617
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer self	Occupation physician
--------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
306.15

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	25	/	2015

**Transaction ID : VN8ECDD76Z5**

Amount of Each Receipt this Period  
20.16

Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	45.32
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 146 OF 1282
<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

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

Full Name (Last, First, Middle Initial) <b>A. Nancy Chase</b>		Date of Receipt MM / DD / YYYY 03 / 28 / 2015 <b>Transaction ID : VN8ECDDAM13</b>
Mailing Address 450 River View Rd		Amount of Each Receipt this Period 20.16
City Memphis	State TN	Zip Code 38120-2617
FEC ID number of contributing federal political committee. C	Contribution-IE Only Account	
Name of Employer self	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 326.31	

Full Name (Last, First, Middle Initial) <b>B. Nancy Chase</b>		Date of Receipt MM / DD / YYYY 04 / 28 / 2015 <b>Transaction ID : VN8ECDE8GX2</b>
Mailing Address 450 River View Rd		Amount of Each Receipt this Period 20.16
City Memphis	State TN	Zip Code 38120-2617
FEC ID number of contributing federal political committee. C	Contribution-IE Only Account	
Name of Employer self	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 346.47	

Full Name (Last, First, Middle Initial) <b>C. Rashid Chaudary</b>		Date of Receipt MM / DD / YYYY 04 / 15 / 2015 <b>Transaction ID : VN8ECDFW218</b>
Mailing Address 9155 Forest Edge Dr		Amount of Each Receipt this Period 5000.00
City Burr Ridge	State IL	Zip Code 60527-6682
FEC ID number of contributing federal political committee. C	Contribution-IE Only Account	
Name of Employer RAANI Corp.	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5040.32
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 147 OF 1282
<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

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

Full Name (Last, First, Middle Initial)  
**A. Martin J. Chavez**

Mailing Address 515 9th St NW  
Apt 4A

City Washington State DC Zip Code 20004-2156

FEC ID number of contributing federal political committee. **C**

Name of Employer self Occupation consultant

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
70.16

Date of Receipt  
03 / 12 / 2015  
**Transaction ID : VN8ECDC2F66**

Amount of Each Receipt this Period  
20.16

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)  
**B. Martin J. Chavez**

Mailing Address 515 9th St NW  
Apt 4A

City Washington State DC Zip Code 20004-2156

FEC ID number of contributing federal political committee. **C**

Name of Employer self Occupation consultant

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
70.16

Date of Receipt  
03 / 12 / 2015  
**Transaction ID : VN8ECDC2F90**

Amount of Each Receipt this Period  
50.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)  
**C. Martin J. Chavez**

Mailing Address 515 9th St NW  
Apt 4A

City Washington State DC Zip Code 20004-2156

FEC ID number of contributing federal political committee. **C**

Name of Employer self Occupation consultant

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
271.76

Date of Receipt  
04 / 06 / 2015  
**Transaction ID : VN8ECDDP0E5**

Amount of Each Receipt this Period  
201.60

Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	271.76
<b>TOTAL</b> This Period (last page this line number only).....	

**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 148 OF 1282
<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

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

**A. Martin J. Chavez**  
Full Name (Last, First, Middle Initial)

Mailing Address 515 9th St NW  
Apt 4A

City Washington State DC Zip Code 20004-2156

FEC ID number of contributing federal political committee. **C**

Name of Employer self Occupation consultant

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
331.92

Date of Receipt  
04 / 23 / 2015  
Transaction ID : VN8ECDE3X18

Amount of Each Receipt this Period  
20.16

Contribution-IE Only Account

**B. Martin J. Chavez**  
Full Name (Last, First, Middle Initial)

Mailing Address 515 9th St NW  
Apt 4A

City Washington State DC Zip Code 20004-2156

FEC ID number of contributing federal political committee. **C**

Name of Employer self Occupation consultant

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
331.92

Date of Receipt  
04 / 23 / 2015  
Transaction ID : VN8ECDE3X42

Amount of Each Receipt this Period  
40.00

Contribution-IE Only Account

**C. Kathryn Cheng**  
Full Name (Last, First, Middle Initial)

Mailing Address 1451 3rd St

City Manhattan Beach State CA Zip Code 90266-6335

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Writer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
50.00

Date of Receipt  
02 / 04 / 2015  
Transaction ID : VN8ECDAXJ30

Amount of Each Receipt this Period  
50.00

Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	110.16
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 149 OF 1282
<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

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

**A. Kathryn Cheng**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1451 3rd St  
City Manhattan Beach State CA Zip Code 90266-6335  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Occupation Writer  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **550.00**

Date of Receipt **03 / 13 / 2015**  
**Transaction ID : VN8ECD3GE9**  
Amount of Each Receipt this Period **500.00**  
Contribution-IE Only Account

**B. Jill Chesler**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3130 Rubino Dr Apt 115  
City San Jose State CA Zip Code 95125-6392  
FEC ID number of contributing federal political committee. **C**  
Name of Employer None Occupation Retired  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **50.00**

Date of Receipt **02 / 04 / 2015**  
**Transaction ID : VN8ECDAXK90**  
Amount of Each Receipt this Period **50.00**  
Contribution-IE Only Account

**C. Jill Chesler**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3130 Rubino Dr Apt 115  
City San Jose State CA Zip Code 95125-6392  
FEC ID number of contributing federal political committee. **C**  
Name of Employer None Occupation Retired  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **100.00**

Date of Receipt **02 / 11 / 2015**  
**Transaction ID : VN8ECDB4S46**  
Amount of Each Receipt this Period **50.00**  
Contribution-IE Only Account

**SUBTOTAL** of Receipts This Page (optional)..... **600.00**  
**TOTAL** This Period (last page this line number only).....

**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 150 OF 1282
<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

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

Full Name (Last, First, Middle Initial) <b>A. Jill Chesler</b>		Date of Receipt MM / DD / YYYY 03 / 03 / 2015 <b>Transaction ID : VN8ECDBSV11</b>
Mailing Address 3130 Rubino Dr Apt 115		Amount of Each Receipt this Period 201.60
City San Jose	State CA	Zip Code 95125-6392
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer None	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 301.60	

Full Name (Last, First, Middle Initial) <b>B. Jill Chesler</b>		Date of Receipt MM / DD / YYYY 03 / 05 / 2015 <b>Transaction ID : VN8ECDBTWT0</b>
Mailing Address 3130 Rubino Dr Apt 115		Amount of Each Receipt this Period 35.00
City San Jose	State CA	Zip Code 95125-6392
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer None	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 336.60	

Full Name (Last, First, Middle Initial) <b>C. Jill Chesler</b>		Date of Receipt MM / DD / YYYY 03 / 19 / 2015 <b>Transaction ID : VN8ECDC90E2</b>
Mailing Address 3130 Rubino Dr Apt 115		Amount of Each Receipt this Period 35.00
City San Jose	State CA	Zip Code 95125-6392
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer None	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 371.60	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	271.60
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 151 OF 1282
<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

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

Full Name (Last, First, Middle Initial) <b>A. Jill Chesler</b>		Date of Receipt MM / DD / YYYY 03 / 31 / 2015 <b>Transaction ID : VN8ECDDE1X3</b>
Mailing Address 3130 Rubino Dr Apt 115		Amount of Each Receipt this Period 68.16
City San Jose	State CA	Zip Code 95125-6392
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer None	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 391.76	

Full Name (Last, First, Middle Initial) <b>B. Jill Chesler</b>		Date of Receipt MM / DD / YYYY 04 / 10 / 2015 <b>Transaction ID : VN8ECDDT210</b>
Mailing Address 3130 Rubino Dr Apt 115		Amount of Each Receipt this Period 10.00
City San Jose	State CA	Zip Code 95125-6392
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer None	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 401.76	

Full Name (Last, First, Middle Initial) <b>C. Jill Chesler</b>		Date of Receipt MM / DD / YYYY 04 / 22 / 2015 <b>Transaction ID : VN8ECDE3CS0</b>
Mailing Address 3130 Rubino Dr Apt 115		Amount of Each Receipt this Period 38.00
City San Jose	State CA	Zip Code 95125-6392
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer None	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 439.76	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	68.16
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 152 OF 1282
<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

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

Full Name (Last, First, Middle Initial) <b>A. David Chie</b>		Date of Receipt MM / DD / YYYY 06 / 12 / 2015 <b>Transaction ID : VN8ECDF45Z5</b>
Mailing Address 1400 Oak Creek Dr Apt 205		Amount of Each Receipt this Period 2500.00
City Palo Alto	State CA	Zip Code 94304-2020
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Palo Alto Staffing	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) <b>B. Maureen Chin</b>		Date of Receipt MM / DD / YYYY 03 / 17 / 2015 <b>Transaction ID : VN8ECDC7B32</b>
Mailing Address 1909 Strathmore Ave		Amount of Each Receipt this Period 201.60
City San Gabriel	State CA	Zip Code 91776-4240
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Monrovia Unified	Occupation Kindergarten Instructional Aide	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 201.60	

Full Name (Last, First, Middle Initial) <b>C. Ricky Y Choi</b>		Date of Receipt MM / DD / YYYY 03 / 18 / 2015 <b>Transaction ID : VN8ECDC7NY7</b>
Mailing Address 1824 Fernbank Ave		Amount of Each Receipt this Period 201.60
City Monterey Park	State CA	Zip Code 91754-5509
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Lee Andrews Group	Occupation Project Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 201.60	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2903.20
<b>TOTAL</b> This Period (last page this line number only).....▶	



**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 153 OF 1282
<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

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

Full Name (Last, First, Middle Initial) <b>A. K Ciaramella</b>		Date of Receipt MM / DD / YYYY 01 / 07 / 2015 <b>Transaction ID : VN8ECDA9J99</b>
Mailing Address 31 Trinity Pl Apt 3		Amount of Each Receipt this Period 201.60
City Montclair	State NJ	Zip Code 07042-2742
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer WBOE	Occupation teacher	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 201.60	

Full Name (Last, First, Middle Initial) <b>B. Diane Cirincione, Ph.D.</b>		Date of Receipt MM / DD / YYYY 04 / 12 / 2015 <b>Transaction ID : VN8ECDDWM48</b>
Mailing Address 3001 Bridgeway Ste K-365		Amount of Each Receipt this Period 250.00
City Sausalito	State CA	Zip Code 94965-1408
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer self employed	Occupation Ex Dir non profit and therapist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Jessica Clapper</b>		Date of Receipt MM / DD / YYYY 01 / 13 / 2015 <b>Transaction ID : VN8ECDACPQ1</b>
Mailing Address 1525 NW 57th St Unit 520		Amount of Each Receipt this Period 100.00
City Seattle	State WA	Zip Code 98107-5633
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer DIRECTV	Occupation Sr. Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 100.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	551.60
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 154 OF 1282
<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

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

Full Name (Last, First, Middle Initial) <b>A. Jessica Clapper</b>		Date of Receipt MM / DD / YYYY 02 / 13 / 2015 <b>Transaction ID : VN8ECDB7853</b>
Mailing Address 1525 NW 57th St Unit 520		Amount of Each Receipt this Period 100.00
City Seattle	State WA	Zip Code 98107-5633
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer DIRECTV	Occupation Sr. Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

Full Name (Last, First, Middle Initial) <b>B. Jessica Clapper</b>		Date of Receipt MM / DD / YYYY 03 / 13 / 2015 <b>Transaction ID : VN8ECDC3ES2</b>
Mailing Address 1525 NW 57th St Unit 520		Amount of Each Receipt this Period 100.00
City Seattle	State WA	Zip Code 98107-5633
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer DIRECTV	Occupation Sr. Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C. Jessica Clapper</b>		Date of Receipt MM / DD / YYYY 04 / 13 / 2015 <b>Transaction ID : VN8ECDDY0Z4</b>
Mailing Address 1525 NW 57th St Unit 520		Amount of Each Receipt this Period 100.00
City Seattle	State WA	Zip Code 98107-5633
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer DIRECTV	Occupation Sr. Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 155 OF 1282
<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

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

**A. Jessica Clapper**  
Full Name (Last, First, Middle Initial)

Mailing Address 1525 NW 57th St  
Unit 520

City Seattle State WA Zip Code 98107-5633

FEC ID number of contributing federal political committee. **C**

Name of Employer DIRECTV Occupation Sr. Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
05 / 13 / 2015

**Transaction ID : VN8ECDEJR41**

Amount of Each Receipt this Period  
100.00

Contribution-IE Only Account

**B. Jessica Clapper**  
Full Name (Last, First, Middle Initial)

Mailing Address 1525 NW 57th St  
Unit 520

City Seattle State WA Zip Code 98107-5633

FEC ID number of contributing federal political committee. **C**

Name of Employer DIRECTV Occupation Sr. Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
MM / DD / YYYY  
06 / 13 / 2015

**Transaction ID : VN8ECDF44Z3**

Amount of Each Receipt this Period  
100.00

Contribution-IE Only Account

**C. Mike Clark**  
Full Name (Last, First, Middle Initial)

Mailing Address 176 Idora Ave

City San Francisco State CA Zip Code 94127-1016

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
03 / 09 / 2015

**Transaction ID : VN8ECDC1KH4**

Amount of Each Receipt this Period  
250.00

Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	450.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 156 OF 1282
<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

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

Full Name (Last, First, Middle Initial)  
**A. Patricia Clark**

Mailing Address 12305 Guinevere Rd

City State Zip Code  
Glenn Dale MD 20769-8939

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3000.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
03 / 17 / 2015  
**Transaction ID : VN8ECDC75R5**

Amount of Each Receipt this Period  
3000.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)  
**B. Charles Clymer**

Mailing Address 1821 E Capitol St SE  
Apt 101

City State Zip Code  
Washington DC 20003-2096

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Student Student

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
201.60

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
03 / 04 / 2015  
**Transaction ID : VN8ECDBTAT9**

Amount of Each Receipt this Period  
201.60

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)  
**C. Stephen Cobb**

Mailing Address 1200 N Veitch St  
Apt 431

City State Zip Code  
Arlington VA 22201-5823

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Miles & Stockbridge P.C. Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
201.60

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
02 / 24 / 2015  
**Transaction ID : VN8ECDBK GK1**

Amount of Each Receipt this Period  
201.60

Contribution-IE Only Account

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 3403.20

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

**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 157 OF 1282
	<input type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14
	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16
	<input checked="" type="checkbox"/> 17	

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

**A. ROY COCKRUM**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 300 S Gay St  
 Apt 401  
 City Knoxville State TN Zip Code 37902-1170  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Knight Blanc, LLC Occupation Owner  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 04 / 2015**  
**Transaction ID : VN8ECDEZ2X2**  
 Amount of Each Receipt this Period  
**1000.00**  
 Contribution-IE Only Account

**B. Leland Cogdell**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8661 Tower Dr  
 City Laurel State MD Zip Code 20723-1244  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Leland Cogdell Occupation Marketing Specialist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **201.60**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**04 / 11 / 2015**  
**Transaction ID : VN8ECDDV699**  
 Amount of Each Receipt this Period  
**201.60**  
 Contribution-IE Only Account

**C. Chris Coggins**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4705 Center Blvd  
 Apt 1509  
 City Long Island City State NY Zip Code 11109-5680  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer N/A Occupation Grad Student  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **201.60**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**04 / 10 / 2015**  
**Transaction ID : VN8ECDDSJB4**  
 Amount of Each Receipt this Period  
**201.60**  
 Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1403.20</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**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 158 OF 1282
<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

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

Full Name (Last, First, Middle Initial) <b>A. Donald Cogsville</b>		Date of Receipt MM / DD / YYYY 03 / 04 / 2015 <b>Transaction ID : VN8ECDBT8E1</b>
Mailing Address 1345 Avenue Of The Americas FI 2		Amount of Each Receipt this Period 1500.00
City New York	State Zip Code NY 10105-0014	
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Donald Cogsville	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

Full Name (Last, First, Middle Initial) <b>B. Josh Cohen</b>		Date of Receipt MM / DD / YYYY 01 / 14 / 2015 <b>Transaction ID : VN8ECDADNV8</b>
Mailing Address 239 W 21st St Apt 3D		Amount of Each Receipt this Period 201.60
City New York	State Zip Code NY 10011-3160	
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Self	Occupation Software Engineer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 201.60	

Full Name (Last, First, Middle Initial) <b>C. Phyllis Cohen</b>		Date of Receipt MM / DD / YYYY 02 / 24 / 2015 <b>Transaction ID : VN8ECDBJ9H3</b>
Mailing Address 6619 Mercer St		Amount of Each Receipt this Period 2500.00
City Houston	State Zip Code TX 77005-3737	
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer None	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	4201.60
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 159 OF 1282
<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

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

**A. Suzanne F Cohen**  
Full Name (Last, First, Middle Initial)

Mailing Address 2 Wyndhurst Ave  
Flr 3RD

City Baltimore State MD Zip Code 21210-2412

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
02 / 28 / 2015  
Transaction ID : VN8ECD0KK1

Amount of Each Receipt this Period  
500.00

Contribution-IE Only Account

**B. Betsy Cohn**  
Full Name (Last, First, Middle Initial)

Mailing Address 1111 Park Ave  
NUMBER 11-B

City New York State NY Zip Code 10128-1234

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Self

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
03 / 16 / 2015  
Transaction ID : VN8ECD06CE3

Amount of Each Receipt this Period  
1000.00

Contribution-IE Only Account

**C. Elizabeth Colbert-Busch**  
Full Name (Last, First, Middle Initial)

Mailing Address 652 Gate Post Dr

City Mount Pleasant State SC Zip Code 29464-4942

FEC ID number of contributing federal political committee. **C**

Name of Employer Clemson University Restoration Institu Occupation Director of Business Development

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
201.60

Date of Receipt  
03 / 09 / 2015  
Transaction ID : VN8ECD0AN7

Amount of Each Receipt this Period  
201.60

Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1701.60
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 160 OF 1282
<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

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

**A. Caroline Coleman**  
Full Name (Last, First, Middle Initial)  
Mailing Address 14 Colemans Dr  
City Conway State NH Zip Code 03818  
FEC ID number of contributing federal political committee. **C**  
Name of Employer N/A Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 50.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 08 / 2015  
**Transaction ID : VN8ECDA9YT9**  
Amount of Each Receipt this Period  
50.00  
Contribution-IE Only Account

**B. Caroline Coleman**  
Full Name (Last, First, Middle Initial)  
Mailing Address 14 Colemans Dr  
City Conway State NH Zip Code 03818  
FEC ID number of contributing federal political committee. **C**  
Name of Employer N/A Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 100.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 08 / 2015  
**Transaction ID : VN8ECDAZZ22**  
Amount of Each Receipt this Period  
50.00  
Contribution-IE Only Account

**C. Caroline Coleman**  
Full Name (Last, First, Middle Initial)  
Mailing Address 14 Colemans Dr  
City Conway State NH Zip Code 03818  
FEC ID number of contributing federal political committee. **C**  
Name of Employer N/A Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 150.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 08 / 2015  
**Transaction ID : VN8ECDBWPM3**  
Amount of Each Receipt this Period  
50.00  
Contribution-IE Only Account

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00  
**TOTAL** This Period (last page this line number only)..... ▶



**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 161 OF 1282
<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

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

**A. Caroline Coleman**  
Full Name (Last, First, Middle Initial)  
Mailing Address 14 Colemans Dr

City Conway	State NH	Zip Code 03818
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A	Occupation Retired
-------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
200.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
04		08		2015

**Transaction ID : VN8ECDDQZF7**

Amount of Each Receipt this Period  
50.00

Contribution-IE Only Account

**B. Caroline Coleman**  
Full Name (Last, First, Middle Initial)  
Mailing Address 14 Colemans Dr

City Conway	State NH	Zip Code 03818
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A	Occupation Retired
-------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
05		08		2015

**Transaction ID : VN8ECDEGE28**

Amount of Each Receipt this Period  
50.00

Contribution-IE Only Account

**C. Caroline Coleman**  
Full Name (Last, First, Middle Initial)  
Mailing Address 14 Colemans Dr

City Conway	State NH	Zip Code 03818
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A	Occupation Retired
-------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
06		08		2015

**Transaction ID : VN8ECDF2841**

Amount of Each Receipt this Period  
50.00

Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 162 OF 1282
<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

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

Full Name (Last, First, Middle Initial)  
**A. Larry Collins**

Mailing Address 323B Victor Reiter Pkwy

City Portland	State TN	Zip Code 37148-2016
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Collins Construction	Occupation Construction
--	----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	10	/	2015

**Transaction ID : VN8ECDB5DH3**

Amount of Each Receipt this Period  
1000.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)  
**B. Committee To Elect Tanya R Giddings**

Mailing Address PO Box 65491

City Albuquerque	State NM	Zip Code 87193-5491
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
------------------	------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
201.60

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	27	/	2015

**Transaction ID : VN8ECDEH1H6**

Amount of Each Receipt this Period  
201.60

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)  
**C. Committee To Re-Elect W. Ken Martinez State Representative**

Mailing Address PO Box 730

City Grants	State NM	Zip Code 87020-0730
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
------------------	------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
206.14

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	27	/	2015

**Transaction ID : VN8ECDEH1K2**

Amount of Each Receipt this Period  
206.14

Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1407.74
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 163 OF 1282
<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

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

Full Name (Last, First, Middle Initial) <b>A. Ada Conde</b>		Date of Receipt MM / DD / YYYY 01 / 21 / 2015 <b>Transaction ID : VN8ECDAH6R5</b>
Mailing Address PO Box 13610		Amount of Each Receipt this Period 20.16
City San Juan	State PR	Zip Code 00908
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Ada M Conde	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 20.16	

Full Name (Last, First, Middle Initial) <b>B. Ada Conde</b>		Date of Receipt MM / DD / YYYY 02 / 21 / 2015 <b>Transaction ID : VN8ECDBCZH3</b>
Mailing Address PO Box 13610		Amount of Each Receipt this Period 20.16
City San Juan	State PR	Zip Code 00908
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Ada M Conde	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 40.32	

Full Name (Last, First, Middle Initial) <b>C. Ada Conde</b>		Date of Receipt MM / DD / YYYY 03 / 21 / 2015 <b>Transaction ID : VN8ECDCA95</b>
Mailing Address PO Box 13610		Amount of Each Receipt this Period 20.16
City San Juan	State PR	Zip Code 00908
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Ada M Conde	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 60.48	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	60.48
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 164 OF 1282
<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

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

**A. Ada Conde**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 13610

City San Juan	State PR	Zip Code 00908
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Ada M Conde	Occupation Attorney
---------------------------------	------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
165.48

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	10	/	2015

**Transaction ID : VN8ECDDS856**

Amount of Each Receipt this Period  
105.00

Contribution-IE Only Account

**B. Ada Conde**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 13610

City San Juan	State PR	Zip Code 00908
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Ada M Conde	Occupation Attorney
---------------------------------	------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
185.64

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	21	/	2015

**Transaction ID : VN8ECDE2QD1**

Amount of Each Receipt this Period  
20.16

Contribution-IE Only Account

**C. Ada Conde**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 13610

City San Juan	State PR	Zip Code 00908
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Ada M Conde	Occupation Attorney
---------------------------------	------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
205.80

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	21	/	2015

**Transaction ID : VN8ECDEPHB1**

Amount of Each Receipt this Period  
20.16

Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	145.32
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 165 OF 1282
<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

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

**A. Ada Conde**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 13610

City San Juan	State PR	Zip Code 00908
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Ada M Conde	Occupation Attorney
---------------------------------	------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.96

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	21	/	2015

**Transaction ID : VN8ECDFAM41**

Amount of Each Receipt this Period  
20.16

Contribution-IE Only Account

**B. Collen T Condon**  
Full Name (Last, First, Middle Initial)  
Mailing Address 157 Holton Pl

City Chas	State SC	Zip Code 29407
--------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Condon Law Firm LLC	Occupation lawyer
---	----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
221.76

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	10	/	2015

**Transaction ID : VN8ECDC16W2**

Amount of Each Receipt this Period  
221.76

Contribution-IE Only Account

**C. Debra Condren**  
Full Name (Last, First, Middle Initial)  
Mailing Address 11 Owenoke Park # 22C

City Westport	State CT	Zip Code 06880-6834
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Manhattan Business Coaching	Occupation Psychologist
---	----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.30

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	12	/	2015

**Transaction ID : VN8ECDDX1P7**

Amount of Each Receipt this Period  
230.30

Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	472.22
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 166 OF 1282
	<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	

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

**A. Debra Condren**  
Full Name (Last, First, Middle Initial)  
Mailing Address 11 Owenoke Park # 22C  
City Westport State CT Zip Code 06880-6834  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Manhattan Business Coaching Occupation Psychologist  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **701.43**

Date of Receipt **04 / 22 / 2015**  
**Transaction ID : VN8ECDE3E24**  
Amount of Each Receipt this Period **471.13**  
Contribution-IE Only Account

**B. Kathleen Conroy**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1016 2nd Ave N  
City Seattle State WA Zip Code 98109-3741  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Cognizant Occupation Consultant  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **1700.00**

Date of Receipt **06 / 14 / 2015**  
**Transaction ID : VN8ECDF4880**  
Amount of Each Receipt this Period **1700.00**  
Contribution-IE Only Account

**C. C Cooke**  
Full Name (Last, First, Middle Initial)  
Mailing Address 49 W 16th St Apt 2  
City New York State NY Zip Code 10011-6574  
FEC ID number of contributing federal political committee. **C**  
Name of Employer mcgarrybowen Occupation Advertising Executive  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **201.60**

Date of Receipt **01 / 14 / 2015**  
**Transaction ID : VN8ECDADM36**  
Amount of Each Receipt this Period **201.60**  
Contribution-IE Only Account

**SUBTOTAL** of Receipts This Page (optional)..... **2372.73**  
**TOTAL** This Period (last page this line number only).....

**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 167 OF 1282
<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

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

**A. Jon Corzine**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 200419

City Newark	State NJ	Zip Code 07102-0307
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Self	Occupation Private Investor
--------------------------	--------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
25000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	29	/	2015

**Transaction ID : VN8ECDARMX8**

Amount of Each Receipt this Period  
25000.00

Contribution-IE Only Account

**B. Jon Corzine**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 200419

City Newark	State NJ	Zip Code 07102-0307
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Self	Occupation Private Investor
--------------------------	--------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
50000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2015

**Transaction ID : VN8ECDBPTB3**

Amount of Each Receipt this Period  
25000.00

Contribution-IE Only Account

**C. Bradley Cosgrove**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8571 Farmview Dr

City Frankfort	State IL	Zip Code 60423-4402
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Clifford Law	Occupation Lawyer
----------------------------------	----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	25	/	2015

**Transaction ID : VN8ECDD7659**

Amount of Each Receipt this Period  
500.00

Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	50500.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 168 OF 1282
<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

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

**A. Gwen Cravens**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 67

City Mertzon	State TX	Zip Code 76941
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer none	Occupation Retired
--------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
35.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
01	/	11	/	2015

**Transaction ID : VN8ECDABN81**

Amount of Each Receipt this Period  
35.00

Contribution-IE Only Account

**B. Gwen Cravens**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 67

City Mertzon	State TX	Zip Code 76941
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer none	Occupation Retired
--------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
70.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
02	/	11	/	2015

**Transaction ID : VN8ECDB47E8**

Amount of Each Receipt this Period  
35.00

Contribution-IE Only Account

**C. Gwen Cravens**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 67

City Mertzon	State TX	Zip Code 76941
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer none	Occupation Retired
--------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
105.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
03	/	11	/	2015

**Transaction ID : VN8ECDC1XT6**

Amount of Each Receipt this Period  
35.00

Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	105.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**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 169 OF 1282
<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

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

**A. Gwen Cravens**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 67

City Mertzon	State TX	Zip Code 76941
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer none	Occupation Retired
--------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
155.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	07	/	2015

**Transaction ID : VN8ECDF16B4**

Amount of Each Receipt this Period  
50.00

Earmarked; IE Only Account

**B. Gwen Cravens**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 67

City Mertzon	State TX	Zip Code 76941
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer none	Occupation Retired
--------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
190.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	11	/	2015

**Transaction ID : VN8ECDDV624**

Amount of Each Receipt this Period  
35.00

Contribution-IE Only Account

**C. Gwen Cravens**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 67

City Mertzon	State TX	Zip Code 76941
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer none	Occupation Retired
--------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	11	/	2015

**Transaction ID : VN8ECDEHCX4**

Amount of Each Receipt this Period  
35.00

Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	▶	120.00
<b>TOTAL</b> This Period (last page this line number only).....	▶	

**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 170 OF 1282
<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

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

Full Name (Last, First, Middle Initial) <b>A. Gwen Cravens</b>		Date of Receipt MM / DD / YYYY 06 / 11 / 2015 <b>Transaction ID : VN8ECDF3K02</b>
Mailing Address PO Box 67		Amount of Each Receipt this Period 35.00
City Mertzon	State TX	Zip Code 76941
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer none	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

Full Name (Last, First, Middle Initial) <b>B. Charles Crist</b>		Date of Receipt MM / DD / YYYY 02 / 03 / 2015 <b>Transaction ID : VN8ECDAVS29</b>
Mailing Address 1 Beach Dr SE Unit 802		Amount of Each Receipt this Period 1000.00
City Saint Petersburg	State FL	Zip Code 33701-3924
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Morgan & Morgan	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. W Michael Crosby</b>		Date of Receipt MM / DD / YYYY 01 / 18 / 2015 <b>Transaction ID : VN8ECDAFZ01</b>
Mailing Address 94 E 4050 N		Amount of Each Receipt this Period 100.00
City Lander	State WY	Zip Code 82520
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Self	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 100.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1135.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 171 OF 1282
<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

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

Full Name (Last, First, Middle Initial) <b>A. W Michael Crosby</b>		Date of Receipt MM / DD / YYYY 02 / 18 / 2015 <b>Transaction ID : VN8ECDBA6T6</b>
Mailing Address 94 E 4050 N		Amount of Each Receipt this Period 100.00
City Lander	State WY	Zip Code 82520
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Self	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

Full Name (Last, First, Middle Initial) <b>B. W Michael Crosby</b>		Date of Receipt MM / DD / YYYY 03 / 18 / 2015 <b>Transaction ID : VN8ECDC7JS2</b>
Mailing Address 94 E 4050 N		Amount of Each Receipt this Period 100.00
City Lander	State WY	Zip Code 82520
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Self	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C. W Michael Crosby</b>		Date of Receipt MM / DD / YYYY 04 / 18 / 2015 <b>Transaction ID : VN8ECDE17F4</b>
Mailing Address 94 E 4050 N		Amount of Each Receipt this Period 100.00
City Lander	State WY	Zip Code 82520
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Self	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 172 OF 1282
<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

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

**A. W Michael Crosby**  
Full Name (Last, First, Middle Initial)  
Mailing Address 94 E 4050 N

City Lander	State WY	Zip Code 82520
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Self	Occupation Physician
--------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	18	/	2015

**Transaction ID : VN8ECDEMWF9**

Amount of Each Receipt this Period  
100.00

Contribution-IE Only Account

**B. W Michael Crosby**  
Full Name (Last, First, Middle Initial)  
Mailing Address 94 E 4050 N

City Lander	State WY	Zip Code 82520
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Self	Occupation Physician
--------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	18	/	2015

**Transaction ID : VN8ECDF9TD6**

Amount of Each Receipt this Period  
100.00

Contribution-IE Only Account

**C. Yolande R Crosby**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3213 Amelia Run Way

City N Fort Myers	State FL	Zip Code 33917-7121
----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired	Occupation Retired
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	11	/	2015

**Transaction ID : VN8ECDEMHZ3**

Amount of Each Receipt this Period  
250.00

Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	450.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 173 OF 1282
<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

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

**A. Collette Cummings**  
Full Name (Last, First, Middle Initial)  
Mailing Address 816 Lakeshore Dr

City Jefferson	State GA	Zip Code 30549-2846
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Magellan Healthcare	Occupation Management
---	--------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
112.32

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	15	/	2015

**Transaction ID : VN8ECDB8DP1**

Amount of Each Receipt this Period  
112.32

Contribution-IE Only Account

**B. Collette Cummings**  
Full Name (Last, First, Middle Initial)  
Mailing Address 816 Lakeshore Dr

City Jefferson	State GA	Zip Code 30549-2846
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Magellan Healthcare	Occupation Management
---	--------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
212.32

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	15	/	2015

**Transaction ID : VN8ECDC4DF9**

Amount of Each Receipt this Period  
100.00

Contribution-IE Only Account

**C. Roni Lynn Cummings**  
Full Name (Last, First, Middle Initial)  
Mailing Address 12907 W Sunset Blvd

City Los Angeles	State CA	Zip Code 90049-2643
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Self	Occupation Psychotherapist
--------------------------	-------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	14	/	2015

**Transaction ID : VN8ECDAFV94**

Amount of Each Receipt this Period  
500.00

Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	712.32
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 174 OF 1282
<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

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

Full Name (Last, First, Middle Initial) <b>A. Carrie Cunningham</b>		Date of Receipt MM / DD / YYYY 01 / 30 / 2015 <b>Transaction ID : VN8ECDAS954</b>
Mailing Address 8091 Stallion Way		Amount of Each Receipt this Period 100.00
City Sacramento	State CA	Zip Code 95830
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer HMS, Inc.	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 100.00	

Full Name (Last, First, Middle Initial) <b>B. Carrie Cunningham</b>		Date of Receipt MM / DD / YYYY 02 / 11 / 2015 <b>Transaction ID : VN8ECDB4DR0</b>
Mailing Address 8091 Stallion Way		Amount of Each Receipt this Period 100.00
City Sacramento	State CA	Zip Code 95830
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer HMS, Inc.	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

Full Name (Last, First, Middle Initial) <b>C. Carrie Cunningham</b>		Date of Receipt MM / DD / YYYY 02 / 28 / 2015 <b>Transaction ID : VN8ECDBQ027</b>
Mailing Address 8091 Stallion Way		Amount of Each Receipt this Period 100.00
City Sacramento	State CA	Zip Code 95830
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer HMS, Inc.	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 175 OF 1282
<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

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

**A. Carrie Cunningham**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8091 Stallion Way

City Sacramento	State CA	Zip Code 95830
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer HMS, Inc.	Occupation Vice President
-------------------------------	------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	30	/	2015

**Transaction ID : VN8ECDDBE26**

Amount of Each Receipt this Period  
100.00

Contribution-IE Only Account

**B. Carrie Cunningham**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8091 Stallion Way

City Sacramento	State CA	Zip Code 95830
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer HMS, Inc.	Occupation Vice President
-------------------------------	------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2015

**Transaction ID : VN8ECDE9A16**

Amount of Each Receipt this Period  
100.00

Contribution-IE Only Account

**C. Carrie Cunningham**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8091 Stallion Way

City Sacramento	State CA	Zip Code 95830
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer HMS, Inc.	Occupation Vice President
-------------------------------	------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	30	/	2015

**Transaction ID : VN8ECDES4Y8**

Amount of Each Receipt this Period  
100.00

Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 176 OF 1282
<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

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

**A. Carrie Cunningham**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8091 Stallion Way  
City Sacramento State CA Zip Code 95830  
FEC ID number of contributing federal political committee. **C**  
Name of Employer HMS, Inc. Occupation Vice President  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **700.00**

Date of Receipt **06 / 30 / 2015**  
**Transaction ID : VN8ECDFJF91**  
Amount of Each Receipt this Period **100.00**  
Contribution-IE Only Account

**B. Timothy Curtis**  
Full Name (Last, First, Middle Initial)  
Mailing Address 16811 Harrierridge Pl  
City Lithia State FL Zip Code 33547  
FEC ID number of contributing federal political committee. **C**  
Name of Employer TAMPA GENERAL HOSPITAL Occupation SR CLINICAL ANALIST 3  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **210.64**

Date of Receipt **03 / 25 / 2015**  
**Transaction ID : VN8ECDD7A66**  
Amount of Each Receipt this Period **80.64**  
Contribution-IE Only Account

**C. Timothy Curtis**  
Full Name (Last, First, Middle Initial)  
Mailing Address 16811 Harrierridge Pl  
City Lithia State FL Zip Code 33547  
FEC ID number of contributing federal political committee. **C**  
Name of Employer TAMPA GENERAL HOSPITAL Occupation SR CLINICAL ANALIST 3  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **210.64**

Date of Receipt **03 / 25 / 2015**  
**Transaction ID : VN8ECDD7AR9**  
Amount of Each Receipt this Period **100.00**  
Contribution-IE Only Account

**SUBTOTAL** of Receipts This Page (optional)..... **280.64**  
**TOTAL** This Period (last page this line number only).....



**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 177 OF 1282
<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

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

Full Name (Last, First, Middle Initial) <b>A. Timothy Curtis</b>		Date of Receipt
Mailing Address 16811 Harrierridge Pl		<input type="text" value="03"/> / <input type="text" value="25"/> / <input type="text" value="2015"/>
City	State	Zip Code
Lithia	FL	33547
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : <b>VN8ECDD7B69</b>
TAMPA GENERAL HOSPITAL	SR CLINICAL ANALIST 3	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="210.64"/>	<input type="text" value="30.00"/>
		Contribution-IE Only Account

Full Name (Last, First, Middle Initial) <b>B. Robin Curtiss</b>		Date of Receipt
Mailing Address 69 Maple St		<input type="text" value="01"/> / <input type="text" value="23"/> / <input type="text" value="2015"/>
City	State	Zip Code
West Lebanon	NH	03784-1410
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : <b>VN8ECDAJ604</b>
Van Dorn & Curtiss	Attorney	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="250.00"/>	<input type="text" value="250.00"/>
		Contribution-IE Only Account

Full Name (Last, First, Middle Initial) <b>C. William H Dailey</b>		Date of Receipt
Mailing Address 275 Meadowbrook Rd		<input type="text" value="03"/> / <input type="text" value="13"/> / <input type="text" value="2015"/>
City	State	Zip Code
Trenton	NJ	08691-2563
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : <b>VN8ECDC9ES0</b>
CIS Management	Real Estate Management	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1500.00"/>	<input type="text" value="1500.00"/>
		Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="1780.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 178 OF 1282
<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

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

Full Name (Last, First, Middle Initial) <b>A. Susanna Dakin</b>		Date of Receipt MM / DD / YYYY 03 / 17 / 2015 <b>Transaction ID : VN8ECDC75S3</b>
Mailing Address 432 S Curson Ave Apt 12J		Amount of Each Receipt this Period 2500.00
City Los Angeles	State CA	Zip Code 90036-5223
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Self	Occupation Artist/Writer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) <b>B. Rosalyn Randolph Dance</b>		Date of Receipt MM / DD / YYYY 02 / 09 / 2015 <b>Transaction ID : VN8ECDB0G87</b>
Mailing Address 1748 W Clara Dr		Amount of Each Receipt this Period 201.60
City Petersburg	State VA	Zip Code 23803-5950
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Virginia State Senate	Occupation State Legislator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 201.60	

Full Name (Last, First, Middle Initial) <b>C. Charic Michelle Daniels</b>		Date of Receipt MM / DD / YYYY 02 / 02 / 2015 <b>Transaction ID : VN8ECDATSW6</b>
Mailing Address 3502 S MacGregor Way		Amount of Each Receipt this Period 500.00
City Houston	State TX	Zip Code 77021-1232
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer ExxonMobil Corporation	Occupation attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3201.60
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 179 OF 1282
<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

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

**A. Harriet B Dann**  
Full Name (Last, First, Middle Initial)  
Mailing Address 41 Rosemary St  
City Needham State MA Zip Code 02494-3267  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Suburban Eye Specialist Occupation Physician  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 250.00

Date of Receipt 03 / 16 / 2015  
**Transaction ID : VN8ECDC5C79**  
Amount of Each Receipt this Period 250.00  
Contribution-IE Only Account

**B. Marie Danner**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3009 Eggers Dr  
City Fremont State CA Zip Code 94536-5217  
FEC ID number of contributing federal political committee. **C**  
Name of Employer CA Superior Courts Occupation Court Interpreter  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 20.16

Date of Receipt 01 / 08 / 2015  
**Transaction ID : VN8ECDA9YV7**  
Amount of Each Receipt this Period 20.16  
Contribution-IE Only Account

**c. Marie Danner**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3009 Eggers Dr  
City Fremont State CA Zip Code 94536-5217  
FEC ID number of contributing federal political committee. **C**  
Name of Employer CA Superior Courts Occupation Court Interpreter  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 45.16

Date of Receipt 02 / 01 / 2015  
**Transaction ID : VN8ECDB2Q20**  
Amount of Each Receipt this Period 25.00  
Contribution-IE Only Account

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 295.16  
**TOTAL** This Period (last page this line number only)..... ▶

**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 180 OF 1282
<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

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

Full Name (Last, First, Middle Initial) <b>A. Marie Danner</b>		Date of Receipt MM / DD / YYYY 02 / 08 / 2015
Mailing Address 3009 Eggers Dr		<b>Transaction ID : VN8ECDAZTQ8</b>
City Fremont	State CA	Zip Code 94536-5217
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.16
Name of Employer CA Superior Courts	Occupation Court Interpreter	Contribution-IE Only Account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 65.32	

Full Name (Last, First, Middle Initial) <b>B. Marie Danner</b>		Date of Receipt MM / DD / YYYY 02 / 20 / 2015
Mailing Address 3009 Eggers Dr		<b>Transaction ID : VN8ECDEZE40</b>
City Fremont	State CA	Zip Code 94536-5217
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer CA Superior Courts	Occupation Court Interpreter	Contribution-IE Only Account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 90.32	

Full Name (Last, First, Middle Initial) <b>C. Marie Danner</b>		Date of Receipt MM / DD / YYYY 03 / 08 / 2015
Mailing Address 3009 Eggers Dr		<b>Transaction ID : VN8ECDBWGH6</b>
City Fremont	State CA	Zip Code 94536-5217
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.16
Name of Employer CA Superior Courts	Occupation Court Interpreter	Contribution-IE Only Account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 110.48	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	65.32
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 181 OF 1282
<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

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

**A. Marie Danner**  
Full Name (Last, First, Middle Initial)

Mailing Address 3009 Eggers Dr

City Fremont State CA Zip Code 94536-5217

FEC ID number of contributing federal political committee. **C**

Name of Employer CA Superior Courts Occupation Court Interpreter

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **135.48**

Date of Receipt **03 / 09 / 2015**

**Transaction ID : VN8ECDF0QC0**

Amount of Each Receipt this Period **25.00**

Contribution-IE Only Account

**B. Marie Danner**  
Full Name (Last, First, Middle Initial)

Mailing Address 3009 Eggers Dr

City Fremont State CA Zip Code 94536-5217

FEC ID number of contributing federal political committee. **C**

Name of Employer CA Superior Courts Occupation Court Interpreter

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **160.48**

Date of Receipt **03 / 20 / 2015**

**Transaction ID : VN8ECDF0RX5**

Amount of Each Receipt this Period **25.00**

Contribution-IE Only Account

**C. Marie Danner**  
Full Name (Last, First, Middle Initial)

Mailing Address 3009 Eggers Dr

City Fremont State CA Zip Code 94536-5217

FEC ID number of contributing federal political committee. **C**

Name of Employer CA Superior Courts Occupation Court Interpreter

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **185.48**

Date of Receipt **04 / 07 / 2015**

**Transaction ID : VN8ECDF10A4**

Amount of Each Receipt this Period **25.00**

Earmarked; IE Only Account

**SUBTOTAL** of Receipts This Page (optional)..... **75.00**

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

**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 182 OF 1282
<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

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

Full Name (Last, First, Middle Initial)  
**A. Marie Danner**

Mailing Address 3009 Eggers Dr

City State Zip Code  
Fremont CA 94536-5217

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
CA Superior Courts Court Interpreter

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**205.64**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**04 / 08 / 2015**

**Transaction ID : VN8ECDDQQG8**

Amount of Each Receipt this Period  
**20.16**

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)  
**B. Marie Danner**

Mailing Address 3009 Eggers Dr

City State Zip Code  
Fremont CA 94536-5217

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
CA Superior Courts Court Interpreter

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**225.80**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**05 / 08 / 2015**

**Transaction ID : VN8ECDEGD58**

Amount of Each Receipt this Period  
**20.16**

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)  
**C. Marie Danner**

Mailing Address 3009 Eggers Dr

City State Zip Code  
Fremont CA 94536-5217

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
CA Superior Courts Court Interpreter

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**250.80**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**05 / 11 / 2015**

**Transaction ID : VN8ECDF1C84**

Amount of Each Receipt this Period  
**25.00**

Earmarked; IE Only Account

**SUBTOTAL** of Receipts This Page (optional)..... **65.32**

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

**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 183 OF 1282
	<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	

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

**A. Karen Darner**  
Full Name (Last, First, Middle Initial)  
Mailing Address 969 S Buchanan St  
City Arlington State VA Zip Code 22204  
FEC ID number of contributing federal political committee. **C**  
Name of Employer: retired Occupation: Retired  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **201.60**

Date of Receipt: **02 / 25 / 2015**  
**Transaction ID : VN8ECDBM1M6**  
Amount of Each Receipt this Period: **201.60**  
Contribution-IE Only Account

**B. Karen Darner**  
Full Name (Last, First, Middle Initial)  
Mailing Address 969 S Buchanan St  
City Arlington State VA Zip Code 22204  
FEC ID number of contributing federal political committee. **C**  
Name of Employer: retired Occupation: Retired  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **241.92**

Date of Receipt: **03 / 23 / 2015**  
**Transaction ID : VN8ECD5C0**  
Amount of Each Receipt this Period: **40.32**  
Contribution-IE Only Account

**C. Sita Dash**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4925 Interlachen Ct  
City Edina State MN Zip Code 55436-1086  
FEC ID number of contributing federal political committee. **C**  
Name of Employer: Dd Innovation, Inc. Occupation: President  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **100.00**

Date of Receipt: **01 / 20 / 2015**  
**Transaction ID : VN8ECDAHFT0**  
Amount of Each Receipt this Period: **100.00**  
Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>341.92</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**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 184 OF 1282
<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

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

**A. Sita Dash**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4925 Interlachen Ct  
City Edina State MN Zip Code 55436-1086  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Dd Innovation, Inc. Occupation President  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **200.00**

Date of Receipt **03 / 16 / 2015**  
**Transaction ID : VN8ECDC7FN4**  
Amount of Each Receipt this Period **100.00**  
Contribution-IE Only Account

**B. Sita Dash**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4925 Interlachen Ct  
City Edina State MN Zip Code 55436-1086  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Dd Innovation, Inc. Occupation President  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **700.00**

Date of Receipt **05 / 25 / 2015**  
**Transaction ID : VN8ECDF7PR7**  
Amount of Each Receipt this Period **500.00**  
IE Only Account

**c. Linda Gay Davenport**  
Full Name (Last, First, Middle Initial)  
Mailing Address 206 Elm St  
City Alexandria State VA Zip Code 22301-2508  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Linda Davenport Associates Occupation consultant  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **500.00**

Date of Receipt **02 / 19 / 2015**  
**Transaction ID : VN8ECDBAZ37**  
Amount of Each Receipt this Period **500.00**  
Contribution-IE Only Account

**SUBTOTAL** of Receipts This Page (optional)..... **1100.00**  
**TOTAL** This Period (last page this line number only).....



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

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

FOR LINE NUMBER: PAGE 185 OF 1282  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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

**A. Adam Davidson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 938 Superba Ave  
 City Venice State CA Zip Code 90291-3873  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer self Occupation self  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 530.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 10 / 2015  
**Transaction ID : VN8ECDDTTJ4**  
 Amount of Each Receipt this Period  
 500.00  
 Contribution-IE Only Account

**B. Adam Davidson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 938 Superba Ave  
 City Venice State CA Zip Code 90291-3873  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer self Occupation self  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 530.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 10 / 2015  
**Transaction ID : VN8ECDDTTS0**  
 Amount of Each Receipt this Period  
 30.00  
 Contribution-IE Only Account

**C. Jaime Davila**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 621 N La Jolla Ave  
 City Los Angeles State CA Zip Code 90048-2236  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Campanario Occupation President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 29 / 2015  
**Transaction ID : VN8ECDDBCP9**  
 Amount of Each Receipt this Period  
 500.00  
 Contribution-IE Only Account

**SUBTOTAL** of Receipts This Page (optional).....▶ 1030.00  
**TOTAL** This Period (last page this line number only).....▶

**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 186 OF 1282
<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

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

**A. Tom Davila**  
Full Name (Last, First, Middle Initial)

Mailing Address 2222 Maravilla Dr

City Los Angeles State CA Zip Code 90068

FEC ID number of contributing federal political committee. **C**

Name of Employer Self employed Occupation Realtor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 31 / 2015  
**Transaction ID : VN8ECDASJB0**

Amount of Each Receipt this Period 1000.00

Contribution-IE Only Account

**B. Bronson Davis**  
Full Name (Last, First, Middle Initial)

Mailing Address 7108 Falling Springs Rd

City Fort Worth State TX Zip Code 76116-9309

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 100.00

Date of Receipt 02 / 14 / 2015  
**Transaction ID : VN8ECDB7Y14**

Amount of Each Receipt this Period 100.00

Contribution-IE Only Account

**C. Bronson Davis**  
Full Name (Last, First, Middle Initial)

Mailing Address 7108 Falling Springs Rd

City Fort Worth State TX Zip Code 76116-9309

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt 03 / 09 / 2015  
**Transaction ID : VN8ECDFYJF9**

Amount of Each Receipt this Period 100.00

Earmarked; IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1200.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 187 OF 1282
<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

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

Full Name (Last, First, Middle Initial) <b>A. Bronson Davis</b>		Date of Receipt MM / DD / YYYY 03 / 14 / 2015 <b>Transaction ID : VN8ECDC3Y66</b>
Mailing Address 7108 Falling Springs Rd		Amount of Each Receipt this Period 100.00
City Fort Worth	State TX	Zip Code 76116-9309
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Retired	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B. Bronson Davis</b>		Date of Receipt MM / DD / YYYY 03 / 31 / 2015 <b>Transaction ID : VN8ECDG02X2</b>
Mailing Address 7108 Falling Springs Rd		Amount of Each Receipt this Period 100.00
City Fort Worth	State TX	Zip Code 76116-9309
FEC ID number of contributing federal political committee. C		Earmarked; IE Only Account
Name of Employer Retired	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) <b>C. Bronson Davis</b>		Date of Receipt MM / DD / YYYY 04 / 14 / 2015 <b>Transaction ID : VN8ECDDYP07</b>
Mailing Address 7108 Falling Springs Rd		Amount of Each Receipt this Period 100.00
City Fort Worth	State TX	Zip Code 76116-9309
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Retired	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 188 OF 1282
	<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	

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

**A. Bronson Davis**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7108 Falling Springs Rd  
City Fort Worth State TX Zip Code 76116-9309  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Retired Occupation Retired  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **600.00**

Date of Receipt **05 / 14 / 2015**  
**Transaction ID : VN8ECDEJ711**  
Amount of Each Receipt this Period **100.00**  
Contribution-IE Only Account

**B. Bronson Davis**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7108 Falling Springs Rd  
City Fort Worth State TX Zip Code 76116-9309  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Retired Occupation Retired  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **700.00**

Date of Receipt **06 / 14 / 2015**  
**Transaction ID : VN8ECDF47H8**  
Amount of Each Receipt this Period **100.00**  
Contribution-IE Only Account

**C. Carolyn Davis**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1885 Abbotsford Green Dr  
City Powell State OH Zip Code 43065-8946  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Taft Stettinius & Hollister LLP Occupation Attorney  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **201.60**

Date of Receipt **02 / 05 / 2015**  
**Transaction ID : VN8ECDAY3E3**  
Amount of Each Receipt this Period **201.60**  
Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>401.60</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**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 189 OF 1282
<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

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

Full Name (Last, First, Middle Initial) <b>A. David Davis</b>		Date of Receipt MM / DD / YYYY 01 / 29 / 2015 <b>Transaction ID : VN8ECDARK5</b>
Mailing Address 4236 Clio St		Amount of Each Receipt this Period 50.00
City New Orleans	State LA	Zip Code 70125-1802
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Bridge House Corp	Occupation IT Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 50.00	

Full Name (Last, First, Middle Initial) <b>B. David Davis</b>		Date of Receipt MM / DD / YYYY 02 / 28 / 2015 <b>Transaction ID : VN8ECDBPTS4</b>
Mailing Address 4236 Clio St		Amount of Each Receipt this Period 50.00
City New Orleans	State LA	Zip Code 70125-1802
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Bridge House Corp	Occupation IT Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 100.00	

Full Name (Last, First, Middle Initial) <b>C. David Davis</b>		Date of Receipt MM / DD / YYYY 03 / 29 / 2015 <b>Transaction ID : VN8ECDB739</b>
Mailing Address 4236 Clio St		Amount of Each Receipt this Period 50.00
City New Orleans	State LA	Zip Code 70125-1802
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Bridge House Corp	Occupation IT Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 150.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 190 OF 1282
<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

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

**A. David Davis**  
Full Name (Last, First, Middle Initial)

Mailing Address 4236 Clio St

City New Orleans State LA Zip Code 70125-1802

FEC ID number of contributing federal political committee. **C**

Name of Employer Bridge House Corp Occupation IT Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 29 / 2015  
**Transaction ID : VN8ECDE9B25**

Amount of Each Receipt this Period  
 50.00

Contribution-IE Only Account

**B. David Davis**  
Full Name (Last, First, Middle Initial)

Mailing Address 4236 Clio St

City New Orleans State LA Zip Code 70125-1802

FEC ID number of contributing federal political committee. **C**

Name of Employer Bridge House Corp Occupation IT Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 29 / 2015  
**Transaction ID : VN8ECDERSG3**

Amount of Each Receipt this Period  
 50.00

Contribution-IE Only Account

**C. Sean Davis**  
Full Name (Last, First, Middle Initial)

Mailing Address 500 W 30th St Apt 31C

City New York State NY Zip Code 10001

FEC ID number of contributing federal political committee. **C**

Name of Employer Cahill Gordon & Reindel LLP Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 201.60

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 15 / 2015  
**Transaction ID : VN8ECDADV99**

Amount of Each Receipt this Period  
 201.60

Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	301.60
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 191 OF 1282
<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

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

**A. Todd Davis**  
Full Name (Last, First, Middle Initial)

Mailing Address 505 W 37th St  
Apt 1902

City New York State NY Zip Code 10018-1151

FEC ID number of contributing federal political committee. **C**

Name of Employer Body Glove Occupation National Sales Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
04 / 12 / 2015

**Transaction ID : VN8ECDDWC81**

Amount of Each Receipt this Period  
250.00

Contribution-IE Only Account

**B. Willie Jr. Davis**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 2072

City Trenton State NJ Zip Code 08607-2072

FEC ID number of contributing federal political committee. **C**

Name of Employer Davis Honda Occupation Car Sales

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
03 / 13 / 2015

**Transaction ID : VN8ECDC9F60**

Amount of Each Receipt this Period  
500.00

Contribution-IE Only Account

**C. Leanna M Dawydiak**  
Full Name (Last, First, Middle Initial)

Mailing Address 191 15th Ave

City San Francisco State CA Zip Code 94118-1010

FEC ID number of contributing federal political committee. **C**

Name of Employer Law Offices of Dawydiak & Rapagnani Occupation attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
02 / 04 / 2015

**Transaction ID : VN8ECDAWY28**

Amount of Each Receipt this Period  
2500.00

Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 192 OF 1282
<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

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

**A. Darek DeFreece**  
Full Name (Last, First, Middle Initial)  
Mailing Address 10025 Broadway Ter  
City Oakland State CA Zip Code 94611-1947  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Wells Fargo Bank Occupation Managing Director  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 1000.00

Date of Receipt 02 / 02 / 2015  
**Transaction ID : VN8ECDAV0G7**  
Amount of Each Receipt this Period 1000.00  
Contribution-IE Only Account

**B. Carlos Del Toro**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2 Brittany Ln  
City Stafford State VA Zip Code 22554-7687  
FEC ID number of contributing federal political committee. **C**  
Name of Employer SBG Technology Solutions, Inc. Occupation President & CEO  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 5000.00

Date of Receipt 01 / 14 / 2015  
**Transaction ID : VN8ECDADGY0**  
Amount of Each Receipt this Period 5000.00  
Contribution-IE Only Account

**C. Susan Delehanty**  
Full Name (Last, First, Middle Initial)  
Mailing Address 56 Lake St  
City Tupper Lake State NY Zip Code 12986-1621  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Citizen Advocates, Inc. Occupation Not-for-Profit Administrator  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 50.00

Date of Receipt 01 / 19 / 2015  
**Transaction ID : VN8ECDAG5R3**  
Amount of Each Receipt this Period 50.00  
Contribution-IE Only Account

**SUBTOTAL** of Receipts This Page (optional).....▶ 6050.00  
**TOTAL** This Period (last page this line number only).....▶



**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 193 OF 1282
<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

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

Full Name (Last, First, Middle Initial) <b>A. Susan Delehanty</b>		Date of Receipt
Mailing Address 56 Lake St		<input type="text" value="02"/> / <input type="text" value="19"/> / <input type="text" value="2015"/>
City Tupper Lake	State NY	Zip Code 12986-1621
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : VN8ECDBB2H4</b>
Name of Employer Citizen Advocates, Inc.		Amount of Each Receipt this Period
Occupation Not-for-Profit Administrator		<input type="text" value="50.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	Contribution-IE Only Account
<input type="text" value="100.00"/>		

Full Name (Last, First, Middle Initial) <b>B. Susan Delehanty</b>		Date of Receipt
Mailing Address 56 Lake St		<input type="text" value="03"/> / <input type="text" value="19"/> / <input type="text" value="2015"/>
City Tupper Lake	State NY	Zip Code 12986-1621
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : VN8ECDC8FA5</b>
Name of Employer Citizen Advocates, Inc.		Amount of Each Receipt this Period
Occupation Not-for-Profit Administrator		<input type="text" value="50.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	Contribution-IE Only Account
<input type="text" value="150.00"/>		

Full Name (Last, First, Middle Initial) <b>C. Susan Delehanty</b>		Date of Receipt
Mailing Address 56 Lake St		<input type="text" value="04"/> / <input type="text" value="19"/> / <input type="text" value="2015"/>
City Tupper Lake	State NY	Zip Code 12986-1621
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : VN8ECDE1A29</b>
Name of Employer Citizen Advocates, Inc.		Amount of Each Receipt this Period
Occupation Not-for-Profit Administrator		<input type="text" value="50.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	Contribution-IE Only Account
<input type="text" value="200.00"/>		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="150.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 194 OF 1282
<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

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

**A. Susan Delehanty**  
Full Name (Last, First, Middle Initial)  
Mailing Address 56 Lake St  
City Tupper Lake State NY Zip Code 12986-1621  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Citizen Advocates, Inc. Occupation Not-for-Profit Administrator  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt **05 / 19 / 2015**  
**Transaction ID : VN8ECDEN2A2**  
Amount of Each Receipt this Period 50.00  
Contribution-IE Only Account

**B. Susan Delehanty**  
Full Name (Last, First, Middle Initial)  
Mailing Address 56 Lake St  
City Tupper Lake State NY Zip Code 12986-1621  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Citizen Advocates, Inc. Occupation Not-for-Profit Administrator  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt **06 / 19 / 2015**  
**Transaction ID : VN8ECD9TT9**  
Amount of Each Receipt this Period 50.00  
Contribution-IE Only Account

**c. Henry S Dembowski**  
Full Name (Last, First, Middle Initial)  
Mailing Address 42 Beach Bluff Ave  
City Swampscott State MA Zip Code 01907-1534  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Collins Ed Asso LLC Occupation Educational consultant  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 100.00

Date of Receipt **01 / 09 / 2015**  
**Transaction ID : VN8ECDFZE91**  
Amount of Each Receipt this Period 100.00  
Earmarked; IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	200.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 195 OF 1282
<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

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

**A. Henry S Dembowski**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 42 Beach Bluff Ave  
 City Swampscott State MA Zip Code 01907-1534  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Collins Ed Asso LLC Occupation Educational consultant  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 02 / 08 / 2015  
**Transaction ID : VN8ECDB03P0**  
 Amount of Each Receipt this Period 100.00  
 Contribution-IE Only Account

**B. Henry S Dembowski**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 42 Beach Bluff Ave  
 City Swampscott State MA Zip Code 01907-1534  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Collins Ed Asso LLC Occupation Educational consultant  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 25 / 2015  
**Transaction ID : VN8ECDBMC75**  
 Amount of Each Receipt this Period 100.00  
 Contribution-IE Only Account

**C. Henry S Dembowski**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 42 Beach Bluff Ave  
 City Swampscott State MA Zip Code 01907-1534  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Collins Ed Asso LLC Occupation Educational consultant  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 03 / 30 / 2015  
**Transaction ID : VN8ECDDC7N5**  
 Amount of Each Receipt this Period 100.00  
 Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 196 OF 1282
<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

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

Full Name (Last, First, Middle Initial) <b>A. WALTER DENLEY</b>		Date of Receipt MM / DD / YYYY 01 / 23 / 2015 <b>Transaction ID : VN8ECDAJ212</b>
Mailing Address 2546 Oakwood Trce SE		Amount of Each Receipt this Period 35.00
City Smyrna	State GA	Zip Code 30080
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer retired	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 35.00	

Full Name (Last, First, Middle Initial) <b>B. WALTER DENLEY</b>		Date of Receipt MM / DD / YYYY 02 / 23 / 2015 <b>Transaction ID : VN8ECDBDVC3</b>
Mailing Address 2546 Oakwood Trce SE		Amount of Each Receipt this Period 35.00
City Smyrna	State GA	Zip Code 30080
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer retired	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 70.00	

Full Name (Last, First, Middle Initial) <b>C. WALTER DENLEY</b>		Date of Receipt MM / DD / YYYY 03 / 23 / 2015 <b>Transaction ID : VN8ECDCCXA6</b>
Mailing Address 2546 Oakwood Trce SE		Amount of Each Receipt this Period 35.00
City Smyrna	State GA	Zip Code 30080
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer retired	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 105.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	105.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 197 OF 1282
<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

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

**A. WALTER DENLEY**  
Full Name (Last, First, Middle Initial)

Mailing Address 2546 Oakwood Trce SE

City Smyrna	State GA	Zip Code 30080
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer retired	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
140.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
04		23		2015

**Transaction ID : VN8ECDE6789**

Amount of Each Receipt this Period  
35.00

Contribution-IE Only Account

**B. WALTER DENLEY**  
Full Name (Last, First, Middle Initial)

Mailing Address 2546 Oakwood Trce SE

City Smyrna	State GA	Zip Code 30080
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer retired	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
175.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
05		23		2015

**Transaction ID : VN8ECDEPN94**

Amount of Each Receipt this Period  
35.00

Contribution-IE Only Account

**C. WALTER DENLEY**  
Full Name (Last, First, Middle Initial)

Mailing Address 2546 Oakwood Trce SE

City Smyrna	State GA	Zip Code 30080
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer retired	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
06		23		2015

**Transaction ID : VN8ECDFC9X9**

Amount of Each Receipt this Period  
35.00

Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	105.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 198 OF 1282
<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**

**A. Janet Denlinger**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1040 Arcadian Way  
City Fort Lee State NJ Zip Code 07024-6348  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Matrix Biology Inst. Occupation Scientist  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 1000.00

Date of Receipt 03 / 10 / 2015  
**Transaction ID : VN8ECDC17E4**  
Amount of Each Receipt this Period 1000.00  
Contribution-IE Only Account

**B. Mary Ellen DeNoon**  
Full Name (Last, First, Middle Initial)  
Mailing Address 31 Kitchell Rd  
City Morristown State NJ Zip Code 07960-6950  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Occupation homemaker  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 250.00

Date of Receipt 02 / 28 / 2015  
**Transaction ID : VN8ECDBPXM1**  
Amount of Each Receipt this Period 250.00  
Contribution-IE Only Account

**C. Carole DePaola**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4944 Buck Thorn Ln  
City Columbus State OH Zip Code 43220-2605  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Retired Occupation Retired  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 201.60

Date of Receipt 02 / 28 / 2015  
**Transaction ID : VN8ECDC0TT1**  
Amount of Each Receipt this Period 201.60  
Contribution-IE Only Account

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1451.60  
**TOTAL** This Period (last page this line number only)..... ▶

**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 199 OF 1282
<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

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

Full Name (Last, First, Middle Initial) <b>A. Jill Derby</b>		Date of Receipt MM / DD / YYYY 01 / 30 / 2015 <b>Transaction ID : VN8ECDAV9H4</b>
Mailing Address 1298 Kingsbury Grade		Amount of Each Receipt this Period 500.00
City Gardnerville	State NV	Zip Code 89460-7714
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Retired	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Elizabeth DeWaard</b>		Date of Receipt MM / DD / YYYY 01 / 06 / 2015 <b>Transaction ID : VN8ECDA8CY4</b>
Mailing Address 1422 S Shore Dr		Amount of Each Receipt this Period 50.00
City Holland	State MI	Zip Code 49423
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Self	Occupation Owner/Innkeeper	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 50.00	

Full Name (Last, First, Middle Initial) <b>C. Elizabeth DeWaard</b>		Date of Receipt MM / DD / YYYY 02 / 06 / 2015 <b>Transaction ID : VN8ECDAYS65</b>
Mailing Address 1422 S Shore Dr		Amount of Each Receipt this Period 50.00
City Holland	State MI	Zip Code 49423
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Self	Occupation Owner/Innkeeper	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 100.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	600.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 200 OF 1282
<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

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

**A. Elizabeth DeWaard**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1422 S Shore Dr  
City Holland State MI Zip Code 49423  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Occupation Owner/Innkeeper  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **150.00**

Date of Receipt **03 / 06 / 2015**  
**Transaction ID : VN8ECDBV6J8**  
Amount of Each Receipt this Period **50.00**  
Contribution-IE Only Account

**B. Elizabeth DeWaard**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1422 S Shore Dr  
City Holland State MI Zip Code 49423  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Occupation Owner/Innkeeper  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **200.00**

Date of Receipt **04 / 06 / 2015**  
**Transaction ID : VN8ECDDNYF1**  
Amount of Each Receipt this Period **50.00**  
Contribution-IE Only Account

**C. Elizabeth DeWaard**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1422 S Shore Dr  
City Holland State MI Zip Code 49423  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Occupation Owner/Innkeeper  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **250.00**

Date of Receipt **05 / 06 / 2015**  
**Transaction ID : VN8ECDEDF4**  
Amount of Each Receipt this Period **50.00**  
Contribution-IE Only Account

**SUBTOTAL** of Receipts This Page (optional)..... **150.00**  
**TOTAL** This Period (last page this line number only).....



**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 201 OF 1282
<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

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

Full Name (Last, First, Middle Initial) <b>A. Elizabeth DeWaard</b>		Date of Receipt MM / DD / YYYY 06 / 06 / 2015 <b>Transaction ID : VN8ECDEZ0J0</b>
Mailing Address 1422 S Shore Dr		Amount of Each Receipt this Period 50.00
City Holland	State MI	Zip Code 49423
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Self	Occupation Owner/Innkeeper	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B. Neil Dhillon</b>		Date of Receipt MM / DD / YYYY 01 / 12 / 2015 <b>Transaction ID : VN8ECDACGC1</b>
Mailing Address 1735 Stuart Pointe Ln		Amount of Each Receipt this Period 500.00
City Herndon	State VA	Zip Code 20170
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Self	Occupation Public Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Christine Di Salvo</b>		Date of Receipt MM / DD / YYYY 03 / 08 / 2015 <b>Transaction ID : VN8ECDBX014</b>
Mailing Address 1225 Malone Rd		Amount of Each Receipt this Period 1000.00
City San Jose	State CA	Zip Code 95125-3455
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer San Jose State University	Occupation Professor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1550.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 202 OF 1282
<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

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

**A. Fran Diamond**  
Full Name (Last, First, Middle Initial)  
Mailing Address 300 Via De La Paz  
City Pacific Palisades State CA Zip Code 90272-4630  
FEC ID number of contributing federal political committee. **C**  
Name of Employer self Occupation retired  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **500.00**

Date of Receipt **03 / 04 / 2015**  
**Transaction ID : VN8ECDBT8Z5**  
Amount of Each Receipt this Period **500.00**  
Contribution-IE Only Account

**B. Teresa DiCesare**  
Full Name (Last, First, Middle Initial)  
Mailing Address 52 Potter Ct  
City Media State PA Zip Code 19063-5524  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Occupation Child day care owner  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **35.00**

Date of Receipt **01 / 06 / 2015**  
**Transaction ID : VN8ECDA8BY1**  
Amount of Each Receipt this Period **35.00**  
Contribution-IE Only Account

**C. Teresa DiCesare**  
Full Name (Last, First, Middle Initial)  
Mailing Address 52 Potter Ct  
City Media State PA Zip Code 19063-5524  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Occupation Child day care owner  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **70.00**

Date of Receipt **02 / 06 / 2015**  
**Transaction ID : VN8ECDAYRP8**  
Amount of Each Receipt this Period **35.00**  
Contribution-IE Only Account

**SUBTOTAL** of Receipts This Page (optional)..... **570.00**  
**TOTAL** This Period (last page this line number only).....

**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 203 OF 1282
<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

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

Full Name (Last, First, Middle Initial)  
**A. Teresa DiCesare**

Mailing Address 52 Potter Ct

City	State	Zip Code
Media	PA	19063-5524

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Self	Child day care owner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
105.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 06 / 2015  
**Transaction ID : VN8ECDBV6M3**

Amount of Each Receipt this Period  
 35.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)  
**B. Teresa DiCesare**

Mailing Address 52 Potter Ct

City	State	Zip Code
Media	PA	19063-5524

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Self	Child day care owner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
140.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 06 / 2015  
**Transaction ID : VN8ECDDNZT1**

Amount of Each Receipt this Period  
 35.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)  
**C. Teresa DiCesare**

Mailing Address 52 Potter Ct

City	State	Zip Code
Media	PA	19063-5524

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Self	Child day care owner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
175.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 06 / 2015  
**Transaction ID : VN8ECDEG1X2**

Amount of Each Receipt this Period  
 35.00

Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	105.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 204 OF 1282
	<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	

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

**A. Teresa DiCesare**  
Full Name (Last, First, Middle Initial)  
Mailing Address 52 Potter Ct  
City Media State PA Zip Code 19063-5524  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Occupation Child day care owner  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **210.00**

Date of Receipt **06 / 06 / 2015**  
**Transaction ID : VN8ECDEZ8D9**  
Amount of Each Receipt this Period **35.00**  
Contribution-IE Only Account

**B. Reay Dick**  
Full Name (Last, First, Middle Initial)  
Mailing Address 929 Eichler Dr  
City Del Mar State CA Zip Code 92014  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Bootstrap Incubation Occupation Lecturer and Entrepreneur  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **329.98**

Date of Receipt **04 / 11 / 2015**  
**Transaction ID : VN8ECDDVPD4**  
Amount of Each Receipt this Period **35.00**  
Contribution-IE Only Account

**C. Reay Dick**  
Full Name (Last, First, Middle Initial)  
Mailing Address 929 Eichler Dr  
City Del Mar State CA Zip Code 92014  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Bootstrap Incubation Occupation Lecturer and Entrepreneur  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **329.98**

Date of Receipt **04 / 11 / 2015**  
**Transaction ID : VN8ECDDVQ46**  
Amount of Each Receipt this Period **294.98**  
Contribution-IE Only Account

**SUBTOTAL** of Receipts This Page (optional)..... **364.98**  
**TOTAL** This Period (last page this line number only).....



**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 206 OF 1282
<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

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

**A. Rodney Diridon Sr**  
Full Name (Last, First, Middle Initial)  
Mailing Address 870 Camino Dr  
City Santa Clara State CA Zip Code 95050-5925  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Mineta Transportation Institute Occupation Emeritus Executive Director  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 19 / 2015  
**Transaction ID : VN8ECDD80T1**  
Amount of Each Receipt this Period 500.00  
Contribution-IE Only Account

**B. Abigail Disney**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3500 W Olive Ave  
City Burbank State CA Zip Code 91505-4628  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Occupation Filmmaker and Philanthropist  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 25000.00

Date of Receipt 04 / 20 / 2015  
**Transaction ID : VN8ECDEGXE3**  
Amount of Each Receipt this Period 25000.00  
Contribution-IE Only Account

**C. Linda K DiVittorio**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6 Storer Ln  
City Harwich State MA Zip Code 02645-3368  
FEC ID number of contributing federal political committee. **C**  
Name of Employer retired Occupation retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 25.00

Date of Receipt 01 / 25 / 2015  
**Transaction ID : VN8ECDB2352**  
Amount of Each Receipt this Period 25.00  
Contribution-IE Only Account

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 25525.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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 207 OF 1282
<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

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

Full Name (Last, First, Middle Initial) <b>A. Linda K DiVittorio</b>		Date of Receipt MM / DD / YYYY 04 / 09 / 2015 <b>Transaction ID : VN8ECDDRZB4</b>
Mailing Address 6 Storer Ln		Amount of Each Receipt this Period 180.32
City Harwich	State MA	Zip Code 02645-3368
FEC ID number of contributing federal political committee. <b>C</b>		Contribution-IE Only Account
Name of Employer retired	Occupation retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 205.32	

Full Name (Last, First, Middle Initial) <b>B. Arrington Dixon</b>		Date of Receipt MM / DD / YYYY 03 / 05 / 2015 <b>Transaction ID : VN8ECDBTC75</b>
Mailing Address 2401 Shannon PI SE Barry Farms Anacostia		Amount of Each Receipt this Period 241.92
City Washington	State DC	Zip Code 20020-5819
FEC ID number of contributing federal political committee. <b>C</b>		Contribution-IE Only Account
Name of Employer ADA Inc.	Occupation Businessman	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 544.32	

Full Name (Last, First, Middle Initial) <b>C. Arrington Dixon</b>		Date of Receipt MM / DD / YYYY 03 / 05 / 2015 <b>Transaction ID : VN8ECDBTC83</b>
Mailing Address 2401 Shannon PI SE Barry Farms Anacostia		Amount of Each Receipt this Period 302.40
City Washington	State DC	Zip Code 20020-5819
FEC ID number of contributing federal political committee. <b>C</b>		Contribution-IE Only Account
Name of Employer ADA Inc.	Occupation Businessman	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 544.32	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	724.64
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 208 OF 1282
<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

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

**A. Arrington Dixon**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2401 Shannon Pl SE  
Barry Farms Anacostia  
City Washington State DC Zip Code 20020-5819  
FEC ID number of contributing federal political committee. **C**  
Name of Employer ADA Inc. Occupation Businessman  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 745.92

Date of Receipt 03 / 12 / 2015  
**Transaction ID : VN8ECD2M34**  
Amount of Each Receipt this Period 201.60  
Contribution-IE Only Account

**B. Judy Dlugacz**  
Full Name (Last, First, Middle Initial)  
Mailing Address 434 Brannan St  
City San Francisco State CA Zip Code 94107-1714  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Olivia Occupation President  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 14 / 2015  
**Transaction ID : VN8ECDAD8Y3**  
Amount of Each Receipt this Period 1000.00  
Contribution-IE Only Account

**C. Lynna Do**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2833 Poppy Hills Ln  
City Dublin State CA Zip Code 94568-7768  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Lan Do & Associates, LLC Occupation Public Affairs  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 201.60

Date of Receipt 02 / 02 / 2015  
**Transaction ID : VN8ECDAV1Y0**  
Amount of Each Receipt this Period 201.60  
Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1403.20
<b>TOTAL</b> This Period (last page this line number only).....▶	



**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 209 OF 1282
<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

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

**A. David Doebler**  
Full Name (Last, First, Middle Initial)

Mailing Address 33C Venetian Way  
Apt 66

City Miami Beach State FL Zip Code 33139-8828

FEC ID number of contributing federal political committee. **C**

Name of Employer Mission Critical Systems Occupation Director of Sales

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
02 / 12 / 2015

**Transaction ID : VN8ECDB5Y87**

Amount of Each Receipt this Period  
250.00

Contribution-IE Only Account

**B. Christian Dolores**  
Full Name (Last, First, Middle Initial)

Mailing Address 232 N St NW

City Washington State DC Zip Code 20001-1220

FEC ID number of contributing federal political committee. **C**

Name of Employer Brown Rudnick LLP Occupation Legal Executive Assistant

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  
MM / DD / YYYY  
04 / 10 / 2015

**Transaction ID : VN8ECDDS4Y4**

Amount of Each Receipt this Period  
1200.00

Contribution-IE Only Account

**C. Anne F. Donovan**  
Full Name (Last, First, Middle Initial)

Mailing Address 118 4th St SE

City Washington State DC Zip Code 20003-1012

FEC ID number of contributing federal political committee. **C**

Name of Employer Jones Day Occupation manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
59.98

Date of Receipt  
MM / DD / YYYY  
01 / 18 / 2015

**Transaction ID : VN8ECDAG1G1**

Amount of Each Receipt this Period  
59.98

Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1509.98
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 210 OF 1282
<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

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

Full Name (Last, First, Middle Initial) <b>A. Anne F. Donovan</b>		Date of Receipt MM / DD / YYYY 02 / 20 / 2015
Mailing Address 118 4th St SE		<b>Transaction ID : VN8ECDBCKD5</b>
City Washington	State DC	Zip Code 20003-1012
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.16
Name of Employer Jones Day	Occupation manager	Contribution-IE Only Account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 80.14	

Full Name (Last, First, Middle Initial) <b>B. Anne F. Donovan</b>		Date of Receipt MM / DD / YYYY 02 / 28 / 2015
Mailing Address 118 4th St SE		<b>Transaction ID : VN8ECDBQOR8</b>
City Washington	State DC	Zip Code 20003-1012
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.16
Name of Employer Jones Day	Occupation manager	Contribution-IE Only Account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 100.30	

Full Name (Last, First, Middle Initial) <b>C. Anne F. Donovan</b>		Date of Receipt MM / DD / YYYY 03 / 20 / 2015
Mailing Address 118 4th St SE		<b>Transaction ID : VN8ECDCA160</b>
City Washington	State DC	Zip Code 20003-1012
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.16
Name of Employer Jones Day	Occupation manager	Contribution-IE Only Account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 120.46	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	60.48
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 211 OF 1282
	<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	

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

Full Name (Last, First, Middle Initial) <b>A. Anne F. Donovan</b>			Date of Receipt MM / DD / YYYY 03 / 22 / 2015 <b>Transaction ID : VN8ECDCB516</b>
Mailing Address 118 4th St SE			Amount of Each Receipt this Period 20.16
City Washington	State DC	Zip Code 20003-1012	Contribution-IE Only Account
FEC ID number of contributing federal political committee. C			
Name of Employer Jones Day	Occupation manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 140.62	

Full Name (Last, First, Middle Initial) <b>B. Anne F. Donovan</b>			Date of Receipt MM / DD / YYYY 04 / 07 / 2015 <b>Transaction ID : VN8ECDF1596</b>
Mailing Address 118 4th St SE			Amount of Each Receipt this Period 25.00
City Washington	State DC	Zip Code 20003-1012	Earmarked; IE Only Account
FEC ID number of contributing federal political committee. C			
Name of Employer Jones Day	Occupation manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 165.62	

Full Name (Last, First, Middle Initial) <b>C. Anne F. Donovan</b>			Date of Receipt MM / DD / YYYY 04 / 09 / 2015 <b>Transaction ID : VN8ECDDR53</b>
Mailing Address 118 4th St SE			Amount of Each Receipt this Period 20.16
City Washington	State DC	Zip Code 20003-1012	Contribution-IE Only Account
FEC ID number of contributing federal political committee. C			
Name of Employer Jones Day	Occupation manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 185.78	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	65.32
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 212 OF 1282
<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

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

Full Name (Last, First, Middle Initial) <b>A. Anne F. Donovan</b>		Date of Receipt MM / DD / YYYY 04 / 19 / 2015 <b>Transaction ID : VN8ECDE1DE1</b>
Mailing Address 118 4th St SE		Amount of Each Receipt this Period 20.16
City Washington	State DC	Zip Code 20003-1012
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Jones Day	Occupation manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 205.94	

Full Name (Last, First, Middle Initial) <b>B. Robin Doran</b>		Date of Receipt MM / DD / YYYY 02 / 24 / 2015 <b>Transaction ID : VN8ECDBKFY5</b>
Mailing Address 985 Plaza Dr		Amount of Each Receipt this Period 500.00
City San Jose	State CA	Zip Code 95125-2259
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Hope Services	Occupation Nonprofit Development	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Bridget Dorward</b>		Date of Receipt MM / DD / YYYY 01 / 09 / 2015 <b>Transaction ID : VN8ECDAARD0</b>
Mailing Address 2116 Fernvale Dr		Amount of Each Receipt this Period 35.00
City Stockton	State CA	Zip Code 95207-1539
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Lincoln Square Post Acute Care Center	Occupation Registered Nurse	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 35.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	555.16
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 213 OF 1282
<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

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

Full Name (Last, First, Middle Initial) <b>A. Bridget Dorward</b>		Date of Receipt MM / DD / YYYY 02 / 09 / 2015 <b>Transaction ID : VN8ECDB0CE6</b>
Mailing Address 2116 Fernvale Dr		Amount of Each Receipt this Period 35.00
City Stockton	State CA	Zip Code 95207-1539
FEC ID number of contributing federal political committee. C	Contribution-IE Only Account	
Name of Employer Lincoln Square Post Acute Care Center	Occupation Registered Nurse	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 70.00	

Full Name (Last, First, Middle Initial) <b>B. Bridget Dorward</b>		Date of Receipt MM / DD / YYYY 03 / 09 / 2015 <b>Transaction ID : VN8ECDBYH67</b>
Mailing Address 2116 Fernvale Dr		Amount of Each Receipt this Period 35.00
City Stockton	State CA	Zip Code 95207-1539
FEC ID number of contributing federal political committee. C	Contribution-IE Only Account	
Name of Employer Lincoln Square Post Acute Care Center	Occupation Registered Nurse	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 105.00	

Full Name (Last, First, Middle Initial) <b>C. Bridget Dorward</b>		Date of Receipt MM / DD / YYYY 04 / 09 / 2015 <b>Transaction ID : VN8ECDDRE10</b>
Mailing Address 2116 Fernvale Dr		Amount of Each Receipt this Period 35.00
City Stockton	State CA	Zip Code 95207-1539
FEC ID number of contributing federal political committee. C	Contribution-IE Only Account	
Name of Employer Lincoln Square Post Acute Care Center	Occupation Registered Nurse	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 140.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	105.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 214 OF 1282
<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

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

**A. Bridget Dorward**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2116 Fernvale Dr

City Stockton	State CA	Zip Code 95207-1539
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Lincoln Square Post Acute Care Center	Occupation Registered Nurse
---	--------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
175.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y
05	/	09	/	2015

**Transaction ID : VN8ECDEGQ50**

Amount of Each Receipt this Period  
35.00

Contribution-IE Only Account

**B. Bridget Dorward**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2116 Fernvale Dr

City Stockton	State CA	Zip Code 95207-1539
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Lincoln Square Post Acute Care Center	Occupation Registered Nurse
---	--------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y
06	/	09	/	2015

**Transaction ID : VN8ECDF2KW5**

Amount of Each Receipt this Period  
35.00

Contribution-IE Only Account

**C. Douglas H. Palmer Associates, LLC**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1970 US Highway 1 Apt 100

City Lawrence Township	State NJ	Zip Code 08648-4667
---------------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
------------------	------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y
03	/	13	/	2015

**Transaction ID : VN8ECDC9F86**

Amount of Each Receipt this Period  
10000.00

Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	10070.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 215 OF 1282
<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

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

Full Name (Last, First, Middle Initial) <b>A. Timothy Douglas</b>		Date of Receipt MM / DD / YYYY 04 / 13 / 2015 <b>Transaction ID : VN8ECDDY408</b>
Mailing Address 2114 Williams St		Amount of Each Receipt this Period 250.00
City Bellingham	State WA	Zip Code 98225-2823
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer City of Bellingham, WA	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Nancy Dozier</b>		Date of Receipt MM / DD / YYYY 01 / 21 / 2015 <b>Transaction ID : VN8ECDAH6K5</b>
Mailing Address 103 E Sierra Madre Blvd Unit F		Amount of Each Receipt this Period 35.00
City Sierra Madre	State CA	Zip Code 91024-2515
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Reired	Occupation Teacher	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 35.00	

Full Name (Last, First, Middle Initial) <b>C. Nancy Dozier</b>		Date of Receipt MM / DD / YYYY 02 / 14 / 2015 <b>Transaction ID : VN8ECDB7KG2</b>
Mailing Address 103 E Sierra Madre Blvd Unit F		Amount of Each Receipt this Period 20.16
City Sierra Madre	State CA	Zip Code 91024-2515
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Reired	Occupation Teacher	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 55.16	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	305.16
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 216 OF 1282
<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

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

**A. Nancy Dozier**  
Full Name (Last, First, Middle Initial)

Mailing Address 103 E Sierra Madre Blvd  
Unit F

City Sierra Madre State CA Zip Code 91024-2515

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Reired Teacher

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**90.16**

Date of Receipt  
**02 / 21 / 2015**

**Transaction ID : VN8ECDBCZE9**

Amount of Each Receipt this Period  
**35.00**

Contribution-IE Only Account

**B. Nancy Dozier**  
Full Name (Last, First, Middle Initial)

Mailing Address 103 E Sierra Madre Blvd  
Unit F

City Sierra Madre State CA Zip Code 91024-2515

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Reired Teacher

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**125.16**

Date of Receipt  
**03 / 21 / 2015**

**Transaction ID : VN8ECDAH72**

Amount of Each Receipt this Period  
**35.00**

Contribution-IE Only Account

**C. Nancy Dozier**  
Full Name (Last, First, Middle Initial)

Mailing Address 103 E Sierra Madre Blvd  
Unit F

City Sierra Madre State CA Zip Code 91024-2515

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Reired Teacher

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**160.16**

Date of Receipt  
**04 / 21 / 2015**

**Transaction ID : VN8ECDE2KR9**

Amount of Each Receipt this Period  
**35.00**

Contribution-IE Only Account

**SUBTOTAL** of Receipts This Page (optional)..... **105.00**

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



**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 217 OF 1282
	<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	

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

Full Name (Last, First, Middle Initial) <b>A. Nancy Dozier</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 05 / 21 / 2015 <b>Transaction ID : VN8ECDEN4X6</b>
Mailing Address 103 E Sierra Madre Blvd Unit F		Amount of Each Receipt this Period 35.00
City Sierra Madre	State CA	Zip Code 91024-2515
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Reired	Occupation Teacher	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 195.16	

Full Name (Last, First, Middle Initial) <b>B. Nancy Dozier</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 06 / 21 / 2015 <b>Transaction ID : VN8ECD9WH1</b>
Mailing Address 103 E Sierra Madre Blvd Unit F		Amount of Each Receipt this Period 35.00
City Sierra Madre	State CA	Zip Code 91024-2515
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Reired	Occupation Teacher	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.16	

Full Name (Last, First, Middle Initial) <b>C. Elizabeth Driehaus</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 01 / 29 / 2015 <b>Transaction ID : VN8ECDARE49</b>
Mailing Address 58 York Ter		Amount of Each Receipt this Period 50.00
City Brookline	State MA	Zip Code 02446-2322
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer N/A	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 50.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	120.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 218 OF 1282
<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

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

**A. Elizabeth Driehaus**  
Full Name (Last, First, Middle Initial)  
Mailing Address 58 York Ter  
City Brookline State MA Zip Code 02446-2322  
FEC ID number of contributing federal political committee. **C**  
Name of Employer N/A Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 100.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
02 / 28 / 2015  
**Transaction ID : VN8ECDBPX46**  
Amount of Each Receipt this Period  
50.00  
Contribution-IE Only Account

**B. Elizabeth Driehaus**  
Full Name (Last, First, Middle Initial)  
Mailing Address 58 York Ter  
City Brookline State MA Zip Code 02446-2322  
FEC ID number of contributing federal political committee. **C**  
Name of Employer N/A Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 150.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
03 / 29 / 2015  
**Transaction ID : VN8ECDBDC3**  
Amount of Each Receipt this Period  
50.00  
Contribution-IE Only Account

**C. Elizabeth Driehaus**  
Full Name (Last, First, Middle Initial)  
Mailing Address 58 York Ter  
City Brookline State MA Zip Code 02446-2322  
FEC ID number of contributing federal political committee. **C**  
Name of Employer N/A Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 200.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
04 / 29 / 2015  
**Transaction ID : VN8ECDE9B67**  
Amount of Each Receipt this Period  
50.00  
Contribution-IE Only Account

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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 219 OF 1282
	<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	

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

**A. Elizabeth Driehaus**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 58 York Ter  
 City Brookline State MA Zip Code 02446-2322  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer N/A Occupation Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 29 / 2015  
**Transaction ID : VN8ECDERSR6**  
 Amount of Each Receipt this Period  
 50.00  
 Contribution-IE Only Account

**B. Elizabeth Driehaus**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 58 York Ter  
 City Brookline State MA Zip Code 02446-2322  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer N/A Occupation Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 29 / 2015  
**Transaction ID : VN8ECDFJY85**  
 Amount of Each Receipt this Period  
 50.00  
 Contribution-IE Only Account

**C. Stephen Driscoll**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 47 Shores Edge  
 City Pembroke State MA Zip Code 02359-2119  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer self Occupation actor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 84.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 04 / 2015  
**Transaction ID : VN8ECDA7G31**  
 Amount of Each Receipt this Period  
 84.00  
 Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	184.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 220 OF 1282
<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

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

Full Name (Last, First, Middle Initial) <b>A. Stephen Driscoll</b>		Date of Receipt MM / DD / YYYY 02 / 06 / 2015 <b>Transaction ID : VN8ECDAYZP2</b>
Mailing Address 47 Shores Edge		Amount of Each Receipt this Period 20.16
City Pembroke	State MA	Zip Code 02359-2119
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer self	Occupation actor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 104.16	

Full Name (Last, First, Middle Initial) <b>B. Stephen Driscoll</b>		Date of Receipt MM / DD / YYYY 02 / 24 / 2015 <b>Transaction ID : VN8ECDBKNW4</b>
Mailing Address 47 Shores Edge		Amount of Each Receipt this Period 60.00
City Pembroke	State MA	Zip Code 02359-2119
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer self	Occupation actor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 164.16	

Full Name (Last, First, Middle Initial) <b>C. Stephen Driscoll</b>		Date of Receipt MM / DD / YYYY 03 / 15 / 2015 <b>Transaction ID : VN8ECDC4PX8</b>
Mailing Address 47 Shores Edge		Amount of Each Receipt this Period 20.16
City Pembroke	State MA	Zip Code 02359-2119
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer self	Occupation actor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 184.32	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	100.32
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 221 OF 1282
<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

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

**A. Stephen Driscoll**  
Full Name (Last, First, Middle Initial)  
Mailing Address 47 Shores Edge  
City State Zip Code  
Pembroke MA 02359-2119  
FEC ID number of contributing federal political committee. **C**  
Name of Employer self Occupation actor  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 204.48

Date of Receipt  
03 / 18 / 2015  
**Transaction ID : VN8ECD7VX1**  
Amount of Each Receipt this Period 20.16  
Contribution-IE Only Account

**B. Stephen Driscoll**  
Full Name (Last, First, Middle Initial)  
Mailing Address 47 Shores Edge  
City State Zip Code  
Pembroke MA 02359-2119  
FEC ID number of contributing federal political committee. **C**  
Name of Employer self Occupation actor  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 224.64

Date of Receipt  
03 / 20 / 2015  
**Transaction ID : VN8ECDCA2Z8**  
Amount of Each Receipt this Period 20.16  
Contribution-IE Only Account

**C. Stephen Driscoll**  
Full Name (Last, First, Middle Initial)  
Mailing Address 47 Shores Edge  
City State Zip Code  
Pembroke MA 02359-2119  
FEC ID number of contributing federal political committee. **C**  
Name of Employer self Occupation actor  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 244.80

Date of Receipt  
03 / 25 / 2015  
**Transaction ID : VN8ECDD7VX3**  
Amount of Each Receipt this Period 20.16  
Contribution-IE Only Account

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 60.48  
**TOTAL** This Period (last page this line number only)..... ▶

**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 222 OF 1282
	<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	

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

**A. Stephen Driscoll**  
Full Name (Last, First, Middle Initial)  
Mailing Address 47 Shores Edge  
City State Zip Code  
Pembroke MA 02359-2119  
FEC ID number of contributing federal political committee. **C**  
Name of Employer self Occupation actor  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 494.80

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
04 / 10 / 2015  
**Transaction ID : VN8ECDDT5M6**  
Amount of Each Receipt this Period  
250.00  
Contribution-IE Only Account

**B. Stephen Driscoll**  
Full Name (Last, First, Middle Initial)  
Mailing Address 47 Shores Edge  
City State Zip Code  
Pembroke MA 02359-2119  
FEC ID number of contributing federal political committee. **C**  
Name of Employer self Occupation actor  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 558.96

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
04 / 23 / 2015  
**Transaction ID : VN8ECDE41W0**  
Amount of Each Receipt this Period  
64.16  
Contribution-IE Only Account

**C. Trudy Drypolcher**  
Full Name (Last, First, Middle Initial)  
Mailing Address 25 Mountain Spring Ave  
City State Zip Code  
San Francisco CA 94114-2117  
FEC ID number of contributing federal political committee. **C**  
Name of Employer retired Occupation real estate  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
03 / 11 / 2015  
**Transaction ID : VN8ECDC27S8**  
Amount of Each Receipt this Period  
1000.00  
Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1314.16
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 223 OF 1282
<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

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

**A. Julie Du Brow**  
Full Name (Last, First, Middle Initial)

Mailing Address 578 Washington Blvd  
# 555

City Marina Del Rey State CA Zip Code 90292-5442

FEC ID number of contributing federal political committee. **C**

Name of Employer self Occupation PR / Marketing consultant

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
21.00

Date of Receipt  
MM / DD / YYYY  
01 / 02 / 2015

**Transaction ID : VN8ECDA6P27**

Amount of Each Receipt this Period  
21.00

Contribution-IE Only Account

**B. Julie Du Brow**  
Full Name (Last, First, Middle Initial)

Mailing Address 578 Washington Blvd  
# 555

City Marina Del Rey State CA Zip Code 90292-5442

FEC ID number of contributing federal political committee. **C**

Name of Employer self Occupation PR / Marketing consultant

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
271.00

Date of Receipt  
MM / DD / YYYY  
02 / 26 / 2015

**Transaction ID : VN8ECDBMYM8**

Amount of Each Receipt this Period  
250.00

Contribution-IE Only Account

**C. Leslie Dubbin**  
Full Name (Last, First, Middle Initial)

Mailing Address 700 San Bruno Ave

City San Francisco State CA Zip Code 94107-2663

FEC ID number of contributing federal political committee. **C**

Name of Employer CCSF Occupation RN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
04 / 12 / 2015

**Transaction ID : VN8ECDDWM80**

Amount of Each Receipt this Period  
250.00

Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	521.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 224 OF 1282
<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

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

**A. Kenneth W Dumars**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 408 Vista Flora  
 City Newport Beach State CA Zip Code 92660-4013  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University of California Irvine Occupation Professor  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **300.00**

Date of Receipt **02 / 05 / 2015**  
**Transaction ID : VN8ECDAZ8B6**  
 Amount of Each Receipt this Period **300.00**  
 Contribution-IE Only Account

**B. Norman Duncan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5223 Lawn Ave  
 City Western Springs State IL Zip Code 60558  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer none Occupation retired  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **4.20**

Date of Receipt **01 / 08 / 2015**  
**Transaction ID : VN8ECDAA159**  
 Amount of Each Receipt this Period **4.20**  
 Contribution-IE Only Account

**C. Norman Duncan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5223 Lawn Ave  
 City Western Springs State IL Zip Code 60558  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer none Occupation retired  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **54.20**

Date of Receipt **01 / 15 / 2015**  
**Transaction ID : VN8ECDADTA4**  
 Amount of Each Receipt this Period **25.00**  
 Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>329.20</b>
<b>TOTAL</b> This Period (last page this line number only).....	



**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 225 OF 1282
<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

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

Full Name (Last, First, Middle Initial) <b>A. Norman Duncan</b>		Date of Receipt MM / DD / YYYY 01 / 15 / 2015 <b>Transaction ID : VN8ECDADTB2</b>
Mailing Address 5223 Lawn Ave		Amount of Each Receipt this Period 25.00
City Western Springs	State IL	Zip Code 60558
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer none	Occupation retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 54.20	

Full Name (Last, First, Middle Initial) <b>B. Norman Duncan</b>		Date of Receipt MM / DD / YYYY 02 / 04 / 2015 <b>Transaction ID : VN8ECDAXH78</b>
Mailing Address 5223 Lawn Ave		Amount of Each Receipt this Period 20.16
City Western Springs	State IL	Zip Code 60558
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer none	Occupation retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 74.36	

Full Name (Last, First, Middle Initial) <b>C. Norman Duncan</b>		Date of Receipt MM / DD / YYYY 02 / 15 / 2015 <b>Transaction ID : VN8ECDB8941</b>
Mailing Address 5223 Lawn Ave		Amount of Each Receipt this Period 25.00
City Western Springs	State IL	Zip Code 60558
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer none	Occupation retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 124.36	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	70.16
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 226 OF 1282
<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

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

Full Name (Last, First, Middle Initial) <b>A. Norman Duncan</b>		Date of Receipt MM / DD / YYYY 02 / 15 / 2015 <b>Transaction ID : VN8ECDB8AP6</b>
Mailing Address 5223 Lawn Ave		Amount of Each Receipt this Period 25.00
City Western Springs	State IL	Zip Code 60558
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer none	Occupation retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 124.36	

Full Name (Last, First, Middle Initial) <b>B. Norman Duncan</b>		Date of Receipt MM / DD / YYYY 03 / 15 / 2015 <b>Transaction ID : VN8ECDC4B48</b>
Mailing Address 5223 Lawn Ave		Amount of Each Receipt this Period 25.00
City Western Springs	State IL	Zip Code 60558
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer none	Occupation retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 174.36	

Full Name (Last, First, Middle Initial) <b>C. Norman Duncan</b>		Date of Receipt MM / DD / YYYY 03 / 15 / 2015 <b>Transaction ID : VN8ECDC4E37</b>
Mailing Address 5223 Lawn Ave		Amount of Each Receipt this Period 25.00
City Western Springs	State IL	Zip Code 60558
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer none	Occupation retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 174.36	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 227 OF 1282
<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

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

Full Name (Last, First, Middle Initial) <b>A. Norman Duncan</b>		Date of Receipt MM / DD / YYYY 04 / 15 / 2015 <b>Transaction ID : VN8ECDDZW62</b>
Mailing Address 5223 Lawn Ave		Amount of Each Receipt this Period 25.00
City Western Springs	State IL	Zip Code 60558
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer none	Occupation retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 224.36	

Full Name (Last, First, Middle Initial) <b>B. Norman Duncan</b>		Date of Receipt MM / DD / YYYY 04 / 15 / 2015 <b>Transaction ID : VN8ECDDZW88</b>
Mailing Address 5223 Lawn Ave		Amount of Each Receipt this Period 25.00
City Western Springs	State IL	Zip Code 60558
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer none	Occupation retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 224.36	

Full Name (Last, First, Middle Initial) <b>C. Norman Duncan</b>		Date of Receipt MM / DD / YYYY 05 / 15 / 2015 <b>Transaction ID : VN8ECDEK4N9</b>
Mailing Address 5223 Lawn Ave		Amount of Each Receipt this Period 25.00
City Western Springs	State IL	Zip Code 60558
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer none	Occupation retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 274.36	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 228 OF 1282
<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

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

Full Name (Last, First, Middle Initial) <b>A. Norman Duncan</b>		Date of Receipt MM / DD / YYYY 05 / 15 / 2015 <b>Transaction ID : VN8ECDEK5V0</b>
Mailing Address 5223 Lawn Ave		Amount of Each Receipt this Period 25.00
City Western Springs	State IL	Zip Code 60558
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer none	Occupation retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 274.36	

Full Name (Last, First, Middle Initial) <b>B. Norman Duncan</b>		Date of Receipt MM / DD / YYYY 06 / 15 / 2015 <b>Transaction ID : VN8ECDF7ZB5</b>
Mailing Address 5223 Lawn Ave		Amount of Each Receipt this Period 25.00
City Western Springs	State IL	Zip Code 60558
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer none	Occupation retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 324.36	

Full Name (Last, First, Middle Initial) <b>C. Norman Duncan</b>		Date of Receipt MM / DD / YYYY 06 / 15 / 2015 <b>Transaction ID : VN8ECDF81P6</b>
Mailing Address 5223 Lawn Ave		Amount of Each Receipt this Period 25.00
City Western Springs	State IL	Zip Code 60558
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer none	Occupation retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 324.36	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 229 OF 1282
<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

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

**A. Helen Dunlap**  
Full Name (Last, First, Middle Initial)

Mailing Address 104 E 32nd St

City Chicago State IL Zip Code 60616-3836

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Consultant

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
01 / 06 / 2015

**Transaction ID : VN8ECDA9SK2**

Amount of Each Receipt this Period  
250.00

Contribution-IE Only Account

**B. Doyle Durando**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 849

City Wauchula State FL Zip Code 33873-0849

FEC ID number of contributing federal political committee. **C**

Name of Employer Durando Family Ranches Occupation Co-Owner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
02 / 09 / 2015

**Transaction ID : VN8ECDB0BP6**

Amount of Each Receipt this Period  
500.00

Contribution-IE Only Account

**C. Doyle Durando**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 849

City Wauchula State FL Zip Code 33873-0849

FEC ID number of contributing federal political committee. **C**

Name of Employer Durando Family Ranches Occupation Co-Owner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
02 / 12 / 2015

**Transaction ID : VN8ECDB61F8**

Amount of Each Receipt this Period  
1000.00

Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 230 OF 1282
	<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**

**A. John Dwyer**  
Full Name (Last, First, Middle Initial)  
Mailing Address 49 Crystal Springs Rd  
City San Mateo State CA Zip Code 94402-1518  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Cooley LLP Occupation Lawyer  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **5000.00**

Date of Receipt **02 / 20 / 2015**  
**Transaction ID : VN8ECDBQVN4**  
Amount of Each Receipt this Period **5000.00**  
Contribution-IE Only Account

**B. Jill Dyche**  
Full Name (Last, First, Middle Initial)  
Mailing Address 19361 Bedbridge Ln  
City Tarzana State CA Zip Code 91356  
FEC ID number of contributing federal political committee. **C**  
Name of Employer SAS Occupation Executive  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **250.00**

Date of Receipt **03 / 18 / 2015**  
**Transaction ID : VN8ECD7NS7**  
Amount of Each Receipt this Period **250.00**  
Contribution-IE Only Account

**C. Pamela Eakes**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2015 34th Ave S  
City Seattle State WA Zip Code 98144-4922  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Seeds of Compassion Occupation Communications Chair  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **1208.00**

Date of Receipt **01 / 05 / 2015**  
**Transaction ID : VN8ECD1FN2**  
Amount of Each Receipt this Period **1208.00**  
Inkind of Event Room Rental; IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>6458.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 231 OF 1282
<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

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

**A. Marilee Eaves**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1612 37th Ave  
City Seattle State WA Zip Code 98122-3459  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Retired Occupation Writer  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **50.00**

Date of Receipt **01 / 27 / 2015**  
**Transaction ID : VN8ECDAPK84**  
Amount of Each Receipt this Period **50.00**  
Contribution-IE Only Account

**B. Marilee Eaves**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1612 37th Ave  
City Seattle State WA Zip Code 98122-3459  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Retired Occupation Writer  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **300.00**

Date of Receipt **03 / 30 / 2015**  
**Transaction ID : VN8ECDDBTH9**  
Amount of Each Receipt this Period **250.00**  
Contribution-IE Only Account

**C. Patricia Eaves**  
Full Name (Last, First, Middle Initial)  
Mailing Address 753 N Old Canton Rd  
City Canton State MS Zip Code 39046-9231  
FEC ID number of contributing federal political committee. **C**  
Name of Employer N/A Occupation Retired  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **500.00**

Date of Receipt **02 / 03 / 2015**  
**Transaction ID : VN8ECDFZ5E1**  
Amount of Each Receipt this Period **500.00**  
Earmarked; IE Only Account

**SUBTOTAL** of Receipts This Page (optional)..... **800.00**  
**TOTAL** This Period (last page this line number only).....

**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 232 OF 1282
	<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	

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

**A. William Ebert**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2915 Foxhall Rd NW  
City Washington State DC Zip Code 20016-3428  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Bracewell Occupation Attorney  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 250.00

Date of Receipt **01 / 21 / 2015**  
**Transaction ID : VN8ECDAMD82**  
Amount of Each Receipt this Period 250.00  
Contribution-IE Only Account

**B. Edgar Cisneros for School Boards 2013**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3700 Wilshire Blvd Ste 1050B  
City Los Angeles State CA Zip Code 90010-3015  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 1000.00

Date of Receipt **03 / 27 / 2015**  
**Transaction ID : VN8ECDDFPS4**  
Amount of Each Receipt this Period 1000.00  
Contribution-IE Only Account

**C. Diane Edge**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1062 Myrtle Way  
City San Diego State CA Zip Code 92103-5123  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Occupation DDS  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 250.00

Date of Receipt **01 / 04 / 2015**  
**Transaction ID : VN8ECDA7696**  
Amount of Each Receipt this Period 250.00  
Contribution-IE Only Account

**SUBTOTAL** of Receipts This Page (optional)..... **1500.00**  
**TOTAL** This Period (last page this line number only).....



**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 233 OF 1282
	<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	

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

Full Name (Last, First, Middle Initial) <b>A. Augustine Edusei-Nyemitei</b>		Date of Receipt MM / DD / YYYY 01 / 14 / 2015 <b>Transaction ID : VN8ECDADDT2</b>
Mailing Address 565 S Mason Rd Ste 382		Amount of Each Receipt this Period 100.00
City Katy	State TX	
Zip Code 77450	FEC ID number of contributing federal political committee. C	Contribution-IE Only Account
Name of Employer Chritus Spohn	Occupation Anesthetist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 100.00	

Full Name (Last, First, Middle Initial) <b>B. Augustine Edusei-Nyemitei</b>		Date of Receipt MM / DD / YYYY 02 / 14 / 2015 <b>Transaction ID : VN8ECDB7VC9</b>
Mailing Address 565 S Mason Rd Ste 382		Amount of Each Receipt this Period 100.00
City Katy	State TX	
Zip Code 77450	FEC ID number of contributing federal political committee. C	Contribution-IE Only Account
Name of Employer Chritus Spohn	Occupation Anesthetist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

Full Name (Last, First, Middle Initial) <b>C. Augustine Edusei-Nyemitei</b>		Date of Receipt MM / DD / YYYY 03 / 14 / 2015 <b>Transaction ID : VN8ECD3XY3</b>
Mailing Address 565 S Mason Rd Ste 382		Amount of Each Receipt this Period 100.00
City Katy	State TX	
Zip Code 77450	FEC ID number of contributing federal political committee. C	Contribution-IE Only Account
Name of Employer Chritus Spohn	Occupation Anesthetist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 234 OF 1282
<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

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

**A. Augustine Edusei-Nyemitei**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 565 S Mason Rd  
 Ste 382  
 City Katy State TX Zip Code 77450  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Chritus Spohn Occupation Anesthetist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 14 / 2015  
**Transaction ID : VN8ECDDYKH3**  
 Amount of Each Receipt this Period 100.00  
 Contribution-IE Only Account

**B. Augustine Edusei-Nyemitei**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 565 S Mason Rd  
 Ste 382  
 City Katy State TX Zip Code 77450  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Chritus Spohn Occupation Anesthetist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 14 / 2015  
**Transaction ID : VN8ECDEJ923**  
 Amount of Each Receipt this Period 100.00  
 Contribution-IE Only Account

**C. Augustine Edusei-Nyemitei**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 565 S Mason Rd  
 Ste 382  
 City Katy State TX Zip Code 77450  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Chritus Spohn Occupation Anesthetist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 14 / 2015  
**Transaction ID : VN8ECDF47R4**  
 Amount of Each Receipt this Period 100.00  
 Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 235 OF 1282
	<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	

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

**A. Sonni Efron**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5215 Worthington Dr  
 City Bethesda State MD Zip Code 20816-1621  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer self Occupation editor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 201.60

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 25 / 2015  
**Transaction ID : VN8ECDAJVJ1**  
 Amount of Each Receipt this Period  
 201.60  
 Contribution-IE Only Account

**B. Ilene Egerman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3650 N 36th Ave Apt 6  
 City Hollywood State FL Zip Code 33021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Retired Occupation Elementary School Principal  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 50.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 25 / 2015  
**Transaction ID : VN8ECDAK0Q9**  
 Amount of Each Receipt this Period  
 50.00  
 Contribution-IE Only Account

**C. Ilene Egerman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3650 N 36th Ave Apt 6  
 City Hollywood State FL Zip Code 33021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Retired Occupation Elementary School Principal  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 150.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 27 / 2015  
**Transaction ID : VN8ECDBP8H2**  
 Amount of Each Receipt this Period  
 100.00  
 Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	351.60
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 236 OF 1282
	<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	

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

Full Name (Last, First, Middle Initial) <b>A. Ilene Egerman</b>		Date of Receipt MM / DD / YYYY 03 / 10 / 2015 <b>Transaction ID : VN8ECDFZ220</b>
Mailing Address 3650 N 36th Ave Apt 6		Amount of Each Receipt this Period 108.00
City Hollywood	State FL	Zip Code 33021
FEC ID number of contributing federal political committee. C	Name of Employer Retired	Occupation Elementary School Principal
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 258.00	
		Earmarked; IE Only Account

Full Name (Last, First, Middle Initial) <b>B. Deborah J Eichner</b>		Date of Receipt MM / DD / YYYY 02 / 18 / 2015 <b>Transaction ID : VN8ECDBA0D0</b>
Mailing Address 112 Summerall Dr		Amount of Each Receipt this Period 250.00
City Mabank	State TX	Zip Code 75156-7162
FEC ID number of contributing federal political committee. C	Name of Employer DJE Consultants, LLC	Occupation Consultant
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
		Contribution-IE Only Account

Full Name (Last, First, Middle Initial) <b>C. Lewis Eidson</b>		Date of Receipt MM / DD / YYYY 02 / 20 / 2015 <b>Transaction ID : VN8ECDBRVN2</b>
Mailing Address 3307 Devon Ct		Amount of Each Receipt this Period 1000.00
City Miami	State FL	Zip Code 33133-5995
FEC ID number of contributing federal political committee. C	Name of Employer Colson, Hicks, Eidson	Occupation Attorney
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
		Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1358.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 237 OF 1282
	<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	

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

**A. Stuart E Eizenstat**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5610 Wisconsin Ave  
 Apt 603  
 City Chevy Chase State MD Zip Code 20815-4432  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Coningren & Burling Llp Occupation Lawyer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 09 / 2015  
**Transaction ID : VN8ECDACM53**  
 Amount of Each Receipt this Period  
 1000.00  
 Contribution-IE Only Account

**B. Stuart Eizenstat**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5610 Wisconsin Ave  
 Apt 603  
 City Chevy Chase State MD Zip Code 20815-4432  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Covington & Burling Occupation Lawyer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 15 / 2015  
**Transaction ID : VN8ECD6EK4**  
 Amount of Each Receipt this Period  
 1500.00  
 Contribution-IE Only Account

**c. Allam El Qadah**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 390 Stonecrest Dr  
 City San Francisco State CA Zip Code 94132-2027  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Axiom development Corporation Occupation CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 02 / 2015  
**Transaction ID : VN8ECDAV4V3**  
 Amount of Each Receipt this Period  
 250.00  
 Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 238 OF 1282
<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

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

**A. Susan Ellenberg**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1440 Calaveras Ave  
City San Jose State CA Zip Code 95126-2502  
FEC ID number of contributing federal political committee. **C**  
Name of Employer San Jose Unified School District Occupation Governing Board Member  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **500.00**

Date of Receipt **02 / 21 / 2015**  
**Transaction ID : VN8ECDBD5J3**  
Amount of Each Receipt this Period **500.00**  
Contribution-IE Only Account

**B. Augusta Eller**  
Full Name (Last, First, Middle Initial)  
Mailing Address 32530 Harper Ave  
City Saint Clair Shores State MI Zip Code 48082  
FEC ID number of contributing federal political committee. **C**  
Name of Employer N/A Occupation Retired  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **35.00**

Date of Receipt **01 / 30 / 2015**  
**Transaction ID : VN8ECDAS9C9**  
Amount of Each Receipt this Period **35.00**  
Contribution-IE Only Account

**C. Augusta Eller**  
Full Name (Last, First, Middle Initial)  
Mailing Address 32530 Harper Ave  
City Saint Clair Shores State MI Zip Code 48082  
FEC ID number of contributing federal political committee. **C**  
Name of Employer N/A Occupation Retired  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **70.00**

Date of Receipt **02 / 28 / 2015**  
**Transaction ID : VN8ECDBPVJ1**  
Amount of Each Receipt this Period **35.00**  
Contribution-IE Only Account

**SUBTOTAL** of Receipts This Page (optional)..... **570.00**  
**TOTAL** This Period (last page this line number only).....

**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 239 OF 1282
<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

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

Full Name (Last, First, Middle Initial)  
**A. Augusta Eller**

Mailing Address 32530 Harper Ave

City State Zip Code  
Saint Clair Shores MI 48082

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
N/A Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
105.00

Date of Receipt  
03 / 30 / 2015  
**Transaction ID : VN8ECDBQ91**

Amount of Each Receipt this Period  
35.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)  
**B. Augusta Eller**

Mailing Address 32530 Harper Ave

City State Zip Code  
Saint Clair Shores MI 48082

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
N/A Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
140.00

Date of Receipt  
04 / 30 / 2015  
**Transaction ID : VN8ECDE9AW8**

Amount of Each Receipt this Period  
35.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)  
**C. Augusta Eller**

Mailing Address 32530 Harper Ave

City State Zip Code  
Saint Clair Shores MI 48082

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
N/A Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
175.00

Date of Receipt  
05 / 30 / 2015  
**Transaction ID : VN8ECDES3K8**

Amount of Each Receipt this Period  
35.00

Contribution-IE Only Account

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 105.00

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

**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 240 OF 1282
	<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	

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

Full Name (Last, First, Middle Initial)  
**A. Augusta Eller**

Mailing Address 32530 Harper Ave

City State Zip Code  
Saint Clair Shores MI 48082

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
N/A Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 30 / 2015

**Transaction ID : VN8ECDFJGM1**

Amount of Each Receipt this Period  
35.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)  
**B. Gayle Elliott**

Mailing Address 3411 Bosal Ct

City State Zip Code  
North Las Vegas NV 89032-2466

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
none retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
201.20

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 22 / 2015

**Transaction ID : VN8ECDAHTN3**

Amount of Each Receipt this Period  
201.20

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)  
**C. Gayle Elliott**

Mailing Address 3411 Bosal Ct

City State Zip Code  
North Las Vegas NV 89032-2466

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
none retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
221.36

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 03 / 2015

**Transaction ID : VN8ECDBSSW1**

Amount of Each Receipt this Period  
20.16

Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	256.36
<b>TOTAL</b> This Period (last page this line number only).....▶	



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 241 OF 1282  
(check only one)  
11a 11b 11c 12 13 14 15 16  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 (Last, First, Middle Initial)  
**A. Robin Elwood**

Mailing Address 16264 Morningside Dr  
                                Srive

City State Zip Code  
Edmond OK 73013-3036

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
University of Oklahoma Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
59.98

Date of Receipt  
01 / 04 / 2015  
**Transaction ID : VN8ECDA7G65**

Amount of Each Receipt this Period  
59.98

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)  
**B. Robin Elwood**

Mailing Address 16264 Morningside Dr  
                                Srive

City State Zip Code  
Edmond OK 73013-3036

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
University of Oklahoma Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
80.14

Date of Receipt  
02 / 03 / 2015  
**Transaction ID : VN8ECDAWMJ5**

Amount of Each Receipt this Period  
20.16

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)  
**C. Robin Elwood**

Mailing Address 16264 Morningside Dr  
                                Srive

City State Zip Code  
Edmond OK 73013-3036

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
University of Oklahoma Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
180.14

Date of Receipt  
02 / 06 / 2015  
**Transaction ID : VN8ECDAYTE9**

Amount of Each Receipt this Period  
100.00

Contribution-IE Only Account

**SUBTOTAL** of Receipts This Page (optional).....▶ 180.14

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

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

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

FOR LINE NUMBER: PAGE 242 OF 1282

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input checked="" type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	

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 (Last, First, Middle Initial) <b>A. Robin Elwood</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y <input type="text" value="03"/> <input type="text" value="06"/> <input type="text" value="2015"/> <b>Transaction ID : VN8ECDBVR51</b>
Mailing Address 16264 Morningside Dr Srive			Amount of Each Receipt this Period <input type="text" value="100.00"/>
City Edmond	State OK	Zip Code 73013-3036	
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>	Contribution-IE Only Account
Name of Employer University of Oklahoma	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="280.14"/>		

Full Name (Last, First, Middle Initial) <b>B. Robin Elwood</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y <input type="text" value="04"/> <input type="text" value="06"/> <input type="text" value="2015"/> <b>Transaction ID : VN8ECDDNZQ7</b>
Mailing Address 16264 Morningside Dr Srive			Amount of Each Receipt this Period <input type="text" value="100.00"/>
City Edmond	State OK	Zip Code 73013-3036	
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>	Contribution-IE Only Account
Name of Employer University of Oklahoma	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="380.14"/>		

Full Name (Last, First, Middle Initial) <b>C. Robin Elwood</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y <input type="text" value="05"/> <input type="text" value="06"/> <input type="text" value="2015"/> <b>Transaction ID : VN8ECDEFJA1</b>
Mailing Address 16264 Morningside Dr Srive			Amount of Each Receipt this Period <input type="text" value="100.00"/>
City Edmond	State OK	Zip Code 73013-3036	
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>	Contribution-IE Only Account
Name of Employer University of Oklahoma	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="480.14"/>		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="300.00"/>
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<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>
--	-------------------------------

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

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

FOR LINE NUMBER: PAGE 243 OF 1282  
(check only one)

<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**

<b>A. Robin Elwood</b> Full Name (Last, First, Middle Initial) Mailing Address 16264 Morningside Dr Srive City Edmond                                     State OK                     Zip Code 73013-3036 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 06 / 2015 Transaction ID : VN8ECDEZA83
Name of Employer Occupation University of Oklahoma                     Physician		
Receipt For:                                     Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼                             580.14		

Amount of Each Receipt this Period  
100.00

Contribution-IE Only Account

<b>B. Jean Emery</b> Full Name (Last, First, Middle Initial) Mailing Address 3700 Massachusetts Ave NW Apt 506 City Washington                             State DC                     Zip Code 20016-5807 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 05 / 2015 Transaction ID : VN8ECDA7RE4
Name of Employer Occupation N/A   Retired		
Receipt For:                                     Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼                             50.00		

Amount of Each Receipt this Period  
50.00

Contribution-IE Only Account

<b>C. Jean Emery</b> Full Name (Last, First, Middle Initial) Mailing Address 3700 Massachusetts Ave NW Apt 506 City Washington                             State DC                     Zip Code 20016-5807 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Y 02 / 05 / 2015 Transaction ID : VN8ECDAXRE8
Name of Employer Occupation N/A   Retired		
Receipt For:                                     Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼                             100.00		

Amount of Each Receipt this Period  
50.00

Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	200.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 244 OF 1282
<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

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

**A. Jean Emery**  
Full Name (Last, First, Middle Initial)

Mailing Address 3700 Massachusetts Ave NW  
Apt 506

City Washington State DC Zip Code 20016-5807

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
150.00

Date of Receipt  
03 / 05 / 2015  
Transaction ID : VN8ECDBTDC7

Amount of Each Receipt this Period  
50.00

Contribution-IE Only Account

**B. Jean Emery**  
Full Name (Last, First, Middle Initial)

Mailing Address 3700 Massachusetts Ave NW  
Apt 506

City Washington State DC Zip Code 20016-5807

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
200.00

Date of Receipt  
04 / 05 / 2015  
Transaction ID : VN8ECDDNN11

Amount of Each Receipt this Period  
50.00

Contribution-IE Only Account

**C. Jean Emery**  
Full Name (Last, First, Middle Initial)

Mailing Address 3700 Massachusetts Ave NW  
Apt 506

City Washington State DC Zip Code 20016-5807

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
05 / 05 / 2015  
Transaction ID : VN8ECDEECW2

Amount of Each Receipt this Period  
50.00

Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 245 OF 1282
<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

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

Full Name (Last, First, Middle Initial) <b>A. Maureen England</b>		Date of Receipt MM / DD / YYYY 03 / 15 / 2015
Mailing Address 629 Parkside Ave		<b>Transaction ID : VN8ECDC4CQ9</b>
City Buffalo	State NY	Zip Code 14216-2803
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 201.60
Name of Employer Buffalo Public Schools - Bennett High	Occupation School Counselor	Contribution-IE Only Account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 201.60	

Full Name (Last, First, Middle Initial) <b>B. Daniel Ennis</b>		Date of Receipt MM / DD / YYYY 01 / 08 / 2015
Mailing Address 252 7th Ave 6Y		<b>Transaction ID : VN8ECDAAE23</b>
City New York	State NY	Zip Code 10001-7326
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 201.60
Name of Employer AllianceBernstein	Occupation Finance	Contribution-IE Only Account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 201.60	

Full Name (Last, First, Middle Initial) <b>c. Mieke Eoyang</b>		Date of Receipt MM / DD / YYYY 01 / 14 / 2015
Mailing Address 1801 Calvert St NW Apt 401		<b>Transaction ID : VN8ECDADJ16</b>
City Washington	State DC	Zip Code 20009-1910
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Third Way	Occupation Director	Contribution-IE Only Account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	903.20
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 246 OF 1282
<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

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

**A. Ethan Epstein**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6928 Guadalupe Trl NW  
City Los Ranchos State NM Zip Code 87107-6208  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Occupation Tax Lawyer  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 201.60

Date of Receipt  
MM / DD / YYYY  
04 / 10 / 2015  
**Transaction ID : VN8ECDDTQE6**  
Amount of Each Receipt this Period  
201.60  
Contribution-IE Only Account

**B. Stephen Ernst**  
Full Name (Last, First, Middle Initial)  
Mailing Address 101 McConkey Dr  
City Washington Crossing State PA Zip Code 18977  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Occupation Retired Lawyer  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 02 / 2015  
**Transaction ID : VN8ECDBQWY6**  
Amount of Each Receipt this Period  
500.00  
Contribution-IE Only Account

**C. Mark Erwin**  
Full Name (Last, First, Middle Initial)  
Mailing Address 501 E Morehead St Ste 3  
City Charlotte State NC Zip Code 28202-2630  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Erwin Capital, Inc. Occupation Investor  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
04 / 08 / 2015  
**Transaction ID : VN8ECDDQZ16**  
Amount of Each Receipt this Period  
1000.00  
Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1701.60
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 247 OF 1282
<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

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

Full Name (Last, First, Middle Initial)  
**A. Fabian Nunez for State Treasurer 2018**

Mailing Address 555 Capitol Mall  
Ste 1425

City Sacramento State CA Zip Code 95814-4602

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2661.43

Date of Receipt  
MM / DD / YYYY  
05 / 18 / 2015

**Transaction ID : VN8ECDFAHG7**

Amount of Each Receipt this Period  
2661.43

Food & Beverage Inkind; IE Only Account

Full Name (Last, First, Middle Initial)  
**B. Fair Share Action**

Mailing Address 294 Washington St  
Ste 500

City Boston State MA Zip Code 02108-4612

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
MM / DD / YYYY  
04 / 07 / 2015

**Transaction ID : VN8ECDEZ033**

Amount of Each Receipt this Period  
5000.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)  
**C. Peter Fallon**

Mailing Address 2234 N Trenton St

City Arlington State VA Zip Code 22207-4039

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
NovaFinancial LLC Tax Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
201.60

Date of Receipt  
MM / DD / YYYY  
03 / 04 / 2015

**Transaction ID : VN8ECDBT0J6**

Amount of Each Receipt this Period  
201.60

Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	7863.03
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 248 OF 1282
<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

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

Full Name (Last, First, Middle Initial) <b>A. Catherine Fannin</b>		Date of Receipt MM / DD / YYYY 01 / 02 / 2015 <b>Transaction ID : VN8ECDA6N42</b>
Mailing Address PO Box 6308		Amount of Each Receipt this Period 215.99
City Delray Beach	State FL	Zip Code 33482
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer The Shakespeare Birthplace Trust	Occupation International, Education & Development	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 215.99	

Full Name (Last, First, Middle Initial) <b>B. Carolyn Farinella</b>		Date of Receipt MM / DD / YYYY 02 / 10 / 2015 <b>Transaction ID : VN8ECDB32K9</b>
Mailing Address 55 Marlene Dr		Amount of Each Receipt this Period 80.00
City Sayville	State NY	Zip Code 11782-1426
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer IRS	Occupation Customerservice	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 80.00	

Full Name (Last, First, Middle Initial) <b>C. Carolyn Farinella</b>		Date of Receipt MM / DD / YYYY 04 / 22 / 2015 <b>Transaction ID : VN8ECDE3K40</b>
Mailing Address 55 Marlene Dr		Amount of Each Receipt this Period 40.00
City Sayville	State NY	Zip Code 11782-1426
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer IRS	Occupation Customerservice	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 120.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	335.99
<b>TOTAL</b> This Period (last page this line number only).....▶	



**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 249 OF 1282
	<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	

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

Full Name (Last, First, Middle Initial) <b>A. Carolyn Farinella</b>		Date of Receipt MM / DD / YYYY 04 / 23 / 2015 <b>Transaction ID : VN8ECDE54W2</b>
Mailing Address 55 Marlene Dr		Amount of Each Receipt this Period 70.00
City Sayville State NY Zip Code 11782-1426	FEC ID number of contributing federal political committee. C	Contribution-IE Only Account
Name of Employer IRS Occupation Customerservice	Aggregate Year-to-Date 225.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Carolyn Farinella</b>		Date of Receipt MM / DD / YYYY 04 / 23 / 2015 <b>Transaction ID : VN8ECDE5587</b>
Mailing Address 55 Marlene Dr		Amount of Each Receipt this Period 35.00
City Sayville State NY Zip Code 11782-1426	FEC ID number of contributing federal political committee. C	Contribution-IE Only Account
Name of Employer IRS Occupation Customerservice	Aggregate Year-to-Date 225.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Robert Farmer</b>		Date of Receipt MM / DD / YYYY 01 / 16 / 2015 <b>Transaction ID : VN8ECDAEF34</b>
Mailing Address 1800 NE 114th St Apt 1707		Amount of Each Receipt this Period 1000.00
City Miami State FL Zip Code 33181-3412	FEC ID number of contributing federal political committee. C	Contribution-IE Only Account
Name of Employer Retired Occupation Retired	Aggregate Year-to-Date 1000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1105.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 250 OF 1282
	<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	

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

Full Name (Last, First, Middle Initial) <b>A. Jeffrey L L Farrow</b>		Date of Receipt MM / DD / YYYY 03 / 23 / 2015 <b>Transaction ID : VN8ECD5Q7</b>
Mailing Address 3107 Brooklawn Ter		Amount of Each Receipt this Period 1000.00
City Chevy Chase	State MD	Zip Code 20815-3937
FEC ID number of contributing federal political committee.	C	
Name of Employer Jeffrey L Farrow	Occupation Consultant on Government Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
		Contribution-IE Only Account

Full Name (Last, First, Middle Initial) <b>B. Laura Favinger</b>		Date of Receipt MM / DD / YYYY 04 / 11 / 2015 <b>Transaction ID : VN8ECDDV9K4</b>
Mailing Address 4951 Brenman Park Dr Apt 205		Amount of Each Receipt this Period 500.00
City Alexandria	State VA	Zip Code 22304-7797
FEC ID number of contributing federal political committee.	C	
Name of Employer Zurich	Occupation gov affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
		Contribution-IE Only Account

Full Name (Last, First, Middle Initial) <b>C. Reese Fayde</b>		Date of Receipt MM / DD / YYYY 03 / 31 / 2015 <b>Transaction ID : VN8ECDDCKR7</b>
Mailing Address 2808 Broadway No 6		Amount of Each Receipt this Period 500.00
City New York	State NY	Zip Code 10025-2236
FEC ID number of contributing federal political committee.	C	
Name of Employer Self	Occupation Consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
		Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 251 OF 1282
<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

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

**A. Emmy Fearn**  
Full Name (Last, First, Middle Initial)  
Mailing Address 733 Longridge Rd  
City Oakland State CA Zip Code 94610  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Unemployed Occupation College Professor  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 200.16

Date of Receipt 04 / 23 / 2015  
**Transaction ID : VN8ECDE5216**  
Amount of Each Receipt this Period 180.16  
Contribution-IE Only Account

**B. Emmy Fearn**  
Full Name (Last, First, Middle Initial)  
Mailing Address 733 Longridge Rd  
City Oakland State CA Zip Code 94610  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Unemployed Occupation College Professor  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 200.16

Date of Receipt 04 / 23 / 2015  
**Transaction ID : VN8ECDE52F7**  
Amount of Each Receipt this Period 20.00  
Contribution-IE Only Account

**C. Joan Feigenbaum**  
Full Name (Last, First, Middle Initial)  
Mailing Address 148 W 23rd St Apt 5FG  
City New York State NY Zip Code 10011-2435  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Yale University Occupation Prof. of Computer Sci.  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 06 / 2015  
**Transaction ID : VN8ECDFTW9**  
Amount of Each Receipt this Period 250.00  
Earmarked; IE Only Account

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 450.16  
**TOTAL** This Period (last page this line number only)..... ▶

**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 252 OF 1282
	<input type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14
	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16
	<input checked="" type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Gail Feldman</b>		Date of Receipt MM / DD / YYYY 02 / 12 / 2015 <b>Transaction ID : VN8ECDB6651</b>
Mailing Address 2127 Brickell Ave Apt 2002		Amount of Each Receipt this Period 250.00
City Miami State FL Zip Code 33129-2145	FEC ID number of contributing federal political committee. C	Contribution-IE Only Account
Name of Employer Whitehaus Media Group Occupation Associate Publisher	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>B. Jason Feldman</b>		Date of Receipt MM / DD / YYYY 02 / 12 / 2015 <b>Transaction ID : VN8ECDB6820</b>
Mailing Address 825 Bass Landing Pl		Amount of Each Receipt this Period 250.00
City Greensboro State NC Zip Code 27455-3440	FEC ID number of contributing federal political committee. C	Contribution-IE Only Account
Name of Employer Hanesbrands Inc Occupation President-DTC	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>C. Jeffrey M. Feldman</b>		Date of Receipt MM / DD / YYYY 02 / 20 / 2015 <b>Transaction ID : VN8ECDBRVT0</b>
Mailing Address 20 Island Ave Apt 1006		Amount of Each Receipt this Period 250.00
City Miami Beach State FL Zip Code 33139-1310	FEC ID number of contributing federal political committee. C	Contribution-IE Only Account
Name of Employer Wribe Construction Occupation VP	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 253 OF 1282
<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

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

Full Name (Last, First, Middle Initial) <b>A. Bette Felton</b>		Date of Receipt MM / DD / YYYY 03 / 22 / 2015 <b>Transaction ID : VN8ECDCB785</b>
Mailing Address 6 Sky Ter		Amount of Each Receipt this Period 100.00
City Danville	State CA	Zip Code 94526-3736
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Retired	Occupation university professor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 135.00	

Full Name (Last, First, Middle Initial) <b>B. Bette Felton</b>		Date of Receipt MM / DD / YYYY 03 / 22 / 2015 <b>Transaction ID : VN8ECDCB7E2</b>
Mailing Address 6 Sky Ter		Amount of Each Receipt this Period 35.00
City Danville	State CA	Zip Code 94526-3736
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Retired	Occupation university professor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 135.00	

Full Name (Last, First, Middle Initial) <b>C. Bette Felton</b>		Date of Receipt MM / DD / YYYY 04 / 22 / 2015 <b>Transaction ID : VN8ECDE5XE6</b>
Mailing Address 6 Sky Ter		Amount of Each Receipt this Period 35.00
City Danville	State CA	Zip Code 94526-3736
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Retired	Occupation university professor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 170.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	170.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 254 OF 1282
<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

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

Full Name (Last, First, Middle Initial) <b>A. Bette Felton</b>		Date of Receipt MM / DD / YYYY 05 / 22 / 2015 <b>Transaction ID : VN8ECDEPK83</b>
Mailing Address 6 Sky Ter		Amount of Each Receipt this Period 35.00
City Danville State CA Zip Code 94526-3736	FEC ID number of contributing federal political committee. C	Contribution-IE Only Account
Name of Employer Retired Occupation university professor	Aggregate Year-to-Date 205.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Bette Felton</b>		Date of Receipt MM / DD / YYYY 06 / 22 / 2015 <b>Transaction ID : VN8ECDFAY67</b>
Mailing Address 6 Sky Ter		Amount of Each Receipt this Period 35.00
City Danville State CA Zip Code 94526-3736	FEC ID number of contributing federal political committee. C	Contribution-IE Only Account
Name of Employer Retired Occupation university professor	Aggregate Year-to-Date 240.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dennis Felton</b>		Date of Receipt MM / DD / YYYY 01 / 27 / 2015 <b>Transaction ID : VN8ECDAPXQ3</b>
Mailing Address 2400 Byward Ct		Amount of Each Receipt this Period 35.00
City Mitchellville State MD Zip Code 20721-2957	FEC ID number of contributing federal political committee. C	Contribution-IE Only Account
Name of Employer Avid Technology Occupation Workflow Consultant	Aggregate Year-to-Date 35.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	105.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 255 OF 1282
	<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	

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

Full Name (Last, First, Middle Initial) <b>A. Dennis Felton</b>		Date of Receipt MM / DD / YYYY 01 / 31 / 2015 <b>Transaction ID : VN8ECDAT350</b>
Mailing Address 2400 Byward Ct		Amount of Each Receipt this Period 65.16
City Mitchellville	State MD	Zip Code 20721-2957
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Avid Technology	Occupation Workflow Consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 100.16	

Full Name (Last, First, Middle Initial) <b>B. Dennis Felton</b>		Date of Receipt MM / DD / YYYY 02 / 11 / 2015 <b>Transaction ID : VN8ECDB52M2</b>
Mailing Address 2400 Byward Ct		Amount of Each Receipt this Period 20.16
City Mitchellville	State MD	Zip Code 20721-2957
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Avid Technology	Occupation Workflow Consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 120.32	

Full Name (Last, First, Middle Initial) <b>C. Dennis Felton</b>		Date of Receipt MM / DD / YYYY 02 / 13 / 2015 <b>Transaction ID : VN8ECDB76G5</b>
Mailing Address 2400 Byward Ct		Amount of Each Receipt this Period 20.16
City Mitchellville	State MD	Zip Code 20721-2957
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Avid Technology	Occupation Workflow Consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 140.48	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	105.48
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 256 OF 1282
<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

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

Full Name (Last, First, Middle Initial) <b>A. Dennis Felton</b>		Date of Receipt MM / DD / YYYY 03 / 03 / 2015 <b>Transaction ID : VN8ECDF0J06</b>
Mailing Address 2400 Byward Ct		Amount of Each Receipt this Period 25.00
City Mitchellville	State MD	Zip Code 20721-2957
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Avid Technology	Occupation Workflow Consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 165.48	

Full Name (Last, First, Middle Initial) <b>B. Dennis Felton</b>		Date of Receipt MM / DD / YYYY 03 / 06 / 2015 <b>Transaction ID : VN8ECDBV483</b>
Mailing Address 2400 Byward Ct		Amount of Each Receipt this Period 20.16
City Mitchellville	State MD	Zip Code 20721-2957
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Avid Technology	Occupation Workflow Consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 185.64	

Full Name (Last, First, Middle Initial) <b>C. Dennis Felton</b>		Date of Receipt MM / DD / YYYY 03 / 09 / 2015 <b>Transaction ID : VN8ECDBX5H0</b>
Mailing Address 2400 Byward Ct		Amount of Each Receipt this Period 20.16
City Mitchellville	State MD	Zip Code 20721-2957
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Avid Technology	Occupation Workflow Consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.96	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	65.32
<b>TOTAL</b> This Period (last page this line number only).....▶	



**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 257 OF 1282
<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

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

**A. Dennis Felton**  
Full Name (Last, First, Middle Initial)

Mailing Address 2400 Byward Ct

City Mitchellville	State MD	Zip Code 20721-2957
-----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Avid Technology	Occupation Workflow Consultant
-------------------------------------	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.96

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	09	/	2015

**Transaction ID : VN8ECDBX5N2**

Amount of Each Receipt this Period  
20.16

Contribution-IE Only Account

**B. Dennis Felton**  
Full Name (Last, First, Middle Initial)

Mailing Address 2400 Byward Ct

City Mitchellville	State MD	Zip Code 20721-2957
-----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Avid Technology	Occupation Workflow Consultant
-------------------------------------	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
246.12

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	15	/	2015

**Transaction ID : VN8ECDC4TC3**

Amount of Each Receipt this Period  
20.16

Contribution-IE Only Account

**C. Dennis Felton**  
Full Name (Last, First, Middle Initial)

Mailing Address 2400 Byward Ct

City Mitchellville	State MD	Zip Code 20721-2957
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FEC ID number of contributing federal political committee. **C**

Name of Employer Avid Technology	Occupation Workflow Consultant
-------------------------------------	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
266.28

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	06	/	2015

**Transaction ID : VN8ECDDNZ96**

Amount of Each Receipt this Period  
20.16

Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	60.48
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 258 OF 1282
	<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	

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

Full Name (Last, First, Middle Initial) <b>A. Dennis Felton</b>		Date of Receipt MM / DD / YYYY 04 / 10 / 2015 <b>Transaction ID : VN8ECDDS6E3</b>
Mailing Address 2400 Byward Ct		Amount of Each Receipt this Period 201.60
City Mitchellville	State MD	Zip Code 20721-2957
FEC ID number of contributing federal political committee.	C	
Name of Employer Avid Technology	Occupation Workflow Consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 467.88	
		Contribution-IE Only Account

Full Name (Last, First, Middle Initial) <b>B. Dennis Felton</b>		Date of Receipt MM / DD / YYYY 05 / 06 / 2015 <b>Transaction ID : VN8ECDEFJF1</b>
Mailing Address 2400 Byward Ct		Amount of Each Receipt this Period 20.16
City Mitchellville	State MD	Zip Code 20721-2957
FEC ID number of contributing federal political committee.	C	
Name of Employer Avid Technology	Occupation Workflow Consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 488.04	
		Contribution-IE Only Account

Full Name (Last, First, Middle Initial) <b>C. Dennis Felton</b>		Date of Receipt MM / DD / YYYY 06 / 06 / 2015 <b>Transaction ID : VN8ECDEZA67</b>
Mailing Address 2400 Byward Ct		Amount of Each Receipt this Period 20.16
City Mitchellville	State MD	Zip Code 20721-2957
FEC ID number of contributing federal political committee.	C	
Name of Employer Avid Technology	Occupation Workflow Consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 508.20	
		Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	241.92
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 259 OF 1282
<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

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

**A. Frances Fenical**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1128 Highland Dr

City Del Mar	State CA	Zip Code 92014
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer retired	Occupation educator
-----------------------------	------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
50.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	30	/	2015

**Transaction ID : VN8ECDAS5S3**

Amount of Each Receipt this Period  
50.00

Contribution-IE Only Account

**B. Frances Fenical**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1128 Highland Dr

City Del Mar	State CA	Zip Code 92014
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer retired	Occupation educator
-----------------------------	------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
79.99

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	26	/	2015

**Transaction ID : VN8ECDBNFN1**

Amount of Each Receipt this Period  
29.99

Contribution-IE Only Account

**C. Frances Fenical**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1128 Highland Dr

City Del Mar	State CA	Zip Code 92014
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer retired	Occupation educator
-----------------------------	------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
129.99

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2015

**Transaction ID : VN8ECDBPVG6**

Amount of Each Receipt this Period  
50.00

Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	129.99
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 260 OF 1282
	<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	

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

**A. Frances Fenical**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1128 Highland Dr  
City Del Mar State CA Zip Code 92014  
FEC ID number of contributing federal political committee. **C**  
Name of Employer: retired Occupation: educator  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **179.99**

Date of Receipt: **03 / 30 / 2015**  
**Transaction ID : VN8ECDBV14**  
Amount of Each Receipt this Period: **50.00**  
Contribution-IE Only Account

**B. Frances Fenical**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1128 Highland Dr  
City Del Mar State CA Zip Code 92014  
FEC ID number of contributing federal political committee. **C**  
Name of Employer: retired Occupation: educator  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **229.99**

Date of Receipt: **04 / 30 / 2015**  
**Transaction ID : VN8ECDE98T8**  
Amount of Each Receipt this Period: **50.00**  
Contribution-IE Only Account

**C. Frances Fenical**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1128 Highland Dr  
City Del Mar State CA Zip Code 92014  
FEC ID number of contributing federal political committee. **C**  
Name of Employer: retired Occupation: educator  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **279.99**

Date of Receipt: **05 / 30 / 2015**  
**Transaction ID : VN8ECDES3A7**  
Amount of Each Receipt this Period: **50.00**  
Contribution-IE Only Account

**SUBTOTAL** of Receipts This Page (optional)..... **150.00**  
**TOTAL** This Period (last page this line number only).....

**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 261 OF 1282
<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

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

Full Name (Last, First, Middle Initial) <b>A. Frances Fenical</b>		Date of Receipt
Mailing Address 1128 Highland Dr		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2015"/>
City	State	Zip Code
Del Mar	CA	92014
FEC ID number of contributing federal political committee.		Transaction ID : <b>VN8ECDFN1G1</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="50.00"/>
Name of Employer	Occupation	Contribution-IE Only Account
retired	educator	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="329.99"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Jose E Fernandez</b>		Date of Receipt
Mailing Address 18561 SW 39th St		<input type="text" value="01"/> / <input type="text" value="25"/> / <input type="text" value="2015"/>
City	State	Zip Code
Miramar	FL	33029-2700
FEC ID number of contributing federal political committee.		Transaction ID : <b>VN8ECDB1TB9</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="100.00"/>
Name of Employer	Occupation	Contribution-IE Only Account
Retired	Retired	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="100.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Jose E Fernandez</b>		Date of Receipt
Mailing Address 18561 SW 39th St		<input type="text" value="04"/> / <input type="text" value="11"/> / <input type="text" value="2015"/>
City	State	Zip Code
Miramar	FL	33029-2700
FEC ID number of contributing federal political committee.		Transaction ID : <b>VN8ECDDVPZ6</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="50.00"/>
Name of Employer	Occupation	Contribution-IE Only Account
Retired	Retired	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="150.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="200.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 262 OF 1282
	<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	

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

Full Name (Last, First, Middle Initial) <b>A. Jose E Fernandez</b>		Date of Receipt MM / DD / YYYY 04 / 13 / 2015 <b>Transaction ID : VN8ECDDXF03</b>
Mailing Address 18561 SW 39th St		Amount of Each Receipt this Period 50.00
City Miramar	State FL	Zip Code 33029-2700
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Retired	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

Full Name (Last, First, Middle Initial) <b>B. Jose E Fernandez</b>		Date of Receipt MM / DD / YYYY 04 / 29 / 2015 <b>Transaction ID : VN8ECDE8F75</b>
Mailing Address 18561 SW 39th St		Amount of Each Receipt this Period 50.00
City Miramar	State FL	Zip Code 33029-2700
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Retired	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Nuria Fernandez</b>		Date of Receipt MM / DD / YYYY 03 / 07 / 2015 <b>Transaction ID : VN8ECDBW4N2</b>
Mailing Address 550 Moreland Way Apt 3214		Amount of Each Receipt this Period 201.60
City Santa Clara	State CA	Zip Code 95054-5119
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer N/A	Occupation Civil Engineer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 201.60	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	301.60
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 263 OF 1282
<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

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

**A. Conchata Ferrell**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 7010  
 City Santa Monica State CA Zip Code 90406-7010  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MAJOR MIRACLE, INC Occupation ACTRESS  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **01 / 21 / 2015**  
**Transaction ID : VN8ECDAH9M0**  
 Amount of Each Receipt this Period **500.00**  
 Contribution-IE Only Account

**B. Kevin Ferro**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1016 5th Ave Apt 3A  
 City New York State NY Zip Code 10028-0132  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vatera Holdings LLC Occupation Healthcare/Investments  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt **02 / 03 / 2015**  
**Transaction ID : VN8ECDAVBB2**  
 Amount of Each Receipt this Period **1000.00**  
 Contribution-IE Only Account

**C. Sefa Fidan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7357 River Pointe Dr Apt 5  
 City North Little Rock State AR Zip Code 72113-7089  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer LISA Academy Occupation Educator  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **01 / 26 / 2015**  
**Transaction ID : VN8ECDAYTY5**  
 Amount of Each Receipt this Period **250.00**  
 Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>1750.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 264 OF 1282
<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

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

Full Name (Last, First, Middle Initial) <b>A. Albert Fiero</b>		Date of Receipt MM / DD / YYYY 01 / 08 / 2015 <b>Transaction ID : VN8ECDA9ZY1</b>
Mailing Address 421 E 72nd St Apt 4A		Amount of Each Receipt this Period 201.60
City New York	State NY	Zip Code 10021-4470
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer sherle wagner	Occupation showroom sales	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 201.60	

Full Name (Last, First, Middle Initial) <b>B. Barbara Fischlowitz-Leong</b>		Date of Receipt MM / DD / YYYY 03 / 24 / 2015 <b>Transaction ID : VN8ECDCETE8</b>
Mailing Address PO Box 10282		Amount of Each Receipt this Period 500.00
City Honolulu	State HI	Zip Code 96816-0282
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Assistive Technology Resource Centers	Occupation Executive Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Darin Fisher</b>		Date of Receipt MM / DD / YYYY 04 / 23 / 2015 <b>Transaction ID : VN8ECDE5290</b>
Mailing Address 814 E Desert Trumpet Rd		Amount of Each Receipt this Period 225.64
City Phoenix	State AZ	Zip Code 85048-6338
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Vision Community Management	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.64	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	927.24
<b>TOTAL</b> This Period (last page this line number only).....▶	



**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 265 OF 1282
<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

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

**A. Mary-Christy Fisher**  
Full Name (Last, First, Middle Initial)  
Mailing Address 87 Ogden St  
City New Haven State CT Zip Code 06511-1323  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Connecticut Veterans Legal Center Occupation Attorney  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **500.00**

Date of Receipt **04 / 12 / 2015**  
**Transaction ID : VN8ECDDWMF5**  
Amount of Each Receipt this Period **500.00**  
Contribution-IE Only Account

**B. Susan T Fiske**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8 Princeton Ave  
City Princeton State NJ Zip Code 08540-5236  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Princeton University Occupation Professor  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **500.00**

Date of Receipt **02 / 26 / 2015**  
**Transaction ID : VN8ECDBN053**  
Amount of Each Receipt this Period **500.00**  
Contribution-IE Only Account

**C. Stanley Fitch**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 913  
City Sandia Park State NM Zip Code 87047-0913  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Trinitek Services Occupation Engineer  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **403.20**

Date of Receipt **04 / 10 / 2015**  
**Transaction ID : VN8ECDDSD8**  
Amount of Each Receipt this Period **201.60**  
Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1201.60</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**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 266 OF 1282
<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

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

Full Name (Last, First, Middle Initial) <b>A. Stanley Fitch</b>		Date of Receipt MM / DD / YYYY 04 / 10 / 2015 <b>Transaction ID : VN8ECDDSDE6</b>
Mailing Address PO Box 913		Amount of Each Receipt this Period 201.60
City Sandia Park	State NM	Zip Code 87047-0913
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Trinetek Services	Occupation Engineer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 403.20	

Full Name (Last, First, Middle Initial) <b>B. Louise Fitzgerald</b>		Date of Receipt MM / DD / YYYY 01 / 02 / 2015 <b>Transaction ID : VN8ECDA6RC2</b>
Mailing Address 330 E 38th St 48Q		Amount of Each Receipt this Period 20.16
City New York	State NY	Zip Code 10016
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Self employed	Occupation Communication Consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 20.16	

Full Name (Last, First, Middle Initial) <b>C. Louise Fitzgerald</b>		Date of Receipt MM / DD / YYYY 01 / 16 / 2015 <b>Transaction ID : VN8ECDAE8W6</b>
Mailing Address 330 E 38th St 48Q		Amount of Each Receipt this Period 10.00
City New York	State NY	Zip Code 10016
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Self employed	Occupation Communication Consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 30.16	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	231.76
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 267 OF 1282
<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

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

Full Name (Last, First, Middle Initial) <b>A. Louise Fitzgerald</b>		Date of Receipt MM / DD / YYYY 01 / 19 / 2015 <b>Transaction ID : VN8ECDAG4T6</b>
Mailing Address 330 E 38th St 48Q		Amount of Each Receipt this Period 24.20
City New York	State NY	Zip Code 10016
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Self employed	Occupation Communication Consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 54.36	

Full Name (Last, First, Middle Initial) <b>B. Louise Fitzgerald</b>		Date of Receipt MM / DD / YYYY 01 / 27 / 2015 <b>Transaction ID : VN8ECDAPT05</b>
Mailing Address 330 E 38th St 48Q		Amount of Each Receipt this Period 20.16
City New York	State NY	Zip Code 10016
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Self employed	Occupation Communication Consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 74.52	

Full Name (Last, First, Middle Initial) <b>C. Louise Fitzgerald</b>		Date of Receipt MM / DD / YYYY 02 / 16 / 2015 <b>Transaction ID : VN8ECDB8MW4</b>
Mailing Address 330 E 38th St 48Q		Amount of Each Receipt this Period 10.00
City New York	State NY	Zip Code 10016
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Self employed	Occupation Communication Consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 84.52	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	54.36
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 268 OF 1282
	<input type="checkbox"/> 11a 13 <input type="checkbox"/> 11b 14 <input type="checkbox"/> 11c 15 <input type="checkbox"/> 12 16 <input checked="" type="checkbox"/> 17	

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

**A. Louise Fitzgerald**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 330 E 38th St  
 48Q  
 City State Zip Code  
 New York NY 10016  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self employed Communication Consultant  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 104.68

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 15 / 2015  
**Transaction ID : VN8ECDC4PC3**  
 Amount of Each Receipt this Period  
 20.16  
 Contribution-IE Only Account

**B. Louise Fitzgerald**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 330 E 38th St  
 48Q  
 City State Zip Code  
 New York NY 10016  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self employed Communication Consultant  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 114.68

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 16 / 2015  
**Transaction ID : VN8ECDC50V4**  
 Amount of Each Receipt this Period  
 10.00  
 Contribution-IE Only Account

**C. Louise Fitzgerald**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 330 E 38th St  
 48Q  
 City State Zip Code  
 New York NY 10016  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self employed Communication Consultant  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 155.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 24 / 2015  
**Transaction ID : VN8ECDCEYF1**  
 Amount of Each Receipt this Period  
 40.32  
 Contribution-IE Only Account

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 70.48

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

**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 269 OF 1282
	<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	

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

**A. Louise Fitzgerald**  
Full Name (Last, First, Middle Initial)

Mailing Address 330 E 38th St  
48Q

City New York State NY Zip Code 10016

FEC ID number of contributing federal political committee. **C**

Name of Employer Self employed Occupation Communication Consultant

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 180.00

Date of Receipt 04 / 07 / 2015  
**Transaction ID : VN8ECDF15N1**

Amount of Each Receipt this Period 25.00

Earmarked; IE Only Account

**B. Louise Fitzgerald**  
Full Name (Last, First, Middle Initial)

Mailing Address 330 E 38th St  
48Q

City New York State NY Zip Code 10016

FEC ID number of contributing federal political committee. **C**

Name of Employer Self employed Occupation Communication Consultant

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 190.00

Date of Receipt 04 / 16 / 2015  
**Transaction ID : VN8ECDE09W3**

Amount of Each Receipt this Period 10.00

Contribution-IE Only Account

**C. Louise Fitzgerald**  
Full Name (Last, First, Middle Initial)

Mailing Address 330 E 38th St  
48Q

City New York State NY Zip Code 10016

FEC ID number of contributing federal political committee. **C**

Name of Employer Self employed Occupation Communication Consultant

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt 05 / 16 / 2015  
**Transaction ID : VN8ECDEM1P8**

Amount of Each Receipt this Period 10.00

Contribution-IE Only Account

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 45.00

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

**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 270 OF 1282
<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

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

Full Name (Last, First, Middle Initial) <b>A. Louise Fitzgerald</b>		Date of Receipt
Mailing Address 330 E 38th St 48Q		<input type="text" value="06"/> / <input type="text" value="16"/> / <input type="text" value="2015"/>
City New York	State NY	Zip Code 10016
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : VN8ECDF8AQ2</b>
Name of Employer Self employed		Amount of Each Receipt this Period
Occupation Communication Consultant		<input type="text" value="10.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Contribution-IE Only Account
Aggregate Year-to-Date ▼ <input type="text" value="210.00"/>		

Full Name (Last, First, Middle Initial) <b>B. Terry Fiumi</b>		Date of Receipt
Mailing Address 201 Ocean Ave Unit 708P		<input type="text" value="01"/> / <input type="text" value="23"/> / <input type="text" value="2015"/>
City Santa Monica	State CA	Zip Code 90402-1425
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : VN8ECDAHW11</b>
Name of Employer retired		Amount of Each Receipt this Period
Occupation retired		<input type="text" value="250.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Contribution-IE Only Account
Aggregate Year-to-Date ▼ <input type="text" value="250.00"/>		

Full Name (Last, First, Middle Initial) <b>C. Candy S. Fletcher</b>		Date of Receipt
Mailing Address PO Box 26713		<input type="text" value="03"/> / <input type="text" value="13"/> / <input type="text" value="2015"/>
City Greenville	State SC	Zip Code 29616-1713
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : VN8ECDC3N34</b>
Name of Employer Self		Amount of Each Receipt this Period
Occupation Business & political consultant		<input type="text" value="500.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Contribution-IE Only Account
Aggregate Year-to-Date ▼ <input type="text" value="500.00"/>		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="760.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**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 271 OF 1282
<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**

**A. Jose L. Flores Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 17246 Bushmills Rd  
 City Pflugerville State TX Zip Code 78660-1717  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Attorney  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **300.00**

Date of Receipt **02 / 28 / 2015**  
**Transaction ID : VN8ECDC0T05**  
 Amount of Each Receipt this Period **300.00**  
 Contribution-IE Only Account

**B. Maria Luisa Flores**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1300 Alta Vista Ave  
 City Austin State TX Zip Code 78704-2515  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer The Hendler Law Firm Occupation Attorney  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **100.00**

Date of Receipt **02 / 01 / 2015**  
**Transaction ID : VN8ECDATDG7**  
 Amount of Each Receipt this Period **100.00**  
 Contribution-IE Only Account

**C. Maria Luisa Flores**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1300 Alta Vista Ave  
 City Austin State TX Zip Code 78704-2515  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer The Hendler Law Firm Occupation Attorney  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **200.00**

Date of Receipt **02 / 11 / 2015**  
**Transaction ID : VN8ECDB4FT8**  
 Amount of Each Receipt this Period **100.00**  
 Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>500.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 272 OF 1282
<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

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

**A. Maria Luisa Flores**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1300 Alta Vista Ave  
City Austin State TX Zip Code 78704-2515  
FEC ID number of contributing federal political committee. **C**  
Name of Employer The Hender Law Firm Occupation Attorney  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **765.82**

Date of Receipt **04 / 03 / 2015**  
**Transaction ID : VN8ECDFAHK1**  
Amount of Each Receipt this Period **565.82**  
Event Catering Inkind; IE Only Account

**B. Cindy Floyd**  
Full Name (Last, First, Middle Initial)  
Mailing Address 750 Copperhead Trl  
City Johns Island State SC Zip Code 29455-3200  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Cindy M. Floyd Occupation attorney  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **500.00**

Date of Receipt **03 / 10 / 2015**  
**Transaction ID : VN8ECDC12S9**  
Amount of Each Receipt this Period **500.00**  
Contribution-IE Only Account

**C. Brian Fogarty-Wall**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5124 N 31st Pl Unit 528  
City Phoenix State AZ Zip Code 85016  
FEC ID number of contributing federal political committee. **C**  
Name of Employer retired Occupation retired disabled  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **16.00**

Date of Receipt **01 / 11 / 2015**  
**Transaction ID : VN8ECDABN73**  
Amount of Each Receipt this Period **16.00**  
Contribution-IE Only Account

**SUBTOTAL** of Receipts This Page (optional)..... **1081.82**  
**TOTAL** This Period (last page this line number only).....



**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 273 OF 1282
	<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	

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

Full Name (Last, First, Middle Initial) <b>A. Brian Fogarty-Wall</b>		Date of Receipt MM / DD / YYYY 01 / 31 / 2015 <b>Transaction ID : VN8ECDAT215</b>
Mailing Address 5124 N 31st PI Unit 528		Amount of Each Receipt this Period 130.00
City Phoenix	State AZ	Zip Code 85016
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer retired	Occupation retired disabled	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 146.00	

Full Name (Last, First, Middle Initial) <b>B. Brian Fogarty-Wall</b>		Date of Receipt MM / DD / YYYY 02 / 11 / 2015 <b>Transaction ID : VN8ECDB4FA2</b>
Mailing Address 5124 N 31st PI Unit 528		Amount of Each Receipt this Period 16.00
City Phoenix	State AZ	Zip Code 85016
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer retired	Occupation retired disabled	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 162.00	

Full Name (Last, First, Middle Initial) <b>C. Brian Fogarty-Wall</b>		Date of Receipt MM / DD / YYYY 03 / 11 / 2015 <b>Transaction ID : VN8ECDC1SC6</b>
Mailing Address 5124 N 31st PI Unit 528		Amount of Each Receipt this Period 16.00
City Phoenix	State AZ	Zip Code 85016
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer retired	Occupation retired disabled	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 178.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	162.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 274 OF 1282
	<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	

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

Full Name (Last, First, Middle Initial) <b>A. Brian Fogarty-Wall</b>		Date of Receipt MM / DD / YYYY 04 / 11 / 2015 <b>Transaction ID : VN8ECDDV8Y8</b>
Mailing Address 5124 N 31st PI Unit 528		Amount of Each Receipt this Period 16.00
City Phoenix	State AZ	Zip Code 85016
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer retired	Occupation retired disabled	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 194.00	

Full Name (Last, First, Middle Initial) <b>B. Brian Fogarty-Wall</b>		Date of Receipt MM / DD / YYYY 06 / 11 / 2015 <b>Transaction ID : VN8ECDF3JQ1</b>
Mailing Address 5124 N 31st PI Unit 528		Amount of Each Receipt this Period 16.00
City Phoenix	State AZ	Zip Code 85016
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer retired	Occupation retired disabled	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) <b>C. Frederick Fogel</b>		Date of Receipt MM / DD / YYYY 01 / 23 / 2015 <b>Transaction ID : VN8ECDAJ347</b>
Mailing Address 211 Central Park W Apt 8K		Amount of Each Receipt this Period 1000.00
City New York	State NY	Zip Code 10024-6020
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Silver Point Capital	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1032.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 275 OF 1282
<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

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

**A. Frederick Fogel**  
Full Name (Last, First, Middle Initial)

Mailing Address 211 Central Park W  
Apt 8K

City New York State NY Zip Code 10024-6020

FEC ID number of contributing federal political committee. **C**

Name of Employer Silver Point Capital Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  
01 / 23 / 2015  
Transaction ID : VN8ECDAJ389

Amount of Each Receipt this Period  
1000.00

Contribution-IE Only Account

**B. Christiana Foglio**  
Full Name (Last, First, Middle Initial)

Mailing Address 1970 US Highway 1  
Apt 100

City Lawrenceville State NJ Zip Code 08648-4667

FEC ID number of contributing federal political committee. **C**

Name of Employer Community Investment Strategie Occupation Real Estate

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  
03 / 13 / 2015  
Transaction ID : VN8ECDC98M7

Amount of Each Receipt this Period  
10000.00

Contribution-IE Only Account

**C. Pam Foley**  
Full Name (Last, First, Middle Initial)

Mailing Address 1194 Janis Way

City San Jose State CA Zip Code 95125

FEC ID number of contributing federal political committee. **C**

Name of Employer E. F. Foley & Co., Inc. Occupation Real Estate Finance

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
03 / 08 / 2015  
Transaction ID : VN8ECDBWY60

Amount of Each Receipt this Period  
500.00

Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	11500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 276 OF 1282
<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

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

**A. Mike Fong**  
Full Name (Last, First, Middle Initial)

Mailing Address 1240 Brockton Ave  
Apt 9

City Los Angeles State CA Zip Code 90025-1351

FEC ID number of contributing federal political committee. **C**

Name of Employer City of Los Angeles Occupation Analyst

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
201.60

Date of Receipt  
03 / 10 / 2015  
Transaction ID : VN8ECDC0KW2

Amount of Each Receipt this Period  
201.60

Contribution-IE Only Account

**B. Mari Forbes**  
Full Name (Last, First, Middle Initial)

Mailing Address 7 Brynhurst Ct

City Durham State NC Zip Code 27713-9357

FEC ID number of contributing federal political committee. **C**

Name of Employer City of Los Angeles Occupation Analyst

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
35.00

Date of Receipt  
02 / 12 / 2015  
Transaction ID : VN8ECDB5611

Amount of Each Receipt this Period  
35.00

Contribution-IE Only Account

**C. Mari Forbes**  
Full Name (Last, First, Middle Initial)

Mailing Address 7 Brynhurst Ct

City Durham State NC Zip Code 27713-9357

FEC ID number of contributing federal political committee. **C**

Name of Employer City of Los Angeles Occupation Analyst

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
85.00

Date of Receipt  
02 / 23 / 2015  
Transaction ID : VN8ECDBDVW9

Amount of Each Receipt this Period  
50.00

Contribution-IE Only Account

**SUBTOTAL** of Receipts This Page (optional).....▶ 286.60

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

**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 277 OF 1282
<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

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

Full Name (Last, First, Middle Initial) <b>A. Mari Forbes</b>		Date of Receipt MM / DD / YYYY 03 / 06 / 2015 <b>Transaction ID : VN8ECDBV586</b>
Mailing Address 7 Brynhurst Ct		Amount of Each Receipt this Period 20.16
City Durham	State NC	Zip Code 27713-9357
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer UNC-Chapel Hill	Occupation Human Resources	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 105.16	

Full Name (Last, First, Middle Initial) <b>B. Mari Forbes</b>		Date of Receipt MM / DD / YYYY 04 / 06 / 2015 <b>Transaction ID : VN8ECDDNYE3</b>
Mailing Address 7 Brynhurst Ct		Amount of Each Receipt this Period 20.16
City Durham	State NC	Zip Code 27713-9357
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer UNC-Chapel Hill	Occupation Human Resources	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 125.32	

Full Name (Last, First, Middle Initial) <b>C. Mari Forbes</b>		Date of Receipt MM / DD / YYYY 05 / 06 / 2015 <b>Transaction ID : VN8ECDEG1D6</b>
Mailing Address 7 Brynhurst Ct		Amount of Each Receipt this Period 20.16
City Durham	State NC	Zip Code 27713-9357
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer UNC-Chapel Hill	Occupation Human Resources	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 145.48	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	60.48
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 278 OF 1282
<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

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

Full Name (Last, First, Middle Initial) <b>A. Mari Forbes</b>		Date of Receipt MM / DD / YYYY 05 / 23 / 2015 <b>Transaction ID : VN8ECDEPP97</b>
Mailing Address 7 Brynhurst Ct		Amount of Each Receipt this Period 90.32
City Durham	State NC	Zip Code 27713-9357
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer UNC-Chapel Hill	Occupation Human Resources	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 195.48	

Full Name (Last, First, Middle Initial) <b>B. Mari Forbes</b>		Date of Receipt MM / DD / YYYY 06 / 06 / 2015 <b>Transaction ID : VN8ECDEZ8R6</b>
Mailing Address 7 Brynhurst Ct		Amount of Each Receipt this Period 20.16
City Durham	State NC	Zip Code 27713-9357
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer UNC-Chapel Hill	Occupation Human Resources	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 215.64	

Full Name (Last, First, Middle Initial) <b>C. Sandy Fortier</b>		Date of Receipt MM / DD / YYYY 01 / 16 / 2015 <b>Transaction ID : VN8ECDAEC46</b>
Mailing Address 3265 N Maple Rd		Amount of Each Receipt this Period 20.16
City Ann Arbor	State MI	Zip Code 48105-9643
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer retired	Occupation retired psychotherapist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 20.16	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	90.32
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 279 OF 1282
<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

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

Full Name (Last, First, Middle Initial) <b>A. Sandy Fortier</b>		Date of Receipt MM / DD / YYYY 01 / 28 / 2015 <b>Transaction ID : VN8ECDAQA83</b>
Mailing Address 3265 N Maple Rd		Amount of Each Receipt this Period 100.00
City Ann Arbor	State MI	Zip Code 48105-9643
FEC ID number of contributing federal political committee. C	Name of Employer retired	Occupation retired psychotherapist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 120.16	
		Contribution-IE Only Account

Full Name (Last, First, Middle Initial) <b>B. Sandy Fortier</b>		Date of Receipt MM / DD / YYYY 02 / 28 / 2015 <b>Transaction ID : VN8ECDBPK03</b>
Mailing Address 3265 N Maple Rd		Amount of Each Receipt this Period 100.00
City Ann Arbor	State MI	Zip Code 48105-9643
FEC ID number of contributing federal political committee. C	Name of Employer retired	Occupation retired psychotherapist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.16	
		Contribution-IE Only Account

Full Name (Last, First, Middle Initial) <b>C. Sandy Fortier</b>		Date of Receipt MM / DD / YYYY 03 / 28 / 2015 <b>Transaction ID : VN8ECDDAKY9</b>
Mailing Address 3265 N Maple Rd		Amount of Each Receipt this Period 100.00
City Ann Arbor	State MI	Zip Code 48105-9643
FEC ID number of contributing federal political committee. C	Name of Employer retired	Occupation retired psychotherapist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 320.16	
		Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 280 OF 1282
	<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	

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

**A. Sandy Fortier**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3265 N Maple Rd  
City Ann Arbor State MI Zip Code 48105-9643  
FEC ID number of contributing federal political committee. **C**  
Name of Employer: retired Occupation: retired psychotherapist  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **345.16**

Date of Receipt: 04 / 07 / 2015  
**Transaction ID : VN8ECDF1649**  
Amount of Each Receipt this Period: 25.00  
Earmarked; IE Only Account

**B. Sandy Fortier**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3265 N Maple Rd  
City Ann Arbor State MI Zip Code 48105-9643  
FEC ID number of contributing federal political committee. **C**  
Name of Employer: retired Occupation: retired psychotherapist  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **445.16**

Date of Receipt: 04 / 28 / 2015  
**Transaction ID : VN8ECDE8KH3**  
Amount of Each Receipt this Period: 100.00  
Contribution-IE Only Account

**C. Elizabeth Foster**  
Full Name (Last, First, Middle Initial)  
Mailing Address 18407 Teddy Bear Ct  
City Reno State NV Zip Code 89508-4500  
FEC ID number of contributing federal political committee. **C**  
Name of Employer: Not Provided Occupation: Retired  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **100.00**

Date of Receipt: 01 / 15 / 2015  
**Transaction ID : VN8ECDFZHS4**  
Amount of Each Receipt this Period: 100.00  
Earmarked; IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>225.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	



**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 281 OF 1282
<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**

**A. Elizabeth Foster**  
Full Name (Last, First, Middle Initial)  
Mailing Address 18407 Teddy Bear Ct  
City Reno State NV Zip Code 89508-4500  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Not Provided Occupation Retired  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **300.00**

Date of Receipt **03 / 09 / 2015**  
**Transaction ID : VN8ECDC1JN2**  
Amount of Each Receipt this Period **200.00**  
Contribution-IE Only Account

**B. Sarajane Foster**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2500 Virginia Ave NW  
City Washington State DC Zip Code 20037-1900  
FEC ID number of contributing federal political committee. **C**  
Name of Employer N/A Occupation Retired  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **565.00**

Date of Receipt **01 / 29 / 2015**  
**Transaction ID : VN8ECDASMN3**  
Amount of Each Receipt this Period **565.00**  
Contribution-IE Only Account

**C. Sarajane Foster**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2500 Virginia Ave NW  
City Washington State DC Zip Code 20037-1900  
FEC ID number of contributing federal political committee. **C**  
Name of Employer N/A Occupation Retired  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **1315.00**

Date of Receipt **01 / 30 / 2015**  
**Transaction ID : VN8ECDAV9D2**  
Amount of Each Receipt this Period **750.00**  
Contribution-IE Only Account

**SUBTOTAL** of Receipts This Page (optional)..... **1515.00**  
**TOTAL** This Period (last page this line number only).....

**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 282 OF 1282
<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

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

Full Name (Last, First, Middle Initial) <b>A. Four Season Uniform</b>		Date of Receipt
Mailing Address 7319 Roosevelt Ave		<input type="text" value="01"/> / <input type="text" value="26"/> / <input type="text" value="2015"/>
City	State	Zip Code
Jackson Heights	NY	11372-6342
FEC ID number of contributing federal political committee.		<b>Transaction ID : VN8ECDB0KR9</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="500.00"/>
Name of Employer	Occupation	Contribution-IE Only Account
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="500.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Pamela Fox</b>		Date of Receipt
Mailing Address 4321 Irene Dr		<input type="text" value="03"/> / <input type="text" value="18"/> / <input type="text" value="2015"/>
City	State	Zip Code
Anchorage	AK	99504-4630
FEC ID number of contributing federal political committee.		<b>Transaction ID : VN8ECDC7KA6</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="500.00"/>
Name of Employer	Occupation	Contribution-IE Only Account
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="500.00"/>	

Full Name (Last, First, Middle Initial) <b>C. SUSAN FRACISCO</b>		Date of Receipt
Mailing Address 1945 22nd St		<input type="text" value="01"/> / <input type="text" value="07"/> / <input type="text" value="2015"/>
City	State	Zip Code
San Francisco	CA	94107
FEC ID number of contributing federal political committee.		<b>Transaction ID : VN8ECDA9HZ0</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="45.00"/>
Name of Employer	Occupation	Contribution-IE Only Account
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="45.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="1045.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 283 OF 1282
	<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	

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

**A. SUSAN FRACISCO**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1945 22nd St  
City San Francisco State CA Zip Code 94107  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Kaiser Permanente Occupation Physician  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **1545.00**

Date of Receipt **01 / 08 / 2015**  
**Transaction ID : VN8ECDA9HW6**  
Amount of Each Receipt this Period **1500.00**  
Contribution-IE Only Account

**B. Sarah Francois-Poncet**  
Full Name (Last, First, Middle Initial)  
Mailing Address 16 E 84th St Apt 1B  
City New York State NY Zip Code 10028-0411  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Chanel Occupation Lawyer  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **500.00**

Date of Receipt **03 / 11 / 2015**  
**Transaction ID : VN8ECDC2760**  
Amount of Each Receipt this Period **500.00**  
Contribution-IE Only Account

**C. Lejoan Franklin**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4609 Thonotosassa Ave  
City Tampa State FL Zip Code 33610-6663  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Hillsborough COunaty Board of Instructi Occupation Retired Educator  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **201.60**

Date of Receipt **02 / 19 / 2015**  
**Transaction ID : VN8ECDBB3Y7**  
Amount of Each Receipt this Period **201.60**  
Contribution-IE Only Account

**SUBTOTAL** of Receipts This Page (optional)..... **2201.60**  
**TOTAL** This Period (last page this line number only).....

**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 284 OF 1282
<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

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

**A. Mel Franklin**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8413 Old Colony Dr S  
City Upper Marlboro State MD Zip Code 20772-5040  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Prince George's County Council Occupation Council Member, District 9  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 100.00

Date of Receipt **01 / 26 / 2015**  
**Transaction ID : VN8ECDAKC29**  
Amount of Each Receipt this Period 100.00  
Contribution-IE Only Account

**B. Mel Franklin**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8413 Old Colony Dr S  
City Upper Marlboro State MD Zip Code 20772-5040  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Prince George's County Council Occupation Council Member, District 9  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 301.60

Date of Receipt **04 / 06 / 2015**  
**Transaction ID : VN8ECDDNX91**  
Amount of Each Receipt this Period 201.60  
Contribution-IE Only Account

**C. Lesmah Fraser**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2530 Woodhull Ave  
City Bronx State NY Zip Code 10469-6102  
FEC ID number of contributing federal political committee. **C**  
Name of Employer New York University Occupation Adjunct Professor  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt **03 / 29 / 2015**  
**Transaction ID : VN8ECDDB652**  
Amount of Each Receipt this Period 250.00  
Contribution-IE Only Account

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 551.60  
**TOTAL** This Period (last page this line number only)..... ▶

**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 285 OF 1282
<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

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

**A. Karen Frederick**  
Full Name (Last, First, Middle Initial)  
Mailing Address 20360 Via Santa Teresa  
City San Jose State CA Zip Code 95120-1221  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self-employed Occupation Self-employed  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **500.00**

Date of Receipt **03 / 12 / 2015**  
**Transaction ID : VN8ECDC2A66**  
Amount of Each Receipt this Period **500.00**  
Contribution-IE Only Account

**B. Jason Freedman**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3080 Jackson St Apt 3  
City San Francisco State CA Zip Code 94115-1025  
FEC ID number of contributing federal political committee. **C**  
Name of Employer 42floors Occupation ceo  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **250.00**

Date of Receipt **03 / 27 / 2015**  
**Transaction ID : VN8ECDD9ED6**  
Amount of Each Receipt this Period **250.00**  
Contribution-IE Only Account

**C. David Friedman**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2637 Larkin St  
City San Francisco State CA Zip Code 94109-1512  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Forell/Elsesser Engineers Inc. Occupation Structural Engineer  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **5000.00**

Date of Receipt **03 / 01 / 2015**  
**Transaction ID : VN8ECDBQM36**  
Amount of Each Receipt this Period **5000.00**  
Contribution-IE Only Account

**SUBTOTAL** of Receipts This Page (optional)..... **5750.00**  
**TOTAL** This Period (last page this line number only).....

**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 286 OF 1282
<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

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

**A. Margot Friedman**  
Full Name (Last, First, Middle Initial)

Mailing Address 1713 18th St NW  
Apt B

City Washington State DC Zip Code 20009-2580

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Consultant

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
201.60

Date of Receipt  
MM / DD / YYYY  
02 / 26 / 2015

**Transaction ID : VN8ECDBNBW7**

Amount of Each Receipt this Period  
201.60

Contribution-IE Only Account

**B. Margot Friedman**  
Full Name (Last, First, Middle Initial)

Mailing Address 1713 18th St NW  
Apt B

City Washington State DC Zip Code 20009-2580

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Consultant

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
576.60

Date of Receipt  
MM / DD / YYYY  
03 / 27 / 2015

**Transaction ID : VN8ECDDAD25**

Amount of Each Receipt this Period  
250.00

Contribution-IE Only Account

**C. Margot Friedman**  
Full Name (Last, First, Middle Initial)

Mailing Address 1713 18th St NW  
Apt B

City Washington State DC Zip Code 20009-2580

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Consultant

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
576.60

Date of Receipt  
MM / DD / YYYY  
03 / 27 / 2015

**Transaction ID : VN8ECDDAD74**

Amount of Each Receipt this Period  
125.00

Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	576.60
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 287 OF 1282
	<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	

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

Full Name (Last, First, Middle Initial) <b>A. Gail Furman</b>		Date of Receipt MM / DD / YYYY 01 / 16 / 2015 <b>Transaction ID : VN8ECDAEH87</b>
Mailing Address 151 E 83rd St Apt 1A		Amount of Each Receipt this Period 1000.00
City New York	State NY	Zip Code 10028-1907
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Self	Occupation Psychologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. Pamela Galloway</b>		Date of Receipt MM / DD / YYYY 04 / 10 / 2015 <b>Transaction ID : VN8ECDE4C27</b>
Mailing Address 14450 Rancheros Dr		Amount of Each Receipt this Period 200.61
City Reno	State NV	Zip Code 89521-7319
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Self	Occupation Journalist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.61	

Full Name (Last, First, Middle Initial) <b>C. Victoria Gamber</b>		Date of Receipt MM / DD / YYYY 01 / 09 / 2015 <b>Transaction ID : VN8ECDAAS24</b>
Mailing Address 24350-20 Whispering Ridge		Amount of Each Receipt this Period 50.00
City Scottsdale	State AZ	Zip Code 85255
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Capella University	Occupation Psychologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 50.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1250.61
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 288 OF 1282
	<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	

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

**A. Victoria Gamber**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 24350-20 Whispering Ridge  
 City State Zip Code  
 Scottsdale AZ 85255  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Capella University Psychologist  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 100.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 09 / 2015  
**Transaction ID : VN8ECDB0B79**  
 Amount of Each Receipt this Period  
 50.00  
 Contribution-IE Only Account

**B. Victoria Gamber**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 24350-20 Whispering Ridge  
 City State Zip Code  
 Scottsdale AZ 85255  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Capella University Psychologist  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 150.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 09 / 2015  
**Transaction ID : VN8ECDBYH59**  
 Amount of Each Receipt this Period  
 50.00  
 Contribution-IE Only Account

**C. Victoria Gamber**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 24350-20 Whispering Ridge  
 City State Zip Code  
 Scottsdale AZ 85255  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Capella University Psychologist  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 09 / 2015  
**Transaction ID : VN8ECDDRE28**  
 Amount of Each Receipt this Period  
 50.00  
 Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**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 289 OF 1282
<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

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

Full Name (Last, First, Middle Initial) <b>A. Victoria Gamber</b>		Date of Receipt MM / DD / YYYY 05 / 09 / 2015 <b>Transaction ID : VN8ECDEGM88</b>
Mailing Address 24350-20 Whispering Ridge		Amount of Each Receipt this Period 50.00
City Scottsdale	State AZ	Zip Code 85255
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Capella University	Occupation Psychologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Lisa M. Garcia Quiroz</b>		Date of Receipt MM / DD / YYYY 02 / 28 / 2015 <b>Transaction ID : VN8ECDCKV4</b>
Mailing Address 450 W 42nd St Apt 40M		Amount of Each Receipt this Period 5000.00
City New York	State NY	Zip Code 10036-6881
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Time Warner, Inc.	Occupation Senior Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) <b>C. Jennifer Garren</b>		Date of Receipt MM / DD / YYYY 01 / 14 / 2015 <b>Transaction ID : VN8ECDADHA5</b>
Mailing Address PO Box 1337		Amount of Each Receipt this Period 250.00
City Gloversville	State NY	Zip Code 12078-0011
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer self	Occupation real estate	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 290 OF 1282
	<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	

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

**A. Jennifer Garren**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 1337

City Gloversville	State NY	Zip Code 12078-0011
----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer self	Occupation real estate
--------------------------	---------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
292.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	04	/	2015

**Transaction ID : VN8ECDDNE09**

Amount of Each Receipt this Period  
42.00

Contribution-IE Only Account

**B. Elaine Garza**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1810 Belford Dr

City Austin	State TX	Zip Code 78757-8307
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Giant Noise	Occupation PR
---------------------------------	------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
100.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	02	/	2015

**Transaction ID : VN8ECDBRX26**

Amount of Each Receipt this Period  
100.00

Contribution-IE Only Account

**C. Elaine Garza**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1810 Belford Dr

City Austin	State TX	Zip Code 78757-8307
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Giant Noise	Occupation PR
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	03	/	2015

**Transaction ID : VN8ECDFBGM5**

Amount of Each Receipt this Period  
150.00

Event Beverages Inkind; IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	292.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 291 OF 1282
<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**

**A. Michelle Lorraine Gastelum**  
Full Name (Last, First, Middle Initial)  
Mailing Address 222 S Oakland Ave  
City Pasadena State CA Zip Code 91101-2861  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Summit Consulting & Engineering, Inc. Occupation President  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 28 / 2015  
**Transaction ID : VN8ECDC0JT3**  
Amount of Each Receipt this Period 250.00  
Contribution-IE Only Account

**B. F. Renee Gaters**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3205 Cottonfield Dr  
City Mount Pleasant State SC Zip Code 29466-8014  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Occupation Lawyer  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 27 / 2015  
**Transaction ID : VN8ECDEYZ72**  
Amount of Each Receipt this Period 250.00  
Contribution-IE Only Account

**C. Joselyn Geaga-Rosenthal**  
Full Name (Last, First, Middle Initial)  
Mailing Address 146 N Coronado St  
City Los Angeles State CA Zip Code 90026-5261  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Occupation Licensed psychotherapist  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 201.60

Date of Receipt 02 / 12 / 2015  
**Transaction ID : VN8ECDB5XY8**  
Amount of Each Receipt this Period 201.60  
Contribution-IE Only Account

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 701.60  
**TOTAL** This Period (last page this line number only)..... ▶

**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 292 OF 1282
<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

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

**A. Nylda Gemple**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1105 Bromfield Rd  
City Hillsborough State CA Zip Code 94010-6623  
FEC ID number of contributing federal political committee. **C**  
Name of Employer N/A Occupation Retired  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **500.00**

Date of Receipt **03 / 19 / 2015**  
**Transaction ID : VN8ECDD8108**  
Amount of Each Receipt this Period **500.00**  
Contribution-IE Only Account

**B. Heather Geraghty**  
Full Name (Last, First, Middle Initial)  
Mailing Address 221 Settlers Row N  
City Ponte Vedra Beach State FL Zip Code 32082  
FEC ID number of contributing federal political committee. **C**  
Name of Employer self-employed Occupation community volunteer  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **580.16**

Date of Receipt **01 / 29 / 2015**  
**Transaction ID : VN8ECDARTJ5**  
Amount of Each Receipt this Period **500.00**  
Contribution-IE Only Account

**C. Heather Geraghty**  
Full Name (Last, First, Middle Initial)  
Mailing Address 221 Settlers Row N  
City Ponte Vedra Beach State FL Zip Code 32082  
FEC ID number of contributing federal political committee. **C**  
Name of Employer self-employed Occupation community volunteer  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **580.16**

Date of Receipt **01 / 29 / 2015**  
**Transaction ID : VN8ECDARTP6**  
Amount of Each Receipt this Period **80.16**  
Contribution-IE Only Account

**SUBTOTAL** of Receipts This Page (optional)..... **1080.16**  
**TOTAL** This Period (last page this line number only).....

**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 293 OF 1282
	<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	

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

Full Name (Last, First, Middle Initial) <b>A. Heather Geraghty</b>		Date of Receipt MM / DD / YYYY 04 / 22 / 2015 <b>Transaction ID : VN8ECDE3EQ0</b>
Mailing Address 221 Settlers Row N		Amount of Each Receipt this Period 50.00
City Ponte Vedra Beach	State FL	Zip Code 32082
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer self-employed	Occupation community volunteer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 630.16	

Full Name (Last, First, Middle Initial) <b>B. Barbara Gerard</b>		Date of Receipt MM / DD / YYYY 01 / 07 / 2015 <b>Transaction ID : VN8ECDA9909</b>
Mailing Address 37 Stoat Path		Amount of Each Receipt this Period 50.00
City Chatham	State NY	Zip Code 12037-2235
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Craftech Industries, Inc	Occupation Co-Owner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 50.00	

Full Name (Last, First, Middle Initial) <b>C. Barbara Gerard</b>		Date of Receipt MM / DD / YYYY 02 / 07 / 2015 <b>Transaction ID : VN8ECDAZD41</b>
Mailing Address 37 Stoat Path		Amount of Each Receipt this Period 50.00
City Chatham	State NY	Zip Code 12037-2235
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Craftech Industries, Inc	Occupation Co-Owner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 100.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 294 OF 1282
<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

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

**A. Barbara Gerard**  
Full Name (Last, First, Middle Initial)  
Mailing Address 37 Stoat Path

City Chatham	State NY	Zip Code 12037-2235
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FEC ID number of contributing federal political committee. **C**

Name of Employer Craftech Industries, Inc	Occupation Co-Owner
--	------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
150.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 03 / 07 / 2015  
**Transaction ID : VN8ECDBVX34**

Amount of Each Receipt this Period  
50.00

Contribution-IE Only Account

**B. Barbara Gerard**  
Full Name (Last, First, Middle Initial)  
Mailing Address 37 Stoat Path

City Chatham	State NY	Zip Code 12037-2235
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FEC ID number of contributing federal political committee. **C**

Name of Employer Craftech Industries, Inc	Occupation Co-Owner
--	------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
200.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 04 / 07 / 2015  
**Transaction ID : VN8ECDDQ5Z7**

Amount of Each Receipt this Period  
50.00

Contribution-IE Only Account

**C. Barbara Gerard**  
Full Name (Last, First, Middle Initial)  
Mailing Address 37 Stoat Path

City Chatham	State NY	Zip Code 12037-2235
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Craftech Industries, Inc	Occupation Co-Owner
--	------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 05 / 07 / 2015  
**Transaction ID : VN8ECDEGAY0**

Amount of Each Receipt this Period  
50.00

Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 295 OF 1282
<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

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

Full Name (Last, First, Middle Initial) <b>A. Daryl W Gerwin</b>		Date of Receipt MM / DD / YYYY 02 / 03 / 2015 <b>Transaction ID : VN8ECDFZ5D3</b>
Mailing Address 609 Frederick St Apt 212		Amount of Each Receipt this Period 200.00
City Santa Cruz	State CA	Zip Code 95062-2241
FEC ID number of contributing federal political committee. C		Earmarked; IE Only Account
Name of Employer Retired	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

Full Name (Last, First, Middle Initial) <b>B. Daryl W Gerwin</b>		Date of Receipt MM / DD / YYYY 02 / 10 / 2015 <b>Transaction ID : VN8ECDB5AH7</b>
Mailing Address 609 Frederick St Apt 212		Amount of Each Receipt this Period 100.00
City Santa Cruz	State CA	Zip Code 95062-2241
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Retired	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Daryl W Gerwin</b>		Date of Receipt MM / DD / YYYY 02 / 10 / 2015 <b>Transaction ID : VN8ECDB5KY8</b>
Mailing Address 609 Frederick St Apt 212		Amount of Each Receipt this Period 200.00
City Santa Cruz	State CA	Zip Code 95062-2241
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Retired	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 296 OF 1282
<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

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

Full Name (Last, First, Middle Initial) <b>A. Nan Geschke</b>		Date of Receipt 03 / 02 / 2015 <b>Transaction ID : VN8ECDBS7Q3</b>
Mailing Address PO Box 8038		Amount of Each Receipt this Period 5000.00
City Redwood City	State CA	Zip Code 94063-0938
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer N/A	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) <b>B. Gerville Gibbs</b>		Date of Receipt 03 / 13 / 2015 <b>Transaction ID : VN8ECDC9ER2</b>
Mailing Address 2314 S Branch Rd		Amount of Each Receipt this Period 500.00
City Branchburg	State NJ	Zip Code 08853-4117
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Capital Impact Group	Occupation Partner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Tangee Gibson</b>		Date of Receipt 02 / 21 / 2015 <b>Transaction ID : VN8ECDBCPT5</b>
Mailing Address 4603 Warwick Ln		Amount of Each Receipt this Period 2500.00
City Frisco	State TX	Zip Code 75034-6936
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Retired	Occupation Retired Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	8000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**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 297 OF 1282
	<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	

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

Full Name (Last, First, Middle Initial) <b>A. John E Giles</b>		Date of Receipt MM / DD / YYYY 03 / 16 / 2015 <b>Transaction ID : VN8ECDC5ZP8</b>
Mailing Address PO Box 6673		Amount of Each Receipt this Period 201.60
City Hilton Head Island	State SC	Zip Code 29938-6673
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Elite Resort Group	Occupation Designer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 201.60	

Full Name (Last, First, Middle Initial) <b>B. Kathleen Gillespie</b>		Date of Receipt MM / DD / YYYY 03 / 19 / 2015 <b>Transaction ID : VN8ECDD8180</b>
Mailing Address 2908 S Highland Dr Ste B		Amount of Each Receipt this Period 1000.00
City Las Vegas	State NV	Zip Code 89109-1059
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer A&B Printing	Occupation Owner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. Hunter Gilliam</b>		Date of Receipt MM / DD / YYYY 04 / 07 / 2015 <b>Transaction ID : VN8ECDDQN72</b>
Mailing Address 204 Devonshire Ct		Amount of Each Receipt this Period 500.00
City Pleasant Hill	State CA	Zip Code 94523-2079
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Wells Fargo	Occupation Financial Services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1701.60
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 298 OF 1282
	<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	

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

Full Name (Last, First, Middle Initial) <b>A. Lukin T. Gilliland Jr.</b>		Date of Receipt MM / DD / YYYY 03 / 04 / 2015 <b>Transaction ID : VN8ECDBT8K0</b>
Mailing Address 901 NE Loop 410 Ste 909		Amount of Each Receipt this Period 5000.00
City San Antonio	State TX	Zip Code 78209-1310
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Self	Occupation Investments	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) <b>B. Shirley Gilmer</b>		Date of Receipt MM / DD / YYYY 03 / 17 / 2015 <b>Transaction ID : VN8ECDC7682</b>
Mailing Address 3810 Constitution Dr		Amount of Each Receipt this Period 500.00
City Dallas	State TX	Zip Code 75229
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Retired	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Robert Gin</b>		Date of Receipt MM / DD / YYYY 03 / 27 / 2015 <b>Transaction ID : VN8ECDERWX2</b>
Mailing Address 1400 Pebble Hurst St		Amount of Each Receipt this Period 205.00
City Monterey Park	State CA	Zip Code 91754-4425
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer N/A	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 205.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5705.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 299 OF 1282
<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

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

**A. Barbara Ginsburg**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7103 Bear Ct  
City Springfield State VA Zip Code 22153-1301  
FEC ID number of contributing federal political committee. **C**  
Name of Employer none Occupation retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 31 / 2015  
**Transaction ID : VN8ECDDWC9**  
Amount of Each Receipt this Period 500.00  
Contribution-IE Only Account

**B. Barbara Ginsburg**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7103 Bear Ct  
City Springfield State VA Zip Code 22153-1301  
FEC ID number of contributing federal political committee. **C**  
Name of Employer none Occupation retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 31 / 2015  
**Transaction ID : VN8ECDDWD7**  
Amount of Each Receipt this Period 500.00  
Contribution-IE Only Account

**C. Irene B Ginsburg**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1 Rivercrest  
City Dobbs Ferry State NY Zip Code 10522-2821  
FEC ID number of contributing federal political committee. **C**  
Name of Employer N/A Occupation Housewife, Nurse  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 02 / 2015  
**Transaction ID : VN8ECDA6RK7**  
Amount of Each Receipt this Period 500.00  
Contribution-IE Only Account

**SUBTOTAL** of Receipts This Page (optional).....▶ 1500.00  
**TOTAL** This Period (last page this line number only).....▶

**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 300 OF 1282
<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

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

Full Name (Last, First, Middle Initial) <b>A. Brian J Glade</b>		Date of Receipt MM / DD / YYYY 01 / 25 / 2015 <b>Transaction ID : VN8ECDB23Y8</b>
Mailing Address 4705 Center Blvd Apt 1509		Amount of Each Receipt this Period 15.00
City Long Island City	State NY	
Zip Code 11109-5680	FEC ID number of contributing federal political committee. C	Contribution-IE Only Account
Name of Employer AESC	Occupation Managing Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 15.00	

Full Name (Last, First, Middle Initial) <b>B. Brian J Glade</b>		Date of Receipt MM / DD / YYYY 04 / 10 / 2015 <b>Transaction ID : VN8ECDDSA69</b>
Mailing Address 4705 Center Blvd Apt 1509		Amount of Each Receipt this Period 201.60
City Long Island City	State NY	
Zip Code 11109-5680	FEC ID number of contributing federal political committee. C	Contribution-IE Only Account
Name of Employer AESC	Occupation Managing Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 216.60	

Full Name (Last, First, Middle Initial) <b>C. Kenneth Gladish</b>		Date of Receipt MM / DD / YYYY 02 / 28 / 2015 <b>Transaction ID : VN8ECDC0SX2</b>
Mailing Address 6703 Mesa Dr		Amount of Each Receipt this Period 500.00
City Austin	State TX	
Zip Code 78731-2817	FEC ID number of contributing federal political committee. C	Contribution-IE Only Account
Name of Employer Seton Healthcare Family	Occupation President & CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	716.60
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 301 OF 1282
	<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	

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

Full Name (Last, First, Middle Initial) <b>A. Deborah Glick</b>		Date of Receipt MM / DD / YYYY 01 / 15 / 2015 <b>Transaction ID : VN8ECDAE3P7</b>
Mailing Address 75 Bank St Apt 3Q		Amount of Each Receipt this Period 201.60
City New York	State NY	Zip Code 10014-5909
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer NYS Assembly	Occupation State Legislator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 201.60	

Full Name (Last, First, Middle Initial) <b>B. Madelyn Glickfeld</b>		Date of Receipt MM / DD / YYYY 02 / 23 / 2015 <b>Transaction ID : VN8ECDBH231</b>
Mailing Address 28907 Grayfox St		Amount of Each Receipt this Period 250.00
City Malibu	State CA	Zip Code 90265-4254
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer UCLA	Occupation Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Judy Gold</b>		Date of Receipt MM / DD / YYYY 01 / 15 / 2015 <b>Transaction ID : VN8ECDADWK0</b>
Mailing Address 201 W 92nd St Apt 5L		Amount of Each Receipt this Period 201.60
City New York	State NY	Zip Code 10025-7463
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Self	Occupation Performer/Writer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 201.60	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	653.20
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 302 OF 1282
<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

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

**A. Amy Goldman Fowler**  
Full Name (Last, First, Middle Initial)  
Mailing Address 164 Mountain View Rd  
City Rhinebeck State NY Zip Code 12572-2820  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Sol Goldman Investments Occupation Author  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250000.00

Date of Receipt  
MM / DD / YYYY  
02 / 04 / 2015  
**Transaction ID : VN8ECDAY492**  
Amount of Each Receipt this Period  
250000.00  
Contribution-IE Only Account

**B. Cheryl Goldman**  
Full Name (Last, First, Middle Initial)  
Mailing Address 227 Pleasant Valley Rd  
City Titusville State NJ Zip Code 08560-2106  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Callway Henderson Inc. Occupation Realtor  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 13 / 2015  
**Transaction ID : VN8ECD9F52**  
Amount of Each Receipt this Period  
500.00  
Contribution-IE Only Account

**C. Phyllis T Goldman**  
Full Name (Last, First, Middle Initial)  
Mailing Address 72 Mamaroneck Rd  
City Scarsdale State NY Zip Code 10583-2822  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Occupation Consultant  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
02 / 20 / 2015  
**Transaction ID : VN8ECDBQVF6**  
Amount of Each Receipt this Period  
500.00  
Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	251000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 303 OF 1282
	<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	

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

**A. Scott Goldstein**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 111 S Van Ness Ave  
 City Los Angeles State CA Zip Code 90004-3909  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer self Occupation film  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt **04 / 19 / 2015**  
**Transaction ID : VN8ECDE1DJ2**  
 Amount of Each Receipt this Period **1000.00**  
 Contribution-IE Only Account

**B. Steven Goldstein**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 585 Standish Rd Teaneck  
 City Teaneck State NJ Zip Code 07666-1817  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Rutgers University Occupation Professor  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **201.60**

Date of Receipt **01 / 15 / 2015**  
**Transaction ID : VN8ECDAE1N5**  
 Amount of Each Receipt this Period **201.60**  
 Contribution-IE Only Account

**C. Jeff Gonzalez**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3703 Anderson Rd  
 City Coral Gables State FL Zip Code 33134-7052  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer self employed Occupation doctor  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt **02 / 13 / 2015**  
**Transaction ID : VN8ECDB6SW1**  
 Amount of Each Receipt this Period **1000.00**  
 Contribution-IE Only Account

**SUBTOTAL** of Receipts This Page (optional)..... **2201.60**  
**TOTAL** This Period (last page this line number only).....

**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 304 OF 1282
<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

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

Full Name (Last, First, Middle Initial) <b>A. Dorothy Goosby</b>		Date of Receipt MM / DD / YYYY 01 / 02 / 2015 <b>Transaction ID : VN8ECDA6VV5</b>
Mailing Address 31 Lawson St		Amount of Each Receipt this Period 302.40
City Hempstead	State NY	Zip Code 11550-6820
FEC ID number of contributing federal political committee. <b>C</b>		Contribution-IE Only Account
Name of Employer Town of Hempstead	Occupation Councilwoman	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 302.40	

Full Name (Last, First, Middle Initial) <b>B. ROBERTA M. GORDON</b>		Date of Receipt MM / DD / YYYY 01 / 15 / 2015 <b>Transaction ID : VN8ECDAE337</b>
Mailing Address 60 Barker St Apt 223		Amount of Each Receipt this Period 20.16
City Mount Kisco	State NY	Zip Code 10549
FEC ID number of contributing federal political committee. <b>C</b>		Contribution-IE Only Account
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 20.16	

Full Name (Last, First, Middle Initial) <b>C. ROBERTA M. GORDON</b>		Date of Receipt MM / DD / YYYY 01 / 21 / 2015 <b>Transaction ID : VN8ECDAH6B2</b>
Mailing Address 60 Barker St Apt 223		Amount of Each Receipt this Period 20.16
City Mount Kisco	State NY	Zip Code 10549
FEC ID number of contributing federal political committee. <b>C</b>		Contribution-IE Only Account
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 40.32	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	342.72
<b>TOTAL</b> This Period (last page this line number only).....▶	



**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 305 OF 1282
<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

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

Full Name (Last, First, Middle Initial) <b>A. ROBERTA M. GORDON</b>		Date of Receipt MM / DD / YYYY 01 / 23 / 2015 <b>Transaction ID : VN8ECDAJ408</b>
Mailing Address 60 Barker St Apt 223		Amount of Each Receipt this Period 20.16
City Mount Kisco	State NY	Zip Code 10549
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 60.48	

Full Name (Last, First, Middle Initial) <b>B. ROBERTA M. GORDON</b>		Date of Receipt MM / DD / YYYY 02 / 14 / 2015 <b>Transaction ID : VN8ECDB7X53</b>
Mailing Address 60 Barker St Apt 223		Amount of Each Receipt this Period 20.16
City Mount Kisco	State NY	Zip Code 10549
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 80.64	

Full Name (Last, First, Middle Initial) <b>C. ROBERTA M. GORDON</b>		Date of Receipt MM / DD / YYYY 02 / 15 / 2015 <b>Transaction ID : VN8ECDB8A02</b>
Mailing Address 60 Barker St Apt 223		Amount of Each Receipt this Period 20.16
City Mount Kisco	State NY	Zip Code 10549
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 100.80	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	60.48
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 306 OF 1282
<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

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

Full Name (Last, First, Middle Initial) <b>A. ROBERTA M. GORDON</b>		Date of Receipt MM / DD / YYYY 02 / 21 / 2015
Mailing Address 60 Barker St Apt 223		<b>Transaction ID : VN8ECDBD0D4</b>
City Mount Kisco	State NY	Zip Code 10549
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.16
Name of Employer RETIRED	Occupation RETIRED	Contribution-IE Only Account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 120.96	

Full Name (Last, First, Middle Initial) <b>B. ROBERTA M. GORDON</b>		Date of Receipt MM / DD / YYYY 02 / 23 / 2015
Mailing Address 60 Barker St Apt 223		<b>Transaction ID : VN8ECDBDZJ9</b>
City Mount Kisco	State NY	Zip Code 10549
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.16
Name of Employer RETIRED	Occupation RETIRED	Contribution-IE Only Account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 141.12	

Full Name (Last, First, Middle Initial) <b>C. ROBERTA M. GORDON</b>		Date of Receipt MM / DD / YYYY 03 / 14 / 2015
Mailing Address 60 Barker St Apt 223		<b>Transaction ID : VN8ECDC3X13</b>
City Mount Kisco	State NY	Zip Code 10549
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.16
Name of Employer RETIRED	Occupation RETIRED	Contribution-IE Only Account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 161.28	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	60.48
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 307 OF 1282
<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

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

Full Name (Last, First, Middle Initial) <b>A. ROBERTA M. GORDON</b>		Date of Receipt MM / DD / YYYY 03 / 15 / 2015 <b>Transaction ID : VN8ECDC4EJ5</b>
Mailing Address 60 Barker St Apt 223		Amount of Each Receipt this Period 20.16
City Mount Kisco	State NY	Zip Code 10549
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 181.44	

Full Name (Last, First, Middle Initial) <b>B. ROBERTA M. GORDON</b>		Date of Receipt MM / DD / YYYY 03 / 21 / 2015 <b>Transaction ID : VN8ECDCAH80</b>
Mailing Address 60 Barker St Apt 223		Amount of Each Receipt this Period 20.16
City Mount Kisco	State NY	Zip Code 10549
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 201.60	

Full Name (Last, First, Middle Initial) <b>C. ROBERTA M. GORDON</b>		Date of Receipt MM / DD / YYYY 03 / 23 / 2015 <b>Transaction ID : VN8ECDCBKX5</b>
Mailing Address 60 Barker St Apt 223		Amount of Each Receipt this Period 20.16
City Mount Kisco	State NY	Zip Code 10549
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 221.76	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	60.48
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 308 OF 1282
	<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	

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

Full Name (Last, First, Middle Initial) <b>A. ROBERTA M. GORDON</b>		Date of Receipt MM / DD / YYYY 04 / 14 / 2015 <b>Transaction ID : VN8ECDDYKM7</b>
Mailing Address 60 Barker St Apt 223		Amount of Each Receipt this Period 20.16
City Mount Kisco	State Zip Code NY 10549	
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 241.92	

Full Name (Last, First, Middle Initial) <b>B. ROBERTA M. GORDON</b>		Date of Receipt MM / DD / YYYY 04 / 15 / 2015 <b>Transaction ID : VN8ECDDZVF2</b>
Mailing Address 60 Barker St Apt 223		Amount of Each Receipt this Period 20.16
City Mount Kisco	State Zip Code NY 10549	
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 262.08	

Full Name (Last, First, Middle Initial) <b>C. ROBERTA M. GORDON</b>		Date of Receipt MM / DD / YYYY 04 / 21 / 2015 <b>Transaction ID : VN8ECDE2PX5</b>
Mailing Address 60 Barker St Apt 223		Amount of Each Receipt this Period 20.16
City Mount Kisco	State Zip Code NY 10549	
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 282.24	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	60.48
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 309 OF 1282
	<input type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14
	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16
	<input checked="" type="checkbox"/> 17	

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

**A. ROBERTA M. GORDON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 60 Barker St  
 Apt 223  
 City Mount Kisco State NY Zip Code 10549  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 302.40

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 23 / 2015  
**Transaction ID : VN8ECDE3WT3**  
 Amount of Each Receipt this Period 20.16  
 Contribution-IE Only Account

**B. ROBERTA M. GORDON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 60 Barker St  
 Apt 223  
 City Mount Kisco State NY Zip Code 10549  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 322.56

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 14 / 2015  
**Transaction ID : VN8ECDEHNS1**  
 Amount of Each Receipt this Period 20.16  
 Contribution-IE Only Account

**C. ROBERTA M. GORDON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 60 Barker St  
 Apt 223  
 City Mount Kisco State NY Zip Code 10549  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 342.72

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 15 / 2015  
**Transaction ID : VN8ECDEK617**  
 Amount of Each Receipt this Period 20.16  
 Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	60.48
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 310 OF 1282
	<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	

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

Full Name (Last, First, Middle Initial) <b>A. ROBERTA M. GORDON</b>		Date of Receipt MM / DD / YYYY 05 / 21 / 2015
Mailing Address 60 Barker St Apt 223		<b>Transaction ID : VN8ECDEN4W8</b>
City Mount Kisco	State NY	Zip Code 10549
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.16
Name of Employer RETIRED	Occupation RETIRED	Contribution-IE Only Account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 362.88	

Full Name (Last, First, Middle Initial) <b>B. ROBERTA M. GORDON</b>		Date of Receipt MM / DD / YYYY 05 / 23 / 2015
Mailing Address 60 Barker St Apt 223		<b>Transaction ID : VN8ECDEPGF1</b>
City Mount Kisco	State NY	Zip Code 10549
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.16
Name of Employer RETIRED	Occupation RETIRED	Contribution-IE Only Account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 383.04	

Full Name (Last, First, Middle Initial) <b>C. ROBERTA M. GORDON</b>		Date of Receipt MM / DD / YYYY 06 / 14 / 2015
Mailing Address 60 Barker St Apt 223		<b>Transaction ID : VN8ECDF4872</b>
City Mount Kisco	State NY	Zip Code 10549
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.16
Name of Employer RETIRED	Occupation RETIRED	Contribution-IE Only Account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 403.20	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	60.48
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 311 OF 1282
<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

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

Full Name (Last, First, Middle Initial) <b>A. ROBERTA M. GORDON</b>		Date of Receipt MM / DD / YYYY 06 / 15 / 2015 <b>Transaction ID : VN8ECDF8262</b>
Mailing Address 60 Barker St Apt 223		Amount of Each Receipt this Period 20.16
City Mount Kisco	State NY	Zip Code 10549
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 423.36	

Full Name (Last, First, Middle Initial) <b>B. ROBERTA M. GORDON</b>		Date of Receipt MM / DD / YYYY 06 / 21 / 2015 <b>Transaction ID : VN8ECDF9WG3</b>
Mailing Address 60 Barker St Apt 223		Amount of Each Receipt this Period 20.16
City Mount Kisco	State NY	Zip Code 10549
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 443.52	

Full Name (Last, First, Middle Initial) <b>C. ROBERTA M. GORDON</b>		Date of Receipt MM / DD / YYYY 06 / 23 / 2015 <b>Transaction ID : VN8ECDFAN67</b>
Mailing Address 60 Barker St Apt 223		Amount of Each Receipt this Period 20.16
City Mount Kisco	State NY	Zip Code 10549
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 463.68	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	60.48
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 312 OF 1282
<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

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

**A. Shari Gordon**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1607 Half Moon Bay Dr  
City Croton On Hudson State NY Zip Code 10520-3120  
FEC ID number of contributing federal political committee. **C**  
Name of Employer self Occupation lawyer  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 27 / 2015  
**Transaction ID : VN8ECDAPNH0**  
Amount of Each Receipt this Period 250.00  
Contribution-IE Only Account

**B. Shari Gordon**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1607 Half Moon Bay Dr  
City Croton On Hudson State NY Zip Code 10520-3120  
FEC ID number of contributing federal political committee. **C**  
Name of Employer self Occupation lawyer  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt 01 / 29 / 2015  
**Transaction ID : VN8ECDARRZ2**  
Amount of Each Receipt this Period 50.00  
Contribution-IE Only Account

**C. Shari Gordon**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1607 Half Moon Bay Dr  
City Croton On Hudson State NY Zip Code 10520-3120  
FEC ID number of contributing federal political committee. **C**  
Name of Employer self Occupation lawyer  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 350.00

Date of Receipt 02 / 06 / 2015  
**Transaction ID : VN8ECDAZ0C6**  
Amount of Each Receipt this Period 50.00  
Contribution-IE Only Account

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 350.00  
**TOTAL** This Period (last page this line number only)..... ▶



**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 313 OF 1282
	<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	

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

**A. Susan Gordon**  
Full Name (Last, First, Middle Initial)  
Mailing Address 11735 SW Bennington Cir  
City Port St Lucie State FL Zip Code 34987-2717  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Retired Occupation Retired  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 250.00

Date of Receipt 03 / 18 / 2015  
**Transaction ID : VN8ECDC7NB6**  
Amount of Each Receipt this Period 250.00  
Contribution-IE Only Account

**B. Shari K Gore**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 489  
City Ingram State TX Zip Code 78025-0489  
FEC ID number of contributing federal political committee. **C**  
Name of Employer N/A Occupation Retired  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 1000.00

Date of Receipt 01 / 21 / 2015  
**Transaction ID : VN8ECDAQ8G3**  
Amount of Each Receipt this Period 1000.00  
Contribution-IE Only Account

**C. Lisa Gottesman**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1 E Shore Rd  
City Mountain Lakes State NJ Zip Code 07046-1505  
FEC ID number of contributing federal political committee. **C**  
Name of Employer gemshm Occupation consulting  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 500.00

Date of Receipt 01 / 15 / 2015  
**Transaction ID : VN8ECDADYT9**  
Amount of Each Receipt this Period 500.00  
Contribution-IE Only Account

**SUBTOTAL** of Receipts This Page (optional)..... **1750.00**  
**TOTAL** This Period (last page this line number only).....

**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 314 OF 1282
	<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	

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

Full Name (Last, First, Middle Initial) <b>A. Anahata Graceland</b>		Date of Receipt MM / DD / YYYY 01 / 26 / 2015 <b>Transaction ID : VN8ECDAMPQ3</b>
Mailing Address 13207 Squawwood Ln SE		Amount of Each Receipt this Period 20.16
City Rainier	State WA	Zip Code 98576-9638
FEC ID number of contributing federal political committee.	C	
Name of Employer retired	Occupation Mentor/Life Coach	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 20.16	
		Contribution-IE Only Account

Full Name (Last, First, Middle Initial) <b>B. Anahata Graceland</b>		Date of Receipt MM / DD / YYYY 03 / 24 / 2015 <b>Transaction ID : VN8ECDCAW7</b>
Mailing Address 13207 Squawwood Ln SE		Amount of Each Receipt this Period 235.64
City Rainier	State WA	Zip Code 98576-9638
FEC ID number of contributing federal political committee.	C	
Name of Employer retired	Occupation Mentor/Life Coach	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 255.80	
		Contribution-IE Only Account

Full Name (Last, First, Middle Initial) <b>C. Helen Gray</b>		Date of Receipt MM / DD / YYYY 01 / 26 / 2015 <b>Transaction ID : VN8ECDAKQ57</b>
Mailing Address 2515 S Solano Dr		Amount of Each Receipt this Period 100.00
City Las Cruces	State NM	Zip Code 88001-5603
FEC ID number of contributing federal political committee.	C	
Name of Employer Retired	Occupation N/A	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 100.00	
		Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	355.80
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 315 OF 1282
	<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	

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

Full Name (Last, First, Middle Initial) <b>A. Helen Gray</b>		Date of Receipt MM / DD / YYYY 03 / 10 / 2015 <b>Transaction ID : VN8ECDC1CR3</b>
Mailing Address 2515 S Solano Dr		Amount of Each Receipt this Period 100.00
City Las Cruces	State NM	Zip Code 88001-5603
FEC ID number of contributing federal political committee. C	Name of Employer Retired	Occupation N/A
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	
		Contribution-IE Only Account

Full Name (Last, First, Middle Initial) <b>B. Helen Gray</b>		Date of Receipt MM / DD / YYYY 04 / 04 / 2015 <b>Transaction ID : VN8ECDDNGZ6</b>
Mailing Address 2515 S Solano Dr		Amount of Each Receipt this Period 51.10
City Las Cruces	State NM	Zip Code 88001-5603
FEC ID number of contributing federal political committee. C	Name of Employer Retired	Occupation N/A
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 251.10	
		Contribution-IE Only Account

Full Name (Last, First, Middle Initial) <b>C. Helen Gray</b>		Date of Receipt MM / DD / YYYY 04 / 22 / 2015 <b>Transaction ID : VN8ECDE3EZ3</b>
Mailing Address 2515 S Solano Dr		Amount of Each Receipt this Period 15.00
City Las Cruces	State NM	Zip Code 88001-5603
FEC ID number of contributing federal political committee. C	Name of Employer Retired	Occupation N/A
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 266.10	
		Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	166.10
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 316 OF 1282
<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

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

**A. Madelyne Gray**  
Full Name (Last, First, Middle Initial)  
Mailing Address 235 Old Branchville Rd  
City Ridgefield State CT Zip Code 06877-6016  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Occupation Interior Design  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **250.00**

Date of Receipt **01 / 21 / 2015**  
**Transaction ID : VN8ECDFYPX9**  
Amount of Each Receipt this Period **250.00**  
Earmarked; IE Only Account

**B. Melanie Gray**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3718 Inverness Dr  
City Houston State TX Zip Code 77019-1104  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Winston & Strawn LLP Occupation Attorney  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **2500.00**

Date of Receipt **02 / 13 / 2015**  
**Transaction ID : VN8ECDB7DD6**  
Amount of Each Receipt this Period **2500.00**  
Contribution-IE Only Account

**C. Toni Greatrex**  
Full Name (Last, First, Middle Initial)  
Mailing Address 115 Dean Rd  
City Brookline State MA Zip Code 02445-4211  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Not Provided Occupation Not Provided  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **500.00**

Date of Receipt **02 / 03 / 2015**  
**Transaction ID : VN8ECDFZ5F9**  
Amount of Each Receipt this Period **500.00**  
Earmarked; IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>3250.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**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 317 OF 1282
<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

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

**A. Darcie L. Green**  
Full Name (Last, First, Middle Initial)

Mailing Address 25 Cedar Ln

City San Jose State CA Zip Code 95127-2313

FEC ID number of contributing federal political committee. **C**

Name of Employer Kaiser Occupation Government Affairs

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 19 / 2015

**Transaction ID : VN8ECDD80K6**

Amount of Each Receipt this Period  
300.00

Contribution-IE Only Account

**B. Steven Green**  
Full Name (Last, First, Middle Initial)

Mailing Address 2601 S Bayshore Dr  
FI 9

City Coconut Grove State FL Zip Code 33133-5430

FEC ID number of contributing federal political committee. **C**

Name of Employer Greenstreet Partners Occupation CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 20 / 2015

**Transaction ID : VN8ECDBCfV7**

Amount of Each Receipt this Period  
2500.00

Contribution-IE Only Account

**C. Edna Greenbaum**  
Full Name (Last, First, Middle Initial)

Mailing Address 101 W 12th St  
Ph H

City New York State NY Zip Code 10011

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Ex Dir. Nonprofit Association

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
100.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 02 / 2015

**Transaction ID : VN8ECDA6V45**

Amount of Each Receipt this Period  
100.00

Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2900.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 318 OF 1282
<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

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

**A. Edna Greenbaum**  
Full Name (Last, First, Middle Initial)

Mailing Address 101 W 12th St  
Ph H

City New York State NY Zip Code 10011

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Ex Dir. Nonprofit Association

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
03 / 22 / 2015  
Transaction ID : VN8ECDCBAH2

Amount of Each Receipt this Period  
150.00

Contribution-IE Only Account

**B. Francis Greenburger**  
Full Name (Last, First, Middle Initial)

Mailing Address 55 5th Ave  
FI 15

City New York State NY Zip Code 10003-4301

FEC ID number of contributing federal political committee. **C**

Name of Employer Time Equities, Inc. Occupation Chairman, CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1750.00

Date of Receipt  
02 / 26 / 2015  
Transaction ID : VN8ECDBN1C2

Amount of Each Receipt this Period  
1750.00

Contribution-IE Only Account

**C. Gloria J Greenstein**  
Full Name (Last, First, Middle Initial)

Mailing Address 150 E 61st St  
Apt 12E

City New York State NY Zip Code 10065-8527

FEC ID number of contributing federal political committee. **C**

Name of Employer Greenstein & Associates, Inc. Occupation Travel agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  
01 / 22 / 2015  
Transaction ID : VN8ECDAHS22

Amount of Each Receipt this Period  
2000.00

Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3900.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 319 OF 1282
	<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	

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

Full Name (Last, First, Middle Initial) <b>A. Gloria J Greenstein</b>		Date of Receipt MM / DD / YYYY 01 / 27 / 2015 <b>Transaction ID : VN8ECDAN503</b>
Mailing Address 150 E 61st St Apt 12E		Amount of Each Receipt this Period 20.16
City New York	State NY	Zip Code 10065-8527
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Greenstein & Associates, Inc.	Occupation Travel agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2020.16	

Full Name (Last, First, Middle Initial) <b>B. Linda Greenway</b>		Date of Receipt MM / DD / YYYY 02 / 28 / 2015 <b>Transaction ID : VN8ECDBQ0J0</b>
Mailing Address 4914 John Ticer Dr		Amount of Each Receipt this Period 500.00
City Alexandria	State VA	Zip Code 22304
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer U.S. Naval Research Laboratory	Occupation retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Elizabeth Gregory</b>		Date of Receipt MM / DD / YYYY 03 / 09 / 2015 <b>Transaction ID : VN8ECD0A43</b>
Mailing Address 5201 Memorial Dr Unit 406		Amount of Each Receipt this Period 201.60
City Houston	State TX	Zip Code 77007-8385
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Martha Turner Sotheby's International	Occupation Real Estate Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 201.60	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	721.76
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 320 OF 1282
	<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	

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

**A. Allen E Grier**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1432 Chelveston Dr  
City Charlotte State NC Zip Code 28208-6912  
FEC ID number of contributing federal political committee. **C**  
Name of Employer A.E. Grier & Sons Funeral Ceremony of Occupation Owner  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 575.00

Date of Receipt 04 / 10 / 2015  
**Transaction ID : VN8ECDE4BJ0**  
Amount of Each Receipt this Period 575.00  
Contribution-IE Only Account

**B. Arthur E Grier Jr**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2310 Statesville Ave  
City Charlotte State NC Zip Code 28206-2407  
FEC ID number of contributing federal political committee. **C**  
Name of Employer A.E. Grier and Sons Occupation Licensed Director & Embalmer  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 27 / 2015  
**Transaction ID : VN8ECDDY815**  
Amount of Each Receipt this Period 250.00  
Contribution-IE Only Account

**C. Norma Grill**  
Full Name (Last, First, Middle Initial)  
Mailing Address 65 Bristol Dr  
City Boynton Beach State FL Zip Code 33436-7410  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Retired Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 01 / 29 / 2015  
**Transaction ID : VN8ECDARF24**  
Amount of Each Receipt this Period 5000.00  
Contribution-IE Only Account

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 5825.00  
**TOTAL** This Period (last page this line number only)..... ▶



**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 321 OF 1282
<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

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

**A. Bradley Grosberg**  
Full Name (Last, First, Middle Initial)  
Mailing Address 229 Alexander Pl  
City Winter Park State FL Zip Code 32789-4417  
FEC ID number of contributing federal political committee. **C**  
Name of Employer self Occupation developer  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 1000.00

Date of Receipt 02 / 01 / 2015  
**Transaction ID : VN8ECDATAY1**  
Amount of Each Receipt this Period 1000.00  
Contribution-IE Only Account

**B. Paul Grossman**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6041 Ascot Dr  
City Oakland State CA Zip Code 94611-2704  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Retired Occupation Disability Rights Attorney  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 232.76

Date of Receipt 02 / 07 / 2015  
**Transaction ID : VN8ECDAZKE2**  
Amount of Each Receipt this Period 232.76  
Contribution-IE Only Account

**C. Thomas Grumbly**  
Full Name (Last, First, Middle Initial)  
Mailing Address 9200 Windsor Meadows Ln  
City Vienna State VA Zip Code 22182-1600  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Non-profit Occupation President  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 1000.00

Date of Receipt 03 / 12 / 2015  
**Transaction ID : VN8ECD2NA1**  
Amount of Each Receipt this Period 1000.00  
Contribution-IE Only Account

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2232.76  
**TOTAL** This Period (last page this line number only)..... ▶

**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 322 OF 1282
	<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	

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

**A. Katharine E Guardabassi**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 65 Commonwealth Ave # 2A  
 City Boston State MA Zip Code 02116-2304  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Consultant  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **01 / 14 / 2015**  
**Transaction ID : VN8ECDAFVE3**  
 Amount of Each Receipt this Period **500.00**  
 Contribution-IE Only Account

**B. Edward Guerrero**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 927 N Kings Rd Apt 211  
 City West Hollywood State CA Zip Code 90069-4378  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Producer  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **02 / 28 / 2015**  
**Transaction ID : VN8ECDCOJK0**  
 Amount of Each Receipt this Period **250.00**  
 Contribution-IE Only Account

**C. Annamyrat Gulberdiyev**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1983 Oakwell Farms Pkwy Apt 1814  
 City San Antonio State TX Zip Code 78218-1766  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer LISA Academy Occupation Educator  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **300.00**

Date of Receipt **01 / 26 / 2015**  
**Transaction ID : VN8ECDAYV50**  
 Amount of Each Receipt this Period **300.00**  
 Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1050.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**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 323 OF 1282
<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

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

**A. Louise Laidlaw Gund**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 127 Public Sq  
 FI 17  
 City Cleveland State OH Zip Code 44114-1217  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Philanthropist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 25000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 29 / 2015  
**Transaction ID : VN8ECDHFSY0**  
 Amount of Each Receipt this Period  
 25000.00  
 Contribution-IE Only Account

**B. Theresa Gunter**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10807 Stockbridge Ln  
 City Montgomery State OH Zip Code 45249-3531  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Childrens Hospital Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 07 / 2015  
**Transaction ID : VN8ECDAAPE2**  
 Amount of Each Receipt this Period  
 250.00  
 Contribution-IE Only Account

**C. Jeffrey Gural**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 125 Park Ave  
 City New York State NY Zip Code 10017-5529  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Newark Night Frank Occupation Chairman  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 21 / 2015  
**Transaction ID : VN8ECDAQ8B3**  
 Amount of Each Receipt this Period  
 5000.00  
 Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	30250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 324 OF 1282
	<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	

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

Full Name (Last, First, Middle Initial) <b>A. Spencer Guthrie</b>		Date of Receipt MM / DD / YYYY 01 / 21 / 2015 <b>Transaction ID : VN8ECDAH8Y6</b>
Mailing Address 208 2nd Ave Ace		Amount of Each Receipt this Period 500.00
City San Francisco	State CA	Zip Code 94118-2412
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer prothena biosciences	Occupation drug development	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Gerardo Gutierrez</b>		Date of Receipt MM / DD / YYYY 01 / 07 / 2015 <b>Transaction ID : VN8ECDA9DB3</b>
Mailing Address 2605 SE Briarwood Dr		Amount of Each Receipt this Period 35.00
City Vancouver	State WA	Zip Code 98683-9153
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Gerardo Gutierrez	Occupation police officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 35.00	

Full Name (Last, First, Middle Initial) <b>C. Gerardo Gutierrez</b>		Date of Receipt MM / DD / YYYY 02 / 07 / 2015 <b>Transaction ID : VN8ECDAZG97</b>
Mailing Address 2605 SE Briarwood Dr		Amount of Each Receipt this Period 35.00
City Vancouver	State WA	Zip Code 98683-9153
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Gerardo Gutierrez	Occupation police officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 70.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	570.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 325 OF 1282
	<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	

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

Full Name (Last, First, Middle Initial) <b>A. Gerardo Gutierrez</b>			Date of Receipt MM / DD / YYYY 03 / 07 / 2015 <b>Transaction ID : VN8ECDBW0W8</b>
Mailing Address 2605 SE Briarwood Dr			Amount of Each Receipt this Period 35.00
City Vancouver	State WA	Zip Code 98683-9153	Contribution-IE Only Account
FEC ID number of contributing federal political committee. C			
Name of Employer Gerardo Gutierrez	Occupation police officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 105.00		

Full Name (Last, First, Middle Initial) <b>B. Gerardo Gutierrez</b>			Date of Receipt MM / DD / YYYY 04 / 07 / 2015 <b>Transaction ID : VN8ECDDQ8H5</b>
Mailing Address 2605 SE Briarwood Dr			Amount of Each Receipt this Period 35.00
City Vancouver	State WA	Zip Code 98683-9153	Contribution-IE Only Account
FEC ID number of contributing federal political committee. C			
Name of Employer Gerardo Gutierrez	Occupation police officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 140.00		

Full Name (Last, First, Middle Initial) <b>C. Gerardo Gutierrez</b>			Date of Receipt MM / DD / YYYY 05 / 07 / 2015 <b>Transaction ID : VN8ECDEGC22</b>
Mailing Address 2605 SE Briarwood Dr			Amount of Each Receipt this Period 35.00
City Vancouver	State WA	Zip Code 98683-9153	Contribution-IE Only Account
FEC ID number of contributing federal political committee. C			
Name of Employer Gerardo Gutierrez	Occupation police officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 175.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	105.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 326 OF 1282
<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

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

**A. Gerardo Gutierrez**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2605 SE Briarwood Dr  
City Vancouver State WA Zip Code 98683-9153  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Gerardo Gutierrez Occupation police officer  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 210.00

Date of Receipt 06 / 07 / 2015  
**Transaction ID : VN8ECDF0TN8**  
Amount of Each Receipt this Period 35.00  
Contribution-IE Only Account

**B. Maria L Gutierrez**  
Full Name (Last, First, Middle Initial)  
Mailing Address 114 Goshen Ave  
City Clovis State CA Zip Code 93611-7097  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Retired Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 23 / 2015  
**Transaction ID : VN8ECDBE480**  
Amount of Each Receipt this Period 1000.00  
Contribution-IE Only Account

**C. Debra A. Haaland**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1425 Sawmill Rd NW  
City Albuquerque State NM Zip Code 87104-2189  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Pueblo of San Felipe Occupation Tribal Administrator  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 201.60

Date of Receipt 04 / 09 / 2015  
**Transaction ID : VN8ECDDRH49**  
Amount of Each Receipt this Period 201.60  
Contribution-IE Only Account

**SUBTOTAL** of Receipts This Page (optional).....▶ 1236.60  
**TOTAL** This Period (last page this line number only).....▶

**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 327 OF 1282
<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

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

**A. James Haas**  
Full Name (Last, First, Middle Initial)  
Mailing Address 163 Prospect Ave  
City San Francisco State CA Zip Code 94110-5132  
FEC ID number of contributing federal political committee. **C**  
Name of Employer retired Occupation self  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 02 / 2015  
**Transaction ID : VN8ECDATX53**  
Amount of Each Receipt this Period  
250.00  
Contribution-IE Only Account

**B. William Hair**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 329  
City Beverly Hills State CA Zip Code 90213-0329  
FEC ID number of contributing federal political committee. **C**  
Name of Employer ABGlobal Occupation Inv  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 22 / 2015  
**Transaction ID : VN8ECDAHSS2**  
Amount of Each Receipt this Period  
1000.00  
Contribution-IE Only Account

**C. Rita Halbright**  
Full Name (Last, First, Middle Initial)  
Mailing Address 11 westbourne park road  
City State Zip Code Lo 000W2- 5PX  
FEC ID number of contributing federal political committee. **C**  
Name of Employer N/A Occupation None  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 11 / 2015  
**Transaction ID : VN8ECDAH4Q1**  
Amount of Each Receipt this Period  
500.00  
Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1750.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 328 OF 1282
<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

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

Full Name (Last, First, Middle Initial) <b>A. Kathryn Hall</b>		Date of Receipt
Mailing Address 6801 Gaylord Pkwy Ste 100		<input type="text" value="03"/> / <input type="text" value="27"/> / <input type="text" value="2015"/>
City Frisco	State TX	Zip Code 75034-8557
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : VN8ECDDRT98</b>
Name of Employer Hall Financial Group		Amount of Each Receipt this Period
Occupation Executive		<input type="text" value="25000.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Contribution-IE Only Account
Aggregate Year-to-Date ▼ <input type="text" value="25000.00"/>		

Full Name (Last, First, Middle Initial) <b>B. Delphine Hall-Anderson</b>		Date of Receipt
Mailing Address 5511 Thomas Sim Lee Ter		<input type="text" value="02"/> / <input type="text" value="09"/> / <input type="text" value="2015"/>
City Upper Marlboro	State MD	Zip Code 20772-7405
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : VN8ECDB0PC1</b>
Name of Employer Hall Anderson Advisors		Amount of Each Receipt this Period
Occupation Owner		<input type="text" value="201.60"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Contribution-IE Only Account
Aggregate Year-to-Date ▼ <input type="text" value="201.60"/>		

Full Name (Last, First, Middle Initial) <b>C. Steve Hallgrimson</b>		Date of Receipt
Mailing Address 10 Almaden Blvd FI 11		<input type="text" value="03"/> / <input type="text" value="09"/> / <input type="text" value="2015"/>
City San Jose	State CA	Zip Code 95113
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : VN8ECDC0BT0</b>
Name of Employer Berliner Cohen		Amount of Each Receipt this Period
Occupation Attorney		<input type="text" value="500.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Contribution-IE Only Account
Aggregate Year-to-Date ▼ <input type="text" value="500.00"/>		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<input type="text" value="25701.60"/>
<b>TOTAL</b> This Period (last page this line number only).....	<input type="text" value=""/>



**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 329 OF 1282
<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

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

Full Name (Last, First, Middle Initial) <b>A. Anne Hammond Meyer</b>		Date of Receipt MM / DD / YYYY 01 / 15 / 2015 <b>Transaction ID : VN8ECDAE683</b>
Mailing Address PO Box 12671		Amount of Each Receipt this Period 35.00
City Everett	State WA	Zip Code 98206-2671
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Self	Occupation Psychologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 35.00	

Full Name (Last, First, Middle Initial) <b>B. Anne Hammond Meyer</b>		Date of Receipt MM / DD / YYYY 02 / 15 / 2015 <b>Transaction ID : VN8ECDB86T8</b>
Mailing Address PO Box 12671		Amount of Each Receipt this Period 35.00
City Everett	State WA	Zip Code 98206-2671
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Self	Occupation Psychologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 70.00	

Full Name (Last, First, Middle Initial) <b>C. Anne Hammond Meyer</b>		Date of Receipt MM / DD / YYYY 03 / 15 / 2015 <b>Transaction ID : VN8ECDC4BD9</b>
Mailing Address PO Box 12671		Amount of Each Receipt this Period 35.00
City Everett	State WA	Zip Code 98206-2671
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Self	Occupation Psychologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 105.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	105.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 330 OF 1282
<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

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

Full Name (Last, First, Middle Initial) <b>A. Anne Hammond Meyer</b>			Date of Receipt MM / DD / YYYY 04 / 15 / 2015
Mailing Address PO Box 12671			<b>Transaction ID : VN8ECDDZWB2</b>
City Everett	State WA	Zip Code 98206-2671	Amount of Each Receipt this Period 35.00
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account	
Name of Employer Self	Occupation Psychologist	Aggregate Year-to-Date ▼ 140.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Anne Hammond Meyer</b>			Date of Receipt MM / DD / YYYY 04 / 23 / 2015
Mailing Address PO Box 12671			<b>Transaction ID : VN8ECDE5124</b>
City Everett	State WA	Zip Code 98206-2671	Amount of Each Receipt this Period 85.00
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account	
Name of Employer Self	Occupation Psychologist	Aggregate Year-to-Date ▼ 225.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Anne Hammond Meyer</b>			Date of Receipt MM / DD / YYYY 05 / 15 / 2015
Mailing Address PO Box 12671			<b>Transaction ID : VN8ECDEK4X3</b>
City Everett	State WA	Zip Code 98206-2671	Amount of Each Receipt this Period 35.00
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account	
Name of Employer Self	Occupation Psychologist	Aggregate Year-to-Date ▼ 260.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	155.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 331 OF 1282
<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

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

**A. Anne Hammond Meyer**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 12671

City Everett	State WA	Zip Code 98206-2671
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Self	Occupation Psychologist
--------------------------	----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
295.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	15	/	2015

**Transaction ID : VN8ECDF7YS3**

Amount of Each Receipt this Period  

2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
										35.00

Contribution-IE Only Account

**B. Neal Hammond**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2670 Warwick Dr

City League City	State TX	Zip Code 77573
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Self	Occupation Aerospace Consultant
--------------------------	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	12	/	2015

**Transaction ID : VN8ECDDVZ50**

Amount of Each Receipt this Period  

2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
										10.00

Contribution-IE Only Account

**C. Neal Hammond**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2670 Warwick Dr

City League City	State TX	Zip Code 77573
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Self	Occupation Aerospace Consultant
--------------------------	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	12	/	2015

**Transaction ID : VN8ECDDVZ68**

Amount of Each Receipt this Period  

2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
										250.00

Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	▶	295.00
<b>TOTAL</b> This Period (last page this line number only).....	▶	

**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 332 OF 1282
<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**

**A. Patsy Hand**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5159 Solar Heights Dr  
City Eugene State OR Zip Code 97405-9571  
FEC ID number of contributing federal political committee. **C**  
Name of Employer self-employed Occupation Ranch owner/writer/artist/own health c  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **250.00**

Date of Receipt **04 / 10 / 2015**  
**Transaction ID : VN8ECDDTN60**  
Amount of Each Receipt this Period **250.00**  
Contribution-IE Only Account

**B. Patsy Hand**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5159 Solar Heights Dr  
City Eugene State OR Zip Code 97405-9571  
FEC ID number of contributing federal political committee. **C**  
Name of Employer self-employed Occupation Ranch owner/writer/artist/own health c  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **270.00**

Date of Receipt **04 / 11 / 2015**  
**Transaction ID : VN8ECDDVJF1**  
Amount of Each Receipt this Period **20.00**  
Contribution-IE Only Account

**C. Brian Hansen**  
Full Name (Last, First, Middle Initial)  
Mailing Address 530 Manning Walk  
City Philadelphia State PA Zip Code 19106-3705  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Goldstein Funeral Chapel Occupation Funeral Services  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **50.00**

Date of Receipt **01 / 21 / 2015**  
**Transaction ID : VN8ECDAH789**  
Amount of Each Receipt this Period **50.00**  
Contribution-IE Only Account

**SUBTOTAL** of Receipts This Page (optional)..... **320.00**  
**TOTAL** This Period (last page this line number only).....

**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 333 OF 1282
<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

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

**A. Brian Hansen**  
Full Name (Last, First, Middle Initial)  
Mailing Address 530 Manning Walk

City Philadelphia	State PA	Zip Code 19106-3705
----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Goldstein Funeral Chapel	Occupation Funeral Services
--	--------------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
100.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	21	/	2015

**Transaction ID : VN8ECDBD035**

Amount of Each Receipt this Period  
50.00

Contribution-IE Only Account

**B. Brian Hansen**  
Full Name (Last, First, Middle Initial)  
Mailing Address 530 Manning Walk

City Philadelphia	State PA	Zip Code 19106-3705
----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Goldstein Funeral Chapel	Occupation Funeral Services
--	--------------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
150.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	21	/	2015

**Transaction ID : VN8ECDCAG88**

Amount of Each Receipt this Period  
50.00

Contribution-IE Only Account

**C. Brian Hansen**  
Full Name (Last, First, Middle Initial)  
Mailing Address 530 Manning Walk

City Philadelphia	State PA	Zip Code 19106-3705
----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Goldstein Funeral Chapel	Occupation Funeral Services
--	--------------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
200.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	21	/	2015

**Transaction ID : VN8ECDE2K01**

Amount of Each Receipt this Period  
50.00

Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 334 OF 1282
<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

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

**A. Brian Hansen**  
Full Name (Last, First, Middle Initial)  
Mailing Address 530 Manning Walk

City Philadelphia	State PA	Zip Code 19106-3705
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FEC ID number of contributing federal political committee. **C**

Name of Employer Goldstein Funeral Chapel	Occupation Funeral Services
--	--------------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	21	/	2015

**Transaction ID : VN8ECDEPH45**

Amount of Each Receipt this Period  
50.00

Contribution-IE Only Account

**B. Brian Hansen**  
Full Name (Last, First, Middle Initial)  
Mailing Address 530 Manning Walk

City Philadelphia	State PA	Zip Code 19106-3705
----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Goldstein Funeral Chapel	Occupation Funeral Services
--	--------------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	21	/	2015

**Transaction ID : VN8ECDFAN75**

Amount of Each Receipt this Period  
50.00

Contribution-IE Only Account

**C. Catherine Hansen**  
Full Name (Last, First, Middle Initial)  
Mailing Address 42 Split Rock Ln

City New Rochelle	State NY	Zip Code 10804-3438
----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Danbury Hospital	Occupation Neonatologist
--------------------------------------	-----------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
201.60

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	11	/	2015

**Transaction ID : VN8ECDABVG7**

Amount of Each Receipt this Period  
201.60

Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	301.60
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 335 OF 1282
<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

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

**A. Linda Hanson**  
Full Name (Last, First, Middle Initial)

Mailing Address 327 Riverview Ave  
Apt C

City Capitola State CA Zip Code 95010-3279

FEC ID number of contributing federal political committee. **C**

Name of Employer: Mohr, Davidow Ventures Occupation: Tax Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 03 / 31 / 2015  
**Transaction ID : VN8ECDDDWJ6**

Amount of Each Receipt this Period: 500.00

Contribution-IE Only Account

**B. James Hardy**  
Full Name (Last, First, Middle Initial)

Mailing Address 4325 Delmar Ave

City Temple Hills State MD Zip Code 20748-1820

FEC ID number of contributing federal political committee. **C**

Name of Employer: Not Provided Occupation: Not Provided

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 100.00

Date of Receipt: 02 / 13 / 2015  
**Transaction ID : VN8ECDBCA11**

Amount of Each Receipt this Period: 100.00

Contribution-IE Only Account

**C. James Hardy**  
Full Name (Last, First, Middle Initial)

Mailing Address 4325 Delmar Ave

City Temple Hills State MD Zip Code 20748-1820

FEC ID number of contributing federal political committee. **C**

Name of Employer: Not Provided Occupation: Not Provided

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt: 02 / 18 / 2015  
**Transaction ID : VN8ECDFYCM6**

Amount of Each Receipt this Period: 100.00

Earmarked; IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	700.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 336 OF 1282
<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

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

**A. James Hardy**  
Full Name (Last, First, Middle Initial)

Mailing Address 4325 Delmar Ave

City Temple Hills	State MD	Zip Code 20748-1820
----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Not Provided	Occupation Not Provided
----------------------------------	----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	24	/	2015

**Transaction ID : VN8ECDFZ323**

Amount of Each Receipt this Period  
100.00

Earmarked; IE Only Account

**B. Molly B Hardy**  
Full Name (Last, First, Middle Initial)

Mailing Address 128 Audubon Dr

City Acton	State MA	Zip Code 01720
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A	Occupation Retired
-------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
20.16

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	17	/	2015

**Transaction ID : VN8ECDAFR80**

Amount of Each Receipt this Period  
20.16

Contribution-IE Only Account

**C. Molly B Hardy**  
Full Name (Last, First, Middle Initial)

Mailing Address 128 Audubon Dr

City Acton	State MA	Zip Code 01720
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FEC ID number of contributing federal political committee. **C**

Name of Employer N/A	Occupation Retired
-------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
40.32

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	27	/	2015

**Transaction ID : VN8ECDAN748**

Amount of Each Receipt this Period  
20.16

Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	140.32
<b>TOTAL</b> This Period (last page this line number only).....▶	



**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 337 OF 1282
<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

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

Full Name (Last, First, Middle Initial) <b>A. Molly B Hardy</b>		Date of Receipt MM / DD / YYYY 02 / 17 / 2015 <b>Transaction ID : VN8ECDB9DQ8</b>
Mailing Address 128 Audubon Dr		Amount of Each Receipt this Period 20.16
City Acton	State MA	Zip Code 01720
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer N/A	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 60.48	

Full Name (Last, First, Middle Initial) <b>B. Molly B Hardy</b>		Date of Receipt MM / DD / YYYY 02 / 27 / 2015 <b>Transaction ID : VN8ECDBP3K8</b>
Mailing Address 128 Audubon Dr		Amount of Each Receipt this Period 20.16
City Acton	State MA	Zip Code 01720
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer N/A	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 80.64	

Full Name (Last, First, Middle Initial) <b>C. Molly B Hardy</b>		Date of Receipt MM / DD / YYYY 03 / 17 / 2015 <b>Transaction ID : VN8ECDC6PY1</b>
Mailing Address 128 Audubon Dr		Amount of Each Receipt this Period 20.16
City Acton	State MA	Zip Code 01720
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer N/A	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 100.80	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	60.48
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 338 OF 1282
<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

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

Full Name (Last, First, Middle Initial) <b>A. Molly B Hardy</b>		Date of Receipt MM / DD / YYYY 03 / 27 / 2015 <b>Transaction ID : VN8ECDD9CG6</b>
Mailing Address 128 Audubon Dr		Amount of Each Receipt this Period 20.16
City Acton	State MA	Zip Code 01720
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer N/A	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 120.96	

Full Name (Last, First, Middle Initial) <b>B. Molly B Hardy</b>		Date of Receipt MM / DD / YYYY 04 / 17 / 2015 <b>Transaction ID : VN8ECDE13E0</b>
Mailing Address 128 Audubon Dr		Amount of Each Receipt this Period 20.16
City Acton	State MA	Zip Code 01720
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer N/A	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 141.12	

Full Name (Last, First, Middle Initial) <b>C. Molly B Hardy</b>		Date of Receipt MM / DD / YYYY 04 / 27 / 2015 <b>Transaction ID : VN8ECDE6PD1</b>
Mailing Address 128 Audubon Dr		Amount of Each Receipt this Period 20.16
City Acton	State MA	Zip Code 01720
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer N/A	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 161.28	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	60.48
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 339 OF 1282
<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

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

Full Name (Last, First, Middle Initial) <b>A. Molly B Hardy</b>		Date of Receipt MM / DD / YYYY 05 / 17 / 2015 <b>Transaction ID : VN8ECDEMJ67</b>
Mailing Address 128 Audubon Dr		Amount of Each Receipt this Period 20.16
City Acton	State MA	Zip Code 01720
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer N/A	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 181.44	

Full Name (Last, First, Middle Initial) <b>B. Molly B Hardy</b>		Date of Receipt MM / DD / YYYY 05 / 27 / 2015 <b>Transaction ID : VN8ECDEQQX3</b>
Mailing Address 128 Audubon Dr		Amount of Each Receipt this Period 20.16
City Acton	State MA	Zip Code 01720
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer N/A	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 201.60	

Full Name (Last, First, Middle Initial) <b>C. Molly B Hardy</b>		Date of Receipt MM / DD / YYYY 06 / 17 / 2015 <b>Transaction ID : VN8ECDF9100</b>
Mailing Address 128 Audubon Dr		Amount of Each Receipt this Period 20.16
City Acton	State MA	Zip Code 01720
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer N/A	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 221.76	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	60.48
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 340 OF 1282
<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

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

Full Name (Last, First, Middle Initial) <b>A. Molly B Hardy</b>		Date of Receipt
Mailing Address 128 Audubon Dr		<input type="text" value="06"/> / <input type="text" value="27"/> / <input type="text" value="2015"/>
City	State	Zip Code
Acton	MA	01720
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	<b>Transaction ID : VN8ECDFE5B4</b>
N/A	Retired	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="241.92"/>	<input type="text" value="20.16"/>
		Contribution-IE Only Account

Full Name (Last, First, Middle Initial) <b>B. William Harford</b>		Date of Receipt
Mailing Address 423 Lugonia St		<input type="text" value="01"/> / <input type="text" value="15"/> / <input type="text" value="2015"/>
City	State	Zip Code
Newport Beach	CA	92663-1817
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	<b>Transaction ID : VN8ECDAFQX5</b>
Retired	Retired	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="250.00"/>	<input type="text" value="250.00"/>
		Contribution-IE Only Account

Full Name (Last, First, Middle Initial) <b>C. Gerard Harper</b>		Date of Receipt
Mailing Address 1285 Avenue Of The Americas		<input type="text" value="01"/> / <input type="text" value="29"/> / <input type="text" value="2015"/>
City	State	Zip Code
New York	NY	10019-6028
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	<b>Transaction ID : VN8ECDART78</b>
Paul, Weiss	Attorney	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="500.00"/>	<input type="text" value="500.00"/>
		Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="770.16"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**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 341 OF 1282
<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

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

Full Name (Last, First, Middle Initial) <b>A. Marjorie Harrington</b>		Date of Receipt MM / DD / YYYY 01 / 28 / 2015
Mailing Address 41677 Laurel Oaks Ct		<b>Transaction ID : VN8ECDAQA75</b>
City Plymouth	State MI	Zip Code 48170-6803
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 35.00
Name of Employer N/A	Occupation Retired	Contribution-IE Only Account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 35.00	

Full Name (Last, First, Middle Initial) <b>B. Marjorie Harrington</b>		Date of Receipt MM / DD / YYYY 02 / 28 / 2015
Mailing Address 41677 Laurel Oaks Ct		<b>Transaction ID : VN8ECDBPSY3</b>
City Plymouth	State MI	Zip Code 48170-6803
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 35.00
Name of Employer N/A	Occupation Retired	Contribution-IE Only Account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 70.00	

Full Name (Last, First, Middle Initial) <b>C. Marjorie Harrington</b>		Date of Receipt MM / DD / YYYY 03 / 28 / 2015
Mailing Address 41677 Laurel Oaks Ct		<b>Transaction ID : VN8ECDDAPB5</b>
City Plymouth	State MI	Zip Code 48170-6803
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 35.00
Name of Employer N/A	Occupation Retired	Contribution-IE Only Account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 105.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	105.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 342 OF 1282
	<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	

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

Full Name (Last, First, Middle Initial) <b>A. Marjorie Harrington</b>		Date of Receipt MM / DD / YYYY 04 / 28 / 2015 <b>Transaction ID : VN8ECDE96D2</b>
Mailing Address 41677 Laurel Oaks Ct		Amount of Each Receipt this Period 35.00
City Plymouth	State MI	Zip Code 48170-6803
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer N/A	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 140.00	

Full Name (Last, First, Middle Initial) <b>B. Marjorie Harrington</b>		Date of Receipt MM / DD / YYYY 05 / 28 / 2015 <b>Transaction ID : VN8ECDERQC8</b>
Mailing Address 41677 Laurel Oaks Ct		Amount of Each Receipt this Period 35.00
City Plymouth	State MI	Zip Code 48170-6803
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer N/A	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 175.00	

Full Name (Last, First, Middle Initial) <b>C. Marjorie Harrington</b>		Date of Receipt MM / DD / YYYY 06 / 28 / 2015 <b>Transaction ID : VN8ECDFGKN8</b>
Mailing Address 41677 Laurel Oaks Ct		Amount of Each Receipt this Period 35.00
City Plymouth	State MI	Zip Code 48170-6803
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer N/A	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	105.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

# 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 343 OF 1282
<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

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

Full Name (Last, First, Middle Initial) <b>A. Elizabeth Harris</b>		Date of Receipt MM / DD / YYYY 01 / 25 / 2015 <b>Transaction ID : VN8ECDB21M5</b>
Mailing Address 34357 Squaw Pass Rd		Amount of Each Receipt this Period 50.00
City Evergreen	State CO	Zip Code 80439-9727
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Self	Occupation Lawyer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 50.00	

Full Name (Last, First, Middle Initial) <b>B. Elizabeth Harris</b>		Date of Receipt MM / DD / YYYY 01 / 25 / 2015 <b>Transaction ID : VN8ECDB2BM7</b>
Mailing Address 34357 Squaw Pass Rd		Amount of Each Receipt this Period 25.00
City Evergreen	State CO	Zip Code 80439-9727
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Self	Occupation Lawyer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 50.00	

Full Name (Last, First, Middle Initial) <b>C. Elizabeth Harris</b>		Date of Receipt MM / DD / YYYY 03 / 18 / 2015 <b>Transaction ID : VN8ECDC7SV2</b>
Mailing Address 34357 Squaw Pass Rd		Amount of Each Receipt this Period 500.00
City Evergreen	State CO	Zip Code 80439-9727
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Self	Occupation Lawyer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	550.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 344 OF 1282
<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

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

**A. Elizabeth Harris**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 34357 Squaw Pass Rd  
 City Evergreen State CO Zip Code 80439-9727  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Lawyer  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **570.16**

Date of Receipt **04 / 09 / 2015**  
**Transaction ID : VN8ECDDXP7**  
 Amount of Each Receipt this Period **20.16**  
 Contribution-IE Only Account

**B. Fred Harris**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 472 Priestly Rd  
 City Corrales State NM Zip Code 87048-9330  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University of New Mexico Occupation Professor  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **201.60**

Date of Receipt **04 / 27 / 2015**  
**Transaction ID : VN8ECDEH2P7**  
 Amount of Each Receipt this Period **201.60**  
 Contribution-IE Only Account

**C. Betty Hart**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1922 Prairie Path Ln  
 City Carpentersville State IL Zip Code 60110-3300  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Retired Occupation retired  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **150.00**

Date of Receipt **03 / 26 / 2015**  
**Transaction ID : VN8ECDD8YJ1**  
 Amount of Each Receipt this Period **150.00**  
 Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>371.76</b>
<b>TOTAL</b> This Period (last page this line number only).....	



**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 345 OF 1282
<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

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

Full Name (Last, First, Middle Initial) <b>A. Betty Hart</b>		Date of Receipt MM / DD / YYYY 04 / 02 / 2015 <b>Transaction ID : VN8ECDDFRF8</b>
Mailing Address 1922 Prairie Path Ln		Amount of Each Receipt this Period 102.18
City Carpentersville	State IL	Zip Code 60110-3300
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Retired	Occupation retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 252.18	

Full Name (Last, First, Middle Initial) <b>B. Betty Hart</b>		Date of Receipt MM / DD / YYYY 04 / 23 / 2015 <b>Transaction ID : VN8ECDE54P5</b>
Mailing Address 1922 Prairie Path Ln		Amount of Each Receipt this Period 20.00
City Carpentersville	State IL	Zip Code 60110-3300
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Retired	Occupation retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 272.18	

Full Name (Last, First, Middle Initial) <b>C. Diane Hart</b>		Date of Receipt MM / DD / YYYY 01 / 04 / 2015 <b>Transaction ID : VN8ECDA7JJ3</b>
Mailing Address 4419 Fulton Ave Apt 26		Amount of Each Receipt this Period 128.96
City Sherman Oaks	State CA	Zip Code 91423
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer none	Occupation none	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 128.96	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	251.14
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 346 OF 1282
<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

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

Full Name (Last, First, Middle Initial) <b>A. Diane Hart</b>		Date of Receipt MM / DD / YYYY 02 / 17 / 2015 <b>Transaction ID : VN8ECDB9VW7</b>
Mailing Address 4419 Fulton Ave Apt 26		Amount of Each Receipt this Period 20.16
City Sherman Oaks	State CA	Zip Code 91423
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer none	Occupation none	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 149.12	

Full Name (Last, First, Middle Initial) <b>B. Diane Hart</b>		Date of Receipt MM / DD / YYYY 03 / 14 / 2015 <b>Transaction ID : VN8ECDC43Y5</b>
Mailing Address 4419 Fulton Ave Apt 26		Amount of Each Receipt this Period 201.60
City Sherman Oaks	State CA	Zip Code 91423
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer none	Occupation none	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.72	

Full Name (Last, First, Middle Initial) <b>C. Diane Hart</b>		Date of Receipt MM / DD / YYYY 03 / 16 / 2015 <b>Transaction ID : VN8ECDC6F82</b>
Mailing Address 4419 Fulton Ave Apt 26		Amount of Each Receipt this Period 5.00
City Sherman Oaks	State CA	Zip Code 91423
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer none	Occupation none	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 355.72	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	226.76
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 347 OF 1282
<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

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

**A. Catherine Hartnett**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 544 Park St  
 City Montclair State NJ Zip Code 07043-2010  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer self Occupation consultant  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 160.32

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 06 / 2015  
**Transaction ID : VN8ECDDPGD0**  
 Amount of Each Receipt this Period  
 160.32  
 Contribution-IE Only Account

**B. Catherine Hartnett**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 544 Park St  
 City Montclair State NJ Zip Code 07043-2010  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer self Occupation consultant  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.32

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 23 / 2015  
**Transaction ID : VN8ECDE40M4**  
 Amount of Each Receipt this Period  
 100.00  
 Contribution-IE Only Account

**C. Barbara Harwell**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7412 Lochwood Ct  
 City Fort Worth State TX Zip Code 76179  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Owner, Right Solutions / Write Solutio Occupation Writing/Communications/Marketing/Publi  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 07 / 2015  
**Transaction ID : VN8ECDF1096**  
 Amount of Each Receipt this Period  
 5.00  
 Earmarked; IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	265.32
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 348 OF 1282
	<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	

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

Full Name (Last, First, Middle Initial) <b>A. Barbara Harwell</b>			Date of Receipt MM / DD / YYYY 04 / 24 / 2015 <b>Transaction ID : VN8ECDE5DD5</b>
Mailing Address 7412 Lochwood Ct			Amount of Each Receipt this Period 290.00
City Fort Worth	State TX	Zip Code 76179	Contribution-IE Only Account
FEC ID number of contributing federal political committee. C			
Name of Employer Owner, Right Solutions / Write Solutio	Occupation Writing/Communications/Marketing/Publi	Aggregate Year-to-Date ▼ 295.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Edward Hasegawa</b>			Date of Receipt MM / DD / YYYY 04 / 07 / 2015 <b>Transaction ID : VN8ECDDQ9Z7</b>
Mailing Address 250 N Judd St 250 no. judd st.			Amount of Each Receipt this Period 200.16
City Honolulu	State HI	Zip Code 96817-1704	Contribution-IE Only Account
FEC ID number of contributing federal political committee. C			
Name of Employer Retired	Occupation Retired	Aggregate Year-to-Date ▼ 200.16	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Laurie Hasencamp</b>			Date of Receipt MM / DD / YYYY 03 / 04 / 2015 <b>Transaction ID : VN8ECDBSZ92</b>
Mailing Address 16832 Calle De Sarah			Amount of Each Receipt this Period 500.00
City Pacific Palisades	State CA	Zip Code 90272-1951	Contribution-IE Only Account
FEC ID number of contributing federal political committee. C			
Name of Employer None	Occupation Retired	Aggregate Year-to-Date ▼ 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	990.16
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 349 OF 1282
<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

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

Full Name (Last, First, Middle Initial) <b>A. Marci Haskell</b>		Date of Receipt MM / DD / YYYY 01 / 08 / 2015 <b>Transaction ID : VN8ECDAA8M3</b>
Mailing Address 1397 Chuckanut Crest Dr		Amount of Each Receipt this Period 50.00
City Bellingham	State WA	Zip Code 98229
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer SPIE	Occupation returned CPA	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 179.27	

Full Name (Last, First, Middle Initial) <b>B. Marci Haskell</b>		Date of Receipt MM / DD / YYYY 01 / 08 / 2015 <b>Transaction ID : VN8ECDAA931</b>
Mailing Address 1397 Chuckanut Crest Dr		Amount of Each Receipt this Period 129.27
City Bellingham	State WA	Zip Code 98229
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer SPIE	Occupation returned CPA	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 179.27	

Full Name (Last, First, Middle Initial) <b>C. Marci Haskell</b>		Date of Receipt MM / DD / YYYY 03 / 01 / 2015 <b>Transaction ID : VN8ECDBQ983</b>
Mailing Address 1397 Chuckanut Crest Dr		Amount of Each Receipt this Period 100.00
City Bellingham	State WA	Zip Code 98229
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer SPIE	Occupation returned CPA	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 279.27	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	279.27
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 350 OF 1282
	<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	

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

**A. Betty Haven**  
Full Name (Last, First, Middle Initial)  
Mailing Address 877 Junco Dr  
City Columbus State IN Zip Code 47203-1370  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Retired Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 50.00

Date of Receipt 02 / 11 / 2015  
**Transaction ID : VN8ECDB4W76**  
Amount of Each Receipt this Period 50.00  
Contribution-IE Only Account

**B. Betty Haven**  
Full Name (Last, First, Middle Initial)  
Mailing Address 877 Junco Dr  
City Columbus State IN Zip Code 47203-1370  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Retired Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 18 / 2015  
**Transaction ID : VN8ECDC7KH1**  
Amount of Each Receipt this Period 200.00  
Contribution-IE Only Account

**C. Lisa Hawkins**  
Full Name (Last, First, Middle Initial)  
Mailing Address 10 Hanover Sq Apt 2C  
City New York State NY Zip Code 10005-3523  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Occupation Attorney  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 20.16

Date of Receipt 01 / 23 / 2015  
**Transaction ID : VN8ECDAHY63**  
Amount of Each Receipt this Period 20.16  
Contribution-IE Only Account

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 270.16  
**TOTAL** This Period (last page this line number only)..... ▶

**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 351 OF 1282
<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

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

**A. Lisa Hawkins**  
Full Name (Last, First, Middle Initial)

Mailing Address 10 Hanover Sq  
Apt 2C

City New York State NY Zip Code 10005-3523

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
120.16

Date of Receipt  
01 / 25 / 2015  
Transaction ID : VN8ECDAJWK8

Amount of Each Receipt this Period  
100.00

Contribution-IE Only Account

**B. Lisa Hawkins**  
Full Name (Last, First, Middle Initial)

Mailing Address 10 Hanover Sq  
Apt 2C

City New York State NY Zip Code 10005-3523

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
140.32

Date of Receipt  
03 / 12 / 2015  
Transaction ID : VN8ECD2Y18

Amount of Each Receipt this Period  
20.16

Contribution-IE Only Account

**C. Lisa Hawkins**  
Full Name (Last, First, Middle Initial)

Mailing Address 10 Hanover Sq  
Apt 2C

City New York State NY Zip Code 10005-3523

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
160.48

Date of Receipt  
04 / 12 / 2015  
Transaction ID : VN8ECDDW452

Amount of Each Receipt this Period  
20.16

Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	140.32
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 352 OF 1282
	<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	

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

**A. Lisa Hawkins**  
Full Name (Last, First, Middle Initial)

Mailing Address 10 Hanover Sq  
Apt 2C

City New York State NY Zip Code 10005-3523

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
180.64

Date of Receipt  
05 / 12 / 2015  
**Transaction ID : VN8ECDEHP80**

Amount of Each Receipt this Period  
20.16

Contribution-IE Only Account

**B. Lisa Hawkins**  
Full Name (Last, First, Middle Initial)

Mailing Address 10 Hanover Sq  
Apt 2C

City New York State NY Zip Code 10005-3523

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
200.80

Date of Receipt  
06 / 12 / 2015  
**Transaction ID : VN8ECDF45C5**

Amount of Each Receipt this Period  
20.16

Contribution-IE Only Account

**C. Donald Hawthorne**  
Full Name (Last, First, Middle Initial)

Mailing Address 5 Deer Creek Ln

City Mount Kisco State NY Zip Code 10549-3707

FEC ID number of contributing federal political committee. **C**

Name of Employer Axinn Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
03 / 27 / 2015  
**Transaction ID : VN8ECDD9EK3**

Amount of Each Receipt this Period  
250.00

Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	290.32
<b>TOTAL</b> This Period (last page this line number only).....▶	



**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 353 OF 1282
<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

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

Full Name (Last, First, Middle Initial) <b>A. Anthony Hayes</b>		Date of Receipt MM / DD / YYYY 01 / 20 / 2015 <b>Transaction ID : VN8ECDAGH59</b>
Mailing Address 746 9th Ave Apt 5FS		Amount of Each Receipt this Period 201.60
City New York	State NY	Zip Code 10019-6663
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer 6mltc	Occupation Consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 201.60	

Full Name (Last, First, Middle Initial) <b>B. Anthony Hayes</b>		Date of Receipt MM / DD / YYYY 01 / 26 / 2015 <b>Transaction ID : VN8ECDAQH737</b>
Mailing Address 746 9th Ave Apt 5FS		Amount of Each Receipt this Period 201.16
City New York	State NY	Zip Code 10019-6663
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer 6mltc	Occupation Consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 402.76	

Full Name (Last, First, Middle Initial) <b>C. Steven K. Hayes</b>		Date of Receipt MM / DD / YYYY 03 / 19 / 2015 <b>Transaction ID : VN8ECDD7GE2</b>
Mailing Address 500 Main St Ste 340		Amount of Each Receipt this Period 250.00
City Fort Worth	State TX	Zip Code 76102-3940
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Self	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	652.76
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 354 OF 1282
<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

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

Full Name (Last, First, Middle Initial) <b>A. Susan Hayes</b>		Date of Receipt
Mailing Address 595 S 13th St		<input type="text" value="03"/> / <input type="text" value="09"/> / <input type="text" value="2015"/>
City	State	Zip Code
San Jose	CA	95112-2362
FEC ID number of contributing federal political committee.		Transaction ID : <b>VN8ECDC0AM0</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="500.00"/>
Name of Employer	Occupation	Contribution-IE Only Account
ReSurge International	CEO	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Susan Hays Stern</b>		Date of Receipt
Mailing Address 240 E 86th St Ph I		<input type="text" value="01"/> / <input type="text" value="04"/> / <input type="text" value="2015"/>
City	State	Zip Code
New York	NY	10028-3083
FEC ID number of contributing federal political committee.		Transaction ID : <b>VN8ECDA7H18</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="78.00"/>
Name of Employer	Occupation	Contribution-IE Only Account
The Hampton Foundation	V P Consultant	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="78.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Susan Hays Stern</b>		Date of Receipt
Mailing Address 240 E 86th St Ph I		<input type="text" value="02"/> / <input type="text" value="15"/> / <input type="text" value="2015"/>
City	State	Zip Code
New York	NY	10028-3083
FEC ID number of contributing federal political committee.		Transaction ID : <b>VN8ECDB8EK0</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="40.00"/>
Name of Employer	Occupation	Contribution-IE Only Account
The Hampton Foundation	V P Consultant	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="198.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="618.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 355 OF 1282
<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

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

**A. Susan Hays Stern**  
Full Name (Last, First, Middle Initial)

Mailing Address 240 E 86th St  
Ph I

City New York State NY Zip Code 10028-3083

FEC ID number of contributing federal political committee. **C**

Name of Employer The Hampton Foundation Occupation V P Consultant

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
198.00

Date of Receipt  
02 / 15 / 2015  
**Transaction ID : VN8ECDB8EQ2**

Amount of Each Receipt this Period  
80.00

Contribution-IE Only Account

**B. Susan Hays Stern**  
Full Name (Last, First, Middle Initial)

Mailing Address 240 E 86th St  
Ph I

City New York State NY Zip Code 10028-3083

FEC ID number of contributing federal political committee. **C**

Name of Employer The Hampton Foundation Occupation V P Consultant

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
218.16

Date of Receipt  
02 / 25 / 2015  
**Transaction ID : VN8ECDBMBY6**

Amount of Each Receipt this Period  
20.16

Contribution-IE Only Account

**C. Susan Hays Stern**  
Full Name (Last, First, Middle Initial)

Mailing Address 240 E 86th St  
Ph I

City New York State NY Zip Code 10028-3083

FEC ID number of contributing federal political committee. **C**

Name of Employer The Hampton Foundation Occupation V P Consultant

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
238.32

Date of Receipt  
02 / 26 / 2015  
**Transaction ID : VN8ECDBNC32**

Amount of Each Receipt this Period  
20.16

Contribution-IE Only Account

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 120.32

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

**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 356 OF 1282
<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

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

**A. Susan Hays Stern**  
Full Name (Last, First, Middle Initial)

Mailing Address 240 E 86th St  
Ph I

City New York State NY Zip Code 10028-3083

FEC ID number of contributing federal political committee. **C**

Name of Employer The Hampton Foundation Occupation V P Consultant

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
258.48

Date of Receipt  
03 / 12 / 2015  
**Transaction ID : VN8ECDC30G2**

Amount of Each Receipt this Period  
20.16

Contribution-IE Only Account

**B. Susan Hays Stern**  
Full Name (Last, First, Middle Initial)

Mailing Address 240 E 86th St  
Ph I

City New York State NY Zip Code 10028-3083

FEC ID number of contributing federal political committee. **C**

Name of Employer The Hampton Foundation Occupation V P Consultant

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
273.48

Date of Receipt  
03 / 20 / 2015  
**Transaction ID : VN8ECDF0RS4**

Amount of Each Receipt this Period  
15.00

Contribution-IE Only Account

**C. Rosemary Hays**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 447  
3290 Lute Mountain Road

City Shirley State AR Zip Code 72153-0447

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
20.16

Date of Receipt  
01 / 24 / 2015  
**Transaction ID : VN8ECDAJFE4**

Amount of Each Receipt this Period  
20.16

Contribution-IE Only Account

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 55.32

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

**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 357 OF 1282
<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

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

**A. Rosemary Hays**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 447  
3290 Lute Mountain Road  
City Shirley State AR Zip Code 72153-0447  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Retired Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 40.32

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
01 / 27 / 2015  
**Transaction ID : VN8ECDAN2C1**  
Amount of Each Receipt this Period 20.16  
Contribution-IE Only Account

**B. Rosemary Hays**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 447  
3290 Lute Mountain Road  
City Shirley State AR Zip Code 72153-0447  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Retired Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 60.48

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
02 / 27 / 2015  
**Transaction ID : VN8ECDBNVG7**  
Amount of Each Receipt this Period 20.16  
Contribution-IE Only Account

**C. Rosemary Hays**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 447  
3290 Lute Mountain Road  
City Shirley State AR Zip Code 72153-0447  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Retired Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 80.64

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
03 / 07 / 2015  
**Transaction ID : VN8ECDBVX84**  
Amount of Each Receipt this Period 20.16  
Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	60.48
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 358 OF 1282
<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

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

Full Name (Last, First, Middle Initial) <b>A. Rosemary Hays</b>		Date of Receipt MM / DD / YYYY 03 / 27 / 2015 <b>Transaction ID : VN8ECDD9D84</b>
Mailing Address PO Box 447 3290 Lute Mountain Road		Amount of Each Receipt this Period 20.16
City Shirley	State AR	Zip Code 72153-0447
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Retired	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 100.80	

Full Name (Last, First, Middle Initial) <b>B. Rosemary Hays</b>		Date of Receipt MM / DD / YYYY 04 / 07 / 2015 <b>Transaction ID : VN8ECDDQ8T4</b>
Mailing Address PO Box 447 3290 Lute Mountain Road		Amount of Each Receipt this Period 20.16
City Shirley	State AR	Zip Code 72153-0447
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Retired	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 120.96	

Full Name (Last, First, Middle Initial) <b>C. Rosemary Hays</b>		Date of Receipt MM / DD / YYYY 04 / 27 / 2015 <b>Transaction ID : VN8ECDE8830</b>
Mailing Address PO Box 447 3290 Lute Mountain Road		Amount of Each Receipt this Period 20.16
City Shirley	State AR	Zip Code 72153-0447
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Retired	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 141.12	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	60.48
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 359 OF 1282
<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

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

Full Name (Last, First, Middle Initial) <b>A. Rosemary Hays</b>		Date of Receipt MM / DD / YYYY 05 / 07 / 2015 <b>Transaction ID : VN8ECDEGBX2</b>
Mailing Address PO Box 447 3290 Lute Mountain Road		Amount of Each Receipt this Period 20.16
City Shirley	State AR	Zip Code 72153-0447
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Retired	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 161.28	

Full Name (Last, First, Middle Initial) <b>B. Rosemary Hays</b>		Date of Receipt MM / DD / YYYY 05 / 27 / 2015 <b>Transaction ID : VN8ECDEQWX3</b>
Mailing Address PO Box 447 3290 Lute Mountain Road		Amount of Each Receipt this Period 20.16
City Shirley	State AR	Zip Code 72153-0447
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Retired	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 181.44	

Full Name (Last, First, Middle Initial) <b>C. Rosemary Hays</b>		Date of Receipt MM / DD / YYYY 06 / 07 / 2015 <b>Transaction ID : VN8ECDFORM6</b>
Mailing Address PO Box 447 3290 Lute Mountain Road		Amount of Each Receipt this Period 20.16
City Shirley	State AR	Zip Code 72153-0447
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Retired	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 201.60	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	60.48
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 360 OF 1282
	<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	

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

Full Name (Last, First, Middle Initial)  
**A. Rosemary Hays**

Mailing Address PO Box 447  
3290 Lute Mountain Road

City Shirley State AR Zip Code 72153-0447

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
221.76

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 27 / 2015  
**Transaction ID : VN8ECDFEHK3**

Amount of Each Receipt this Period  
 20.16

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)  
**B. Stephanie M Hayutin**

Mailing Address 745 25th St

City Santa Monica State CA Zip Code 90402-3143

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 11 / 2015  
**Transaction ID : VN8ECD2778**

Amount of Each Receipt this Period  
 500.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)  
**C. Healthy Pets, Inc.**

Mailing Address 34501 7th St

City Union City State CA Zip Code 94587-3673

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 11 / 2015  
**Transaction ID : VN8ECD4Y31**

Amount of Each Receipt this Period  
 1000.00

Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1520.16
<b>TOTAL</b> This Period (last page this line number only).....▶	



**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 361 OF 1282
<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

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

Full Name (Last, First, Middle Initial) <b>A. Tiffany Heckler</b>		Date of Receipt
Mailing Address 435 W 51st St		<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2015"/>
City	State	Zip Code
Miami Beach	FL	33140-2609
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	<b>Transaction ID : VN8ECDDE4G7</b>
LSN partners	CFO	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="2500.00"/>	<input type="text" value="2500.00"/>
<input type="checkbox"/> Other (specify) ▼		Contribution-IE Only Account

Full Name (Last, First, Middle Initial) <b>B. Robert P Heinrich</b>		Date of Receipt
Mailing Address 74 Buckingham Pl		<input type="text" value="01"/> / <input type="text" value="04"/> / <input type="text" value="2015"/>
City	State	Zip Code
Lynbrook	NY	11563-1835
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	<b>Transaction ID : VN8ECDA7BN1</b>
N/A	Retired	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="20.16"/>	<input type="text" value="20.16"/>
<input type="checkbox"/> Other (specify) ▼		Contribution-IE Only Account

Full Name (Last, First, Middle Initial) <b>C. Robert P Heinrich</b>		Date of Receipt
Mailing Address 74 Buckingham Pl		<input type="text" value="01"/> / <input type="text" value="26"/> / <input type="text" value="2015"/>
City	State	Zip Code
Lynbrook	NY	11563-1835
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	<b>Transaction ID : VN8ECDAM556</b>
N/A	Retired	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="40.32"/>	<input type="text" value="20.16"/>
<input type="checkbox"/> Other (specify) ▼		Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="2540.32"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**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 362 OF 1282
	<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	

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

**A. Robert P Heinrich**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 74 Buckingham Pl  
 City Lynbrook State NY Zip Code 11563-1835  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer N/A Occupation Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 60.48

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 04 / 2015  
**Transaction ID : VN8ECDAX073**  
 Amount of Each Receipt this Period  
 20.16  
 Contribution-IE Only Account

**B. Robert P Heinrich**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 74 Buckingham Pl  
 City Lynbrook State NY Zip Code 11563-1835  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer N/A Occupation Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 80.64

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 25 / 2015  
**Transaction ID : VN8ECDBMC26**  
 Amount of Each Receipt this Period  
 20.16  
 Contribution-IE Only Account

**C. Robert P Heinrich**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 74 Buckingham Pl  
 City Lynbrook State NY Zip Code 11563-1835  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer N/A Occupation Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 100.80

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 04 / 2015  
**Transaction ID : VN8ECDBSY74**  
 Amount of Each Receipt this Period  
 20.16  
 Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	60.48
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 363 OF 1282
<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

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

Full Name (Last, First, Middle Initial) <b>A. Robert P Heinrich</b>		Date of Receipt MM / DD / YYYY 03 / 05 / 2015 <b>Transaction ID : VN8ECDBTWG1</b>
Mailing Address 74 Buckingham Pl		Amount of Each Receipt this Period 80.16
City Lynbrook	State NY	Zip Code 11563-1835
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer N/A	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 135.80	

Full Name (Last, First, Middle Initial) <b>B. Robert P Heinrich</b>		Date of Receipt MM / DD / YYYY 03 / 15 / 2015 <b>Transaction ID : VN8ECDC4KX2</b>
Mailing Address 74 Buckingham Pl		Amount of Each Receipt this Period 20.16
City Lynbrook	State NY	Zip Code 11563-1835
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer N/A	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 155.96	

Full Name (Last, First, Middle Initial) <b>C. Robert P Heinrich</b>		Date of Receipt MM / DD / YYYY 03 / 28 / 2015 <b>Transaction ID : VN8ECDDATV0</b>
Mailing Address 74 Buckingham Pl		Amount of Each Receipt this Period 25.00
City Lynbrook	State NY	Zip Code 11563-1835
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer N/A	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 180.96	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	80.16
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 364 OF 1282
	<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	

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

**A. Robert P Heinrich**  
Full Name (Last, First, Middle Initial)  
Mailing Address 74 Buckingham Pl  
City Lynbrook State NY Zip Code 11563-1835  
FEC ID number of contributing federal political committee. **C**  
Name of Employer N/A Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 201.12

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 04 / 2015  
**Transaction ID : VN8ECDDNDP0**  
Amount of Each Receipt this Period 20.16  
Contribution-IE Only Account

**B. Robert P Heinrich**  
Full Name (Last, First, Middle Initial)  
Mailing Address 74 Buckingham Pl  
City Lynbrook State NY Zip Code 11563-1835  
FEC ID number of contributing federal political committee. **C**  
Name of Employer N/A Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 236.12

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 07 / 2015  
**Transaction ID : VN8ECDDQDT6**  
Amount of Each Receipt this Period 35.00  
Contribution-IE Only Account

**C. Robert P Heinrich**  
Full Name (Last, First, Middle Initial)  
Mailing Address 74 Buckingham Pl  
City Lynbrook State NY Zip Code 11563-1835  
FEC ID number of contributing federal political committee. **C**  
Name of Employer N/A Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 271.12

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 23 / 2015  
**Transaction ID : VN8ECDE4XW0**  
Amount of Each Receipt this Period 35.00  
Contribution-IE Only Account

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 90.16  
**TOTAL** This Period (last page this line number only)..... ▶

**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 365 OF 1282
<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

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

**A. Robert P Heinrich**  
Full Name (Last, First, Middle Initial)  
Mailing Address 74 Buckingham Pl  
City Lynbrook State NY Zip Code 11563-1835  
FEC ID number of contributing federal political committee. **C**  
Name of Employer N/A Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 291.28

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
05 / 04 / 2015  
**Transaction ID : VN8ECDEBMJ6**  
Amount of Each Receipt this Period  
20.16  
Contribution-IE Only Account

**B. Robert P Heinrich**  
Full Name (Last, First, Middle Initial)  
Mailing Address 74 Buckingham Pl  
City Lynbrook State NY Zip Code 11563-1835  
FEC ID number of contributing federal political committee. **C**  
Name of Employer N/A Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 311.44

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
06 / 04 / 2015  
**Transaction ID : VN8ECDEY1R1**  
Amount of Each Receipt this Period  
20.16  
Contribution-IE Only Account

**C. Timothy Helfet**  
Full Name (Last, First, Middle Initial)  
Mailing Address 10580 Wilshire Blvd Apt 3  
City Los Angeles State CA Zip Code 90024-4578  
FEC ID number of contributing federal political committee. **C**  
Name of Employer N?A Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
01 / 16 / 2015  
**Transaction ID : VN8ECDAEJK7**  
Amount of Each Receipt this Period  
2500.00  
Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2540.32
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 366 OF 1282
	<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	

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

**A. Lisa Henderson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1430 Diamond St  
 City San Francisco State CA Zip Code 94131-1826  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer connectsolutions Occupation CMO  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 10 / 2015  
**Transaction ID : VN8ECDE43M1**  
 Amount of Each Receipt this Period  
 5000.00  
 Contribution-IE Only Account

**B. Jinny Henenberg**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 505 W 37th St 15A  
 City New York State NY Zip Code 10018-1257  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Real Estate  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 13 / 2015  
**Transaction ID : VN8ECDACYS3**  
 Amount of Each Receipt this Period  
 201.60  
 Contribution-IE Only Account

**C. Doreen Hermelin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 31500 Bingham Road  
 City Bingham Farms State MI Zip Code 48025  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Investor  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 27 / 2015  
**Transaction ID : VN8ECDDRT80**  
 Amount of Each Receipt this Period  
 500.00  
 Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5701.60
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 367 OF 1282
	<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	

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

Full Name (Last, First, Middle Initial) <b>A. Roger Hernandez</b>		Date of Receipt MM / DD / YYYY 02 / 16 / 2015 <b>Transaction ID : VN8ECDB8ZB3</b>
Mailing Address 3700 Wilshire Blvd		Amount of Each Receipt this Period 250.00
City Los Angeles	State CA	Zip Code 90010-2901
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer CA State Assembly	Occupation Assemblymember	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Barbara Heron</b>		Date of Receipt MM / DD / YYYY 01 / 20 / 2015 <b>Transaction ID : VN8ECDAGFT1</b>
Mailing Address 14508 Saint Gregory Way		Amount of Each Receipt this Period 20.16
City Accokeek	State MD	Zip Code 20607-2928
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Doctor's Weight Loss Centers, Inc.	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 20.16	

Full Name (Last, First, Middle Initial) <b>C. Barbara Heron</b>		Date of Receipt MM / DD / YYYY 01 / 27 / 2015 <b>Transaction ID : VN8ECDAN6W7</b>
Mailing Address 14508 Saint Gregory Way		Amount of Each Receipt this Period 25.00
City Accokeek	State MD	Zip Code 20607-2928
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Doctor's Weight Loss Centers, Inc.	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 45.16	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	295.16
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 368 OF 1282
	<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	

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

**A. Barbara Heron**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14508 Saint Gregory Way  
 City Accokeek State MD Zip Code 20607-2928  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Doctor's Weight Loss Centers, Inc. Occupation Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **65.32**

Date of Receipt **02 / 20 / 2015**  
**Transaction ID : VN8ECDBCC07**  
 Amount of Each Receipt this Period **20.16**  
 Contribution-IE Only Account

**B. Barbara Heron**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14508 Saint Gregory Way  
 City Accokeek State MD Zip Code 20607-2928  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Doctor's Weight Loss Centers, Inc. Occupation Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **90.32**

Date of Receipt **02 / 27 / 2015**  
**Transaction ID : VN8ECDBP2F4**  
 Amount of Each Receipt this Period **25.00**  
 Contribution-IE Only Account

**C. Barbara Heron**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14508 Saint Gregory Way  
 City Accokeek State MD Zip Code 20607-2928  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Doctor's Weight Loss Centers, Inc. Occupation Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **110.48**

Date of Receipt **03 / 20 / 2015**  
**Transaction ID : VN8ECDC9HR8**  
 Amount of Each Receipt this Period **20.16**  
 Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>65.32</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	



**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 369 OF 1282
<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

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

Full Name (Last, First, Middle Initial) <b>A. Barbara Heron</b>		Date of Receipt MM / DD / YYYY 03 / 27 / 2015
Mailing Address 14508 Saint Gregory Way		<b>Transaction ID : VN8ECDD9BK7</b>
City Accokeek	State MD	Zip Code 20607-2928
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Doctor's Weight Loss Centers, Inc.	Occupation Vice President	Contribution-IE Only Account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 135.48	

Full Name (Last, First, Middle Initial) <b>B. Barbara Heron</b>		Date of Receipt MM / DD / YYYY 04 / 20 / 2015
Mailing Address 14508 Saint Gregory Way		<b>Transaction ID : VN8ECDE1P17</b>
City Accokeek	State MD	Zip Code 20607-2928
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.16
Name of Employer Doctor's Weight Loss Centers, Inc.	Occupation Vice President	Contribution-IE Only Account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 155.64	

Full Name (Last, First, Middle Initial) <b>C. Barbara Heron</b>		Date of Receipt MM / DD / YYYY 04 / 27 / 2015
Mailing Address 14508 Saint Gregory Way		<b>Transaction ID : VN8ECDE86D3</b>
City Accokeek	State MD	Zip Code 20607-2928
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Doctor's Weight Loss Centers, Inc.	Occupation Vice President	Contribution-IE Only Account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 180.64	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	70.16
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 370 OF 1282
<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

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

**A. Barbara Heron**  
Full Name (Last, First, Middle Initial)  
Mailing Address 14508 Saint Gregory Way  
City Accokeek State MD Zip Code 20607-2928  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Doctor's Weight Loss Centers, Inc. Occupation Vice President  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 200.80

Date of Receipt 05 / 20 / 2015  
**Transaction ID : VN8ECDEPDW6**  
Amount of Each Receipt this Period 20.16  
Contribution-IE Only Account

**B. Barbara Heron**  
Full Name (Last, First, Middle Initial)  
Mailing Address 14508 Saint Gregory Way  
City Accokeek State MD Zip Code 20607-2928  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Doctor's Weight Loss Centers, Inc. Occupation Vice President  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 225.80

Date of Receipt 05 / 27 / 2015  
**Transaction ID : VN8ECDERJX1**  
Amount of Each Receipt this Period 25.00  
Contribution-IE Only Account

**C. Barbara Heron**  
Full Name (Last, First, Middle Initial)  
Mailing Address 14508 Saint Gregory Way  
City Accokeek State MD Zip Code 20607-2928  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Doctor's Weight Loss Centers, Inc. Occupation Vice President  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 245.96

Date of Receipt 06 / 20 / 2015  
**Transaction ID : VN8ECDF9VZ9**  
Amount of Each Receipt this Period 20.16  
Contribution-IE Only Account

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 65.32  
**TOTAL** This Period (last page this line number only)..... ▶

**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 371 OF 1282
<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

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

**A. Barbara Heron**  
Full Name (Last, First, Middle Initial)  
Mailing Address 14508 Saint Gregory Way  
City Accokeek State MD Zip Code 20607-2928  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Doctor's Weight Loss Centers, Inc. Occupation Vice President  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 270.96

Date of Receipt 06 / 27 / 2015  
**Transaction ID : VN8ECDFEM69**  
Amount of Each Receipt this Period 25.00  
Contribution-IE Only Account

**B. Arthur Hertz**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3195 Ponce De Leon Blvd  
City Coral Gables State FL Zip Code 33134-6801  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Wometco Inc Occupation Chairman & CEO  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 01 / 23 / 2015  
**Transaction ID : VN8ECDAJ9P2**  
Amount of Each Receipt this Period 2500.00  
Contribution-IE Only Account

**C. Griselda Higuera**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3358 E Geronimo Ct  
City Gilbert State AZ Zip Code 85295  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Bethesda Pediatrics of Queen Creek Occupation Pediatrician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 35.00

Date of Receipt 01 / 25 / 2015  
**Transaction ID : VN8ECDAJWP2**  
Amount of Each Receipt this Period 35.00  
Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2560.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 372 OF 1282
	<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	

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

Full Name (Last, First, Middle Initial) <b>A. Griselda Higuera</b>		Date of Receipt MM / DD / YYYY 02 / 25 / 2015 <b>Transaction ID : VN8ECDBM564</b>
Mailing Address 3358 E Geronimo Ct		Amount of Each Receipt this Period 35.00
City Gilbert	State AZ	Zip Code 85295
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Bethesda Pediatrics of Queen Creek	Occupation Pediatrician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 70.00	

Full Name (Last, First, Middle Initial) <b>B. Griselda Higuera</b>		Date of Receipt MM / DD / YYYY 03 / 25 / 2015 <b>Transaction ID : VN8ECDD9BR7</b>
Mailing Address 3358 E Geronimo Ct		Amount of Each Receipt this Period 35.00
City Gilbert	State AZ	Zip Code 85295
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Bethesda Pediatrics of Queen Creek	Occupation Pediatrician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 105.00	

Full Name (Last, First, Middle Initial) <b>C. Griselda Higuera</b>		Date of Receipt MM / DD / YYYY 04 / 25 / 2015 <b>Transaction ID : VN8ECDE6Q35</b>
Mailing Address 3358 E Geronimo Ct		Amount of Each Receipt this Period 35.00
City Gilbert	State AZ	Zip Code 85295
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Bethesda Pediatrics of Queen Creek	Occupation Pediatrician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 140.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	105.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 373 OF 1282
<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

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

Full Name (Last, First, Middle Initial) <b>A. Griselda Higuera</b>		Date of Receipt MM / DD / YYYY 05 / 25 / 2015 <b>Transaction ID : VN8ECDEQQF3</b>
Mailing Address 3358 E Geronimo Ct		Amount of Each Receipt this Period 35.00
City Gilbert	State AZ	Zip Code 85295
FEC ID number of contributing federal political committee. C	Contribution-IE Only Account	
Name of Employer Bethesda Pediatrics of Queen Creek	Occupation Pediatrician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 175.00	

Full Name (Last, First, Middle Initial) <b>B. Griselda Higuera</b>		Date of Receipt MM / DD / YYYY 06 / 25 / 2015 <b>Transaction ID : VN8ECDFE6A9</b>
Mailing Address 3358 E Geronimo Ct		Amount of Each Receipt this Period 35.00
City Gilbert	State AZ	Zip Code 85295
FEC ID number of contributing federal political committee. C	Contribution-IE Only Account	
Name of Employer Bethesda Pediatrics of Queen Creek	Occupation Pediatrician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) <b>C. Hala Hijazi</b>		Date of Receipt MM / DD / YYYY 02 / 18 / 2015 <b>Transaction ID : VN8ECDBAP46</b>
Mailing Address 101 Capra Way Apt 202		Amount of Each Receipt this Period 250.00
City San Francisco	State CA	Zip Code 94123-1530
FEC ID number of contributing federal political committee. C	Contribution-IE Only Account	
Name of Employer Self	Occupation Management Consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	320.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 374 OF 1282
<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

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

Full Name (Last, First, Middle Initial)  
**A. Hala Hijazi**

Mailing Address 101 Capra Way  
Apt 202

City San Francisco State CA Zip Code 94123-1530

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Management Consultant

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
04 / 11 / 2015

**Transaction ID : VN8ECDDV0P9**

Amount of Each Receipt this Period  
500.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)  
**B. Hill Consultants LLC**

Mailing Address 134 W State St

City Trenton State NJ Zip Code 08608-1102

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
03 / 13 / 2015

**Transaction ID : VN8ECDC98Y4**

Amount of Each Receipt this Period  
500.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)  
**C. Catherine Hill**

Mailing Address 1240 Royal St

City New Orleans State LA Zip Code 70116-2513

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
01 / 21 / 2015

**Transaction ID : VN8ECDAHDM7**

Amount of Each Receipt this Period  
1000.00

Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 375 OF 1282
	<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	

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

Full Name (Last, First, Middle Initial) <b>A. Hattie Hill</b>		Date of Receipt MM / DD / YYYY 03 / 01 / 2015 <b>Transaction ID : VN8ECD0JC5</b>
Mailing Address 5220 Spring Valley Rd Ste 404		Amount of Each Receipt this Period 2500.00
City Dallas	State TX	Zip Code 75254-1941
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer HHE	Occupation Management Consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) <b>B. Cragg Hines</b>		Date of Receipt MM / DD / YYYY 02 / 20 / 2015 <b>Transaction ID : VN8ECDBCK03</b>
Mailing Address 5100 Little Falls Rd		Amount of Each Receipt this Period 201.60
City Arlington	State VA	Zip Code 22207-1812
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer self	Occupation writer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 201.60	

Full Name (Last, First, Middle Initial) <b>C. Maurice Hines Jr.</b>		Date of Receipt MM / DD / YYYY 01 / 03 / 2015 <b>Transaction ID : VN8ECDA6ZX0</b>
Mailing Address 300 W 145th St Apt 6L		Amount of Each Receipt this Period 50.00
City New York	State NY	Zip Code 10039-3146
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Self	Occupation Actor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 50.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2751.60
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 376 OF 1282
<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

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

Full Name (Last, First, Middle Initial) <b>A. Maurice Hines Jr.</b>		Date of Receipt MM / DD / YYYY 02 / 03 / 2015 <b>Transaction ID : VN8ECDAVT56</b>
Mailing Address 300 W 145th St Apt 6L		Amount of Each Receipt this Period 50.00
City New York	State NY	Zip Code 10039-3146
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Self	Occupation Actor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 100.00	

Full Name (Last, First, Middle Initial) <b>B. Maurice Hines Jr.</b>		Date of Receipt MM / DD / YYYY 03 / 03 / 2015 <b>Transaction ID : VN8ECDBSF23</b>
Mailing Address 300 W 145th St Apt 6L		Amount of Each Receipt this Period 50.00
City New York	State NY	Zip Code 10039-3146
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Self	Occupation Actor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 150.00	

Full Name (Last, First, Middle Initial) <b>C. Maurice Hines Jr.</b>		Date of Receipt MM / DD / YYYY 04 / 03 / 2015 <b>Transaction ID : VN8ECDDJ7H3</b>
Mailing Address 300 W 145th St Apt 6L		Amount of Each Receipt this Period 50.00
City New York	State NY	Zip Code 10039-3146
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Self	Occupation Actor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**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 377 OF 1282
<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

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

Full Name (Last, First, Middle Initial) <b>A. Maurice Hines Jr.</b>		Date of Receipt MM / DD / YYYY 05 / 03 / 2015 <b>Transaction ID : VN8ECDED284</b>
Mailing Address 300 W 145th St Apt 6L		Amount of Each Receipt this Period 50.00
City New York	State NY	Zip Code 10039-3146
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Self	Occupation Actor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Maurice Hines Jr.</b>		Date of Receipt MM / DD / YYYY 06 / 03 / 2015 <b>Transaction ID : VN8ECDEYMR2</b>
Mailing Address 300 W 145th St Apt 6L		Amount of Each Receipt this Period 50.00
City New York	State NY	Zip Code 10039-3146
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Self	Occupation Actor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C. Margaret Hinton</b>		Date of Receipt MM / DD / YYYY 01 / 14 / 2015 <b>Transaction ID : VN8ECDADD97</b>
Mailing Address 3115 Shay Rd		Amount of Each Receipt this Period 20.16
City Naples	State NY	Zip Code 14512-9633
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Consumer Advisory Board	Occupation Legal Advocate	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 20.16	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	120.16
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 378 OF 1282
<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

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

Full Name (Last, First, Middle Initial) <b>A. Margaret Hinton</b>		Date of Receipt MM / DD / YYYY 03 / 05 / 2015 <b>Transaction ID : VN8ECDBTW46</b>
Mailing Address 3115 Shay Rd		Amount of Each Receipt this Period 35.00
City Naples	State NY	Zip Code 14512-9633
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Consumer Advisory Board	Occupation Legal Advocate	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 55.16	

Full Name (Last, First, Middle Initial) <b>B. Margaret Hinton</b>		Date of Receipt MM / DD / YYYY 03 / 14 / 2015 <b>Transaction ID : VN8ECDC3YX7</b>
Mailing Address 3115 Shay Rd		Amount of Each Receipt this Period 20.16
City Naples	State NY	Zip Code 14512-9633
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Consumer Advisory Board	Occupation Legal Advocate	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 75.32	

Full Name (Last, First, Middle Initial) <b>C. Margaret Hinton</b>		Date of Receipt MM / DD / YYYY 04 / 05 / 2015 <b>Transaction ID : VN8ECDDNPC1</b>
Mailing Address 3115 Shay Rd		Amount of Each Receipt this Period 35.00
City Naples	State NY	Zip Code 14512-9633
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Consumer Advisory Board	Occupation Legal Advocate	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 110.32	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	90.16
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 379 OF 1282
<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

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

Full Name (Last, First, Middle Initial) <b>A. Margaret Hinton</b>		Date of Receipt MM / DD / YYYY 04 / 14 / 2015 <b>Transaction ID : VN8ECDDYKQ1</b>
Mailing Address 3115 Shay Rd		Amount of Each Receipt this Period 20.16
City Naples	State NY	Zip Code 14512-9633
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Consumer Advisory Board	Occupation Legal Advocate	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 130.48	

Full Name (Last, First, Middle Initial) <b>B. Margaret Hinton</b>		Date of Receipt MM / DD / YYYY 05 / 05 / 2015 <b>Transaction ID : VN8ECDEEDY9</b>
Mailing Address 3115 Shay Rd		Amount of Each Receipt this Period 35.00
City Naples	State NY	Zip Code 14512-9633
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Consumer Advisory Board	Occupation Legal Advocate	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 165.48	

Full Name (Last, First, Middle Initial) <b>C. Margaret Hinton</b>		Date of Receipt MM / DD / YYYY 05 / 14 / 2015 <b>Transaction ID : VN8ECDEK062</b>
Mailing Address 3115 Shay Rd		Amount of Each Receipt this Period 20.16
City Naples	State NY	Zip Code 14512-9633
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Consumer Advisory Board	Occupation Legal Advocate	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 185.64	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75.32
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 380 OF 1282
<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

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

**A. Margaret Hinton**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3115 Shay Rd  
City Naples State NY Zip Code 14512-9633  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Consumer Advisory Board Occupation Legal Advocate  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **220.64**

Date of Receipt **06 / 05 / 2015**  
**Transaction ID : VN8ECDEZ448**  
Amount of Each Receipt this Period **35.00**  
Contribution-IE Only Account

**B. Margaret Hinton**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3115 Shay Rd  
City Naples State NY Zip Code 14512-9633  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Consumer Advisory Board Occupation Legal Advocate  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **240.80**

Date of Receipt **06 / 14 / 2015**  
**Transaction ID : VN8ECDF6TH2**  
Amount of Each Receipt this Period **20.16**  
Contribution-IE Only Account

**C. Janie Hipp**  
Full Name (Last, First, Middle Initial)  
Mailing Address 921 N Vandeventer Ave  
City Fayetteville State AR Zip Code 72701-1951  
FEC ID number of contributing federal political committee. **C**  
Name of Employer University of Arkansas School of Law Occupation Director, Indigenous Food and Ag Law I  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **50.00**

Date of Receipt **01 / 16 / 2015**  
**Transaction ID : VN8ECDAED39**  
Amount of Each Receipt this Period **50.00**  
Contribution-IE Only Account

**SUBTOTAL** of Receipts This Page (optional)..... **105.16**  
**TOTAL** This Period (last page this line number only).....

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

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

FOR LINE NUMBER: PAGE 381 OF 1282  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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

Full Name (Last, First, Middle Initial)  
**A. Janie Hipp**

Mailing Address 921 N Vandeventer Ave

City Fayetteville State AR Zip Code 72701-1951

FEC ID number of contributing federal political committee. **C**

Name of Employer University of Arkansas School of Law Occupation Director, Indigenous Food and Ag Law I

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
100.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 16 / 2015  
**Transaction ID : VN8ECDB8S86**

Amount of Each Receipt this Period  
50.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)  
**B. Janie Hipp**

Mailing Address 921 N Vandeventer Ave

City Fayetteville State AR Zip Code 72701-1951

FEC ID number of contributing federal political committee. **C**

Name of Employer University of Arkansas School of Law Occupation Director, Indigenous Food and Ag Law I

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
150.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 16 / 2015  
**Transaction ID : VN8ECDC52F3**

Amount of Each Receipt this Period  
50.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)  
**C. Janie Hipp**

Mailing Address 921 N Vandeventer Ave

City Fayetteville State AR Zip Code 72701-1951

FEC ID number of contributing federal political committee. **C**

Name of Employer University of Arkansas School of Law Occupation Director, Indigenous Food and Ag Law I

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 16 / 2015  
**Transaction ID : VN8ECDE09Y9**

Amount of Each Receipt this Period  
50.00

Contribution-IE Only Account

**SUBTOTAL** of Receipts This Page (optional).....▶ 150.00

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

**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 382 OF 1282
	<input type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14
	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16
	<input checked="" type="checkbox"/> 17	

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

**A. Janie Hipp**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 921 N Vandeventer Ave  
 City Fayetteville State AR Zip Code 72701-1951  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University of Arkansas School of Law Occupation Director, Indigenous Food and Ag Law I  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 16 / 2015  
**Transaction ID : VN8ECDEM1T9**  
 Amount of Each Receipt this Period  
 50.00  
 Contribution-IE Only Account

**B. Janie Hipp**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 921 N Vandeventer Ave  
 City Fayetteville State AR Zip Code 72701-1951  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University of Arkansas School of Law Occupation Director, Indigenous Food and Ag Law I  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 16 / 2015  
**Transaction ID : VN8ECDF8D56**  
 Amount of Each Receipt this Period  
 50.00  
 Contribution-IE Only Account

**C. Susan Hirsch**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 54 Palm Ave  
 City San Francisco State CA Zip Code 94118-2514  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer swlf Occupation consultant  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 17 / 2015  
**Transaction ID : VN8ECDC6GE3**  
 Amount of Each Receipt this Period  
 250.00  
 Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	350.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 383 OF 1282
<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

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

**A. Liz Hitt**  
Full Name (Last, First, Middle Initial)  
Mailing Address 133 Ruhle Rd  
City Ballston Spa State NY Zip Code 12020-3740  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Homeless and Travelers Aid Society (HA) Occupation Executive Director  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 35.00

Date of Receipt 01 / 22 / 2015  
**Transaction ID : VN8ECDAHHP2**  
Amount of Each Receipt this Period 35.00  
Contribution-IE Only Account

**B. Liz Hitt**  
Full Name (Last, First, Middle Initial)  
Mailing Address 133 Ruhle Rd  
City Ballston Spa State NY Zip Code 12020-3740  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Homeless and Travelers Aid Society (HA) Occupation Executive Director  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 70.00

Date of Receipt 02 / 22 / 2015  
**Transaction ID : VN8ECDBDEE0**  
Amount of Each Receipt this Period 35.00  
Contribution-IE Only Account

**C. Liz Hitt**  
Full Name (Last, First, Middle Initial)  
Mailing Address 133 Ruhle Rd  
City Ballston Spa State NY Zip Code 12020-3740  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Homeless and Travelers Aid Society (HA) Occupation Executive Director  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 105.00

Date of Receipt 03 / 22 / 2015  
**Transaction ID : VN8ECDCAVT2**  
Amount of Each Receipt this Period 35.00  
Contribution-IE Only Account

**SUBTOTAL** of Receipts This Page (optional).....▶ 105.00  
**TOTAL** This Period (last page this line number only).....▶

**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 384 OF 1282
<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

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

Full Name (Last, First, Middle Initial) <b>A. Liz Hitt</b>		Date of Receipt MM / DD / YYYY 04 / 22 / 2015 <b>Transaction ID : VN8ECDE5XN1</b>
Mailing Address 133 Ruhle Rd		Amount of Each Receipt this Period 35.00
City Ballston Spa	State NY	Zip Code 12020-3740
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Homeless and Travelers Aid Society (HA)	Occupation Executive Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 140.00	

Full Name (Last, First, Middle Initial) <b>B. Liz Hitt</b>		Date of Receipt MM / DD / YYYY 05 / 22 / 2015 <b>Transaction ID : VN8ECDEPKH4</b>
Mailing Address 133 Ruhle Rd		Amount of Each Receipt this Period 35.00
City Ballston Spa	State NY	Zip Code 12020-3740
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Homeless and Travelers Aid Society (HA)	Occupation Executive Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 175.00	

Full Name (Last, First, Middle Initial) <b>C. Liz Hitt</b>		Date of Receipt MM / DD / YYYY 06 / 22 / 2015 <b>Transaction ID : VN8ECDFB3N7</b>
Mailing Address 133 Ruhle Rd		Amount of Each Receipt this Period 35.00
City Ballston Spa	State NY	Zip Code 12020-3740
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Homeless and Travelers Aid Society (HA)	Occupation Executive Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	105.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**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 385 OF 1282
<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

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

**A. Greg Hiyakumoto**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 2930

City State Zip Code  
Aiea HI 96701-8430

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
R. M. Towill Corporation Engineer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
03 / 27 / 2015  
**Transaction ID : VN8ECDDA1N9**

Amount of Each Receipt this Period  
1000.00

Contribution-IE Only Account

**B. Melissa Ho**  
Full Name (Last, First, Middle Initial)

Mailing Address 1006 Massachusetts Ave NE

City State Zip Code  
Washington DC 20002-6230

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
USAID Technical Division Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
04 / 20 / 2015  
**Transaction ID : VN8ECDE1GR4**

Amount of Each Receipt this Period  
500.00

Contribution-IE Only Account

**C. Kenneth Hodges**  
Full Name (Last, First, Middle Initial)

Mailing Address 3340 Ptarmigan Dr  
Number 4A

City State Zip Code  
Los Gatos CA 95032

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
N/A Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
35.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
01 / 17 / 2015  
**Transaction ID : VN8ECDAFSK9**

Amount of Each Receipt this Period  
35.00

Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1535.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 386 OF 1282
<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

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

Full Name (Last, First, Middle Initial) <b>A. Kenneth Hodges</b>		Date of Receipt MM / DD / YYYY 01 / 26 / 2015 <b>Transaction ID : VN8ECDAM5N2</b>
Mailing Address 3340 Ptarmigan Dr Number 4A		Amount of Each Receipt this Period 20.16
City Los Gatos	State CA	Zip Code 95032
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer N/A	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 55.16	

Full Name (Last, First, Middle Initial) <b>B. Kenneth Hodges</b>		Date of Receipt MM / DD / YYYY 02 / 17 / 2015 <b>Transaction ID : VN8ECDB9GW4</b>
Mailing Address 3340 Ptarmigan Dr Number 4A		Amount of Each Receipt this Period 35.00
City Los Gatos	State CA	Zip Code 95032
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer N/A	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 90.16	

Full Name (Last, First, Middle Initial) <b>C. Kenneth Hodges</b>		Date of Receipt MM / DD / YYYY 02 / 26 / 2015 <b>Transaction ID : VN8ECDBN0J6</b>
Mailing Address 3340 Ptarmigan Dr Number 4A		Amount of Each Receipt this Period 20.16
City Los Gatos	State CA	Zip Code 95032
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer N/A	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 110.32	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75.32
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 387 OF 1282
	<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	

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

Full Name (Last, First, Middle Initial) <b>A. Kenneth Hodges</b>		Date of Receipt MM / DD / YYYY 03 / 17 / 2015 <b>Transaction ID : VN8ECDC7122</b>
Mailing Address 3340 Ptarmigan Dr Number 4A		Amount of Each Receipt this Period 35.00
City Los Gatos	State CA	Zip Code 95032
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer N/A	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 145.32	

Full Name (Last, First, Middle Initial) <b>B. Kenneth Hodges</b>		Date of Receipt MM / DD / YYYY 03 / 26 / 2015 <b>Transaction ID : VN8ECDD99S9</b>
Mailing Address 3340 Ptarmigan Dr Number 4A		Amount of Each Receipt this Period 20.16
City Los Gatos	State CA	Zip Code 95032
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer N/A	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 165.48	

Full Name (Last, First, Middle Initial) <b>C. Kenneth Hodges</b>		Date of Receipt MM / DD / YYYY 04 / 17 / 2015 <b>Transaction ID : VN8ECDE13Z4</b>
Mailing Address 3340 Ptarmigan Dr Number 4A		Amount of Each Receipt this Period 35.00
City Los Gatos	State CA	Zip Code 95032
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer N/A	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.48	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	90.16
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 388 OF 1282
<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

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

Full Name (Last, First, Middle Initial) <b>A. Kenneth Hodges</b>		Date of Receipt MM / DD / YYYY 04 / 26 / 2015 <b>Transaction ID : VN8ECDE7X86</b>
Mailing Address 3340 Ptarmigan Dr Number 4A		Amount of Each Receipt this Period 20.16
City Los Gatos	State CA	Zip Code 95032
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer N/A	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.64	

Full Name (Last, First, Middle Initial) <b>B. Kenneth Hodges</b>		Date of Receipt MM / DD / YYYY 05 / 17 / 2015 <b>Transaction ID : VN8ECDEMHM7</b>
Mailing Address 3340 Ptarmigan Dr Number 4A		Amount of Each Receipt this Period 35.00
City Los Gatos	State CA	Zip Code 95032
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer N/A	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 255.64	

Full Name (Last, First, Middle Initial) <b>C. Kenneth Hodges</b>		Date of Receipt MM / DD / YYYY 05 / 26 / 2015 <b>Transaction ID : VN8ECDEQXA6</b>
Mailing Address 3340 Ptarmigan Dr Number 4A		Amount of Each Receipt this Period 20.16
City Los Gatos	State CA	Zip Code 95032
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer N/A	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.80	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75.32
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 389 OF 1282
<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

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

Full Name (Last, First, Middle Initial) <b>A. Kenneth Hodges</b>		Date of Receipt MM / DD / YYYY 06 / 17 / 2015
Mailing Address 3340 Ptarmigan Dr Number 4A		<b>Transaction ID : VN8ECDF9A58</b>
City Los Gatos	State CA	Zip Code 95032
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 35.00
Name of Employer N/A	Occupation Retired	Contribution-IE Only Account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 310.80	

Full Name (Last, First, Middle Initial) <b>B. Kenneth Hodges</b>		Date of Receipt MM / DD / YYYY 06 / 26 / 2015
Mailing Address 3340 Ptarmigan Dr Number 4A		<b>Transaction ID : VN8ECDFE972</b>
City Los Gatos	State CA	Zip Code 95032
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.16
Name of Employer N/A	Occupation Retired	Contribution-IE Only Account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.96	

Full Name (Last, First, Middle Initial) <b>C. Constance M Hoguet</b>		Date of Receipt MM / DD / YYYY 02 / 20 / 2015
Mailing Address 333 E 68th St Apt 12A		<b>Transaction ID : VN8ECDBQV08</b>
City New York	State NY	Zip Code 10065
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer N/A	Occupation Retired	Contribution-IE Only Account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	355.16
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 390 OF 1282
<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

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

**A. Steve Holmer**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3139 Adams Mill Rd NW  
City Washington State DC Zip Code 20010-2611  
FEC ID number of contributing federal political committee. **C**  
Name of Employer American Bird Conservancy Occupation Environmentalist  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **250.00**

Date of Receipt **02 / 01 / 2015**  
**Transaction ID : VN8ECDB2NN6**  
Amount of Each Receipt this Period **250.00**  
Contribution-IE Only Account

**B. Merl Holt**  
Full Name (Last, First, Middle Initial)  
Mailing Address 12976 Boston Ave Apt #2  
City Chino State CA Zip Code 91710  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Ironworkers Local #433 Occupation Ironworker  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **35.00**

Date of Receipt **01 / 23 / 2015**  
**Transaction ID : VN8ECDAJ2D7**  
Amount of Each Receipt this Period **35.00**  
Contribution-IE Only Account

**C. Merl Holt**  
Full Name (Last, First, Middle Initial)  
Mailing Address 12976 Boston Ave Apt #2  
City Chino State CA Zip Code 91710  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Ironworkers Local #433 Occupation Ironworker  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **70.00**

Date of Receipt **02 / 23 / 2015**  
**Transaction ID : VN8ECDBE2Y0**  
Amount of Each Receipt this Period **35.00**  
Contribution-IE Only Account

**SUBTOTAL** of Receipts This Page (optional)..... **320.00**  
**TOTAL** This Period (last page this line number only).....

**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 391 OF 1282
<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

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

Full Name (Last, First, Middle Initial) <b>A. Merl Holt</b>		Date of Receipt MM / DD / YYYY 03 / 23 / 2015 <b>Transaction ID : VN8ECDCBW08</b>
Mailing Address 12976 Boston Ave Apt #2		Amount of Each Receipt this Period 35.00
City Chino	State CA	Zip Code 91710
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Ironworkers Local #433	Occupation Ironworker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 105.00	

Full Name (Last, First, Middle Initial) <b>B. Merl Holt</b>		Date of Receipt MM / DD / YYYY 04 / 23 / 2015 <b>Transaction ID : VN8ECDE3WW8</b>
Mailing Address 12976 Boston Ave Apt #2		Amount of Each Receipt this Period 35.00
City Chino	State CA	Zip Code 91710
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Ironworkers Local #433	Occupation Ironworker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 140.00	

Full Name (Last, First, Middle Initial) <b>C. Merl Holt</b>		Date of Receipt MM / DD / YYYY 05 / 23 / 2015 <b>Transaction ID : VN8ECDEPFQ2</b>
Mailing Address 12976 Boston Ave Apt #2		Amount of Each Receipt this Period 35.00
City Chino	State CA	Zip Code 91710
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Ironworkers Local #433	Occupation Ironworker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 175.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	105.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 392 OF 1282
<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

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

**A. Merl Holt**  
Full Name (Last, First, Middle Initial)

Mailing Address 12976 Boston Ave  
Apt #2

City Chino State CA Zip Code 91710

FEC ID number of contributing federal political committee. **C**

Name of Employer Ironworkers Local #433 Occupation Ironworker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  
06 / 23 / 2015  
Transaction ID : VN8ECDFAMQ9

Amount of Each Receipt this Period  
35.00

Contribution-IE Only Account

**B. Linda Hoppe**  
Full Name (Last, First, Middle Initial)

Mailing Address 3 Strawberry Lndg

City Mill Valley State CA Zip Code 94941-3211

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Retailer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
02 / 20 / 2015  
Transaction ID : VN8ECDBRVW6

Amount of Each Receipt this Period  
250.00

Contribution-IE Only Account

**C. James Horwitz**  
Full Name (Last, First, Middle Initial)

Mailing Address 24 Oak Hill Ln

City Woodbridge State CT Zip Code 06525-1939

FEC ID number of contributing federal political committee. **C**

Name of Employer Koskoff, Koskoff + Bieder, PC Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
4000.00

Date of Receipt  
04 / 01 / 2015  
Transaction ID : VN8ECDDEXZ8

Amount of Each Receipt this Period  
4000.00

Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	4285.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**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 393 OF 1282
<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

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

**A. Kam Hosn**  
Full Name (Last, First, Middle Initial)  
Mailing Address 25511 Spotted Pony Ln  
City Laguna Hills State CA Zip Code 92653-5839  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Everest Solutions Group Occupation VP of Development  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 19 / 2015  
**Transaction ID : VN8ECDBBS56**  
Amount of Each Receipt this Period 250.00  
Contribution-IE Only Account

**B. Jocelyn Byrne Houle**  
Full Name (Last, First, Middle Initial)  
Mailing Address 10942 Whiterim Dr  
City Potomac State MD Zip Code 20854-1778  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Society Hill Partners Occupation Entrepreneur  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 201.60

Date of Receipt 03 / 12 / 2015  
**Transaction ID : VN8ECDC2KS5**  
Amount of Each Receipt this Period 201.60  
Contribution-IE Only Account

**C. David L. Howard**  
Full Name (Last, First, Middle Initial)  
Mailing Address 9610 Steele Meadow Rd  
City Charlotte State NC Zip Code 28273-4579  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Charlotte City Council Occupation Councilman  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 27 / 2015  
**Transaction ID : VN8ECDDRTM3**  
Amount of Each Receipt this Period 1000.00  
Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1451.60
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 394 OF 1282
<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

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

**A. David Hubbard**  
Full Name (Last, First, Middle Initial)

Mailing Address 923 N La Jolla Ave

City West Hollywood State CA Zip Code 90046-6816

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Screen Writer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 17 / 2015  
**Transaction ID : VN8ECDD78C8**

Amount of Each Receipt this Period  
 2000.00

Contribution-IE Only Account

**B. Nancy Hubble**  
Full Name (Last, First, Middle Initial)

Mailing Address 909 Lasalle St

City Lawrence State KS Zip Code 66044-4337

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Teacher

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 18 / 2015  
**Transaction ID : VN8ECD7XK6**

Amount of Each Receipt this Period  
 1000.00

Contribution-IE Only Account

**C. Paul Hughes**  
Full Name (Last, First, Middle Initial)

Mailing Address 2989 Arizona Ave NW

City Washington State DC Zip Code 20016-3416

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation Consultant

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 23 / 2015  
**Transaction ID : VN8ECDCCVD6**

Amount of Each Receipt this Period  
 500.00

Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 395 OF 1282
<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

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

Full Name (Last, First, Middle Initial) <b>A. Jihee HUH</b>		Date of Receipt MM / DD / YYYY 01 / 26 / 2015 <b>Transaction ID : VN8ECDAMS66</b>
Mailing Address 1 Crest Rd E		Amount of Each Receipt this Period 500.00
City Palos Verdes Peninsula	State CA	Zip Code 90274
FEC ID number of contributing federal political committee. C		
Name of Employer PAFCO	Occupation Business-Manufacturing/Distribution	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
		Contribution-IE Only Account

Full Name (Last, First, Middle Initial) <b>B. David Hunsicker</b>		Date of Receipt MM / DD / YYYY 04 / 10 / 2015 <b>Transaction ID : VN8ECDDSM27</b>
Mailing Address 3411 Rustic Way Ln		Amount of Each Receipt this Period 500.00
City Falls Church	State VA	Zip Code 22044-1242
FEC ID number of contributing federal political committee. C		
Name of Employer St. Stephen's & St. Agnes School	Occupation Teacher	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
		Contribution-IE Only Account

Full Name (Last, First, Middle Initial) <b>C. Daniel Hunter</b>		Date of Receipt MM / DD / YYYY 01 / 20 / 2015 <b>Transaction ID : VN8ECDAGH83</b>
Mailing Address 303 Henry St		Amount of Each Receipt this Period 20.16
City Brooklyn	State NY	Zip Code 11201-5507
FEC ID number of contributing federal political committee. C		
Name of Employer Schulte Roth Zabel	Occupation lawyer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1020.16	
		Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1020.16
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 396 OF 1282
<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

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

**A. Daniel Hunter**  
Full Name (Last, First, Middle Initial)  
Mailing Address 303 Henry St  
City Brooklyn State NY Zip Code 11201-5507  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Schulte Roth Zabel Occupation lawyer  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **1020.16**

Date of Receipt **01 / 20 / 2015**  
**Transaction ID : VN8ECDAGHH4**  
Amount of Each Receipt this Period **1000.00**  
Contribution-IE Only Account

**B. I Thinkthatworks LLC**  
Full Name (Last, First, Middle Initial)  
Mailing Address 468 N Camden Dr # 2  
City Beverly Hills State CA Zip Code 90210-4507  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **5000.00**

Date of Receipt **04 / 07 / 2015**  
**Transaction ID : VN8ECDEZ041**  
Amount of Each Receipt this Period **5000.00**  
Contribution-IE Only Account

**c. Ian Calderon for Assembly 2016**  
Full Name (Last, First, Middle Initial)  
Mailing Address 777 S Figueroa St Ste 4050  
City Los Angeles State CA Zip Code 90017-5864  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **1000.00**

Date of Receipt **03 / 01 / 2015**  
**Transaction ID : VN8ECD0J83**  
Amount of Each Receipt this Period **1000.00**  
Contribution-IE Only Account

**SUBTOTAL** of Receipts This Page (optional)..... **7000.00**  
**TOTAL** This Period (last page this line number only).....

**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 397 OF 1282
	<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	

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

**A. Mohamed Ibrahim**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3380 Lubich Dr  
 City Mountain View State CA Zip Code 94040-4556  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Nanosyn Occupation Scientist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 18 / 2015  
**Transaction ID : VN8ECDBAPM0**  
 Amount of Each Receipt this Period  
 500.00  
 Contribution-IE Only Account

**B. Mitchell Imanaka**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3045 Wailani Rd  
 City Honolulu State HI Zip Code 96813-1005  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Imanaka Asato LLLC Occupation Attorney  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 27 / 2015  
**Transaction ID : VN8ECDDA1J6**  
 Amount of Each Receipt this Period  
 1000.00  
 Contribution-IE Only Account

**C. Infogroup**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10 Vose Farm Rd  
 City Peterborough State NH Zip Code 03458-2111  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5760.43

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 11 / 2015  
**Transaction ID : VN8ECDEMHW0**  
 Amount of Each Receipt this Period  
 5760.43  
 Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	7260.43
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 398 OF 1282
<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

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

**A. Inglesino Wyciskala & Taylor LLC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 600 Parsippany Rd  
 Ste 204  
 City Parsippany State NJ Zip Code 07054-3715  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 13 / 2015  
**Transaction ID : VN8ECDC9F78**  
 Amount of Each Receipt this Period  
 500.00  
 Contribution-IE Only Account

**B. Edward Ip**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8 Spruce St  
 City New York State NY Zip Code 10038-1556  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Miras Capital CEO  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 25 / 2015  
**Transaction ID : VN8ECDD7C52**  
 Amount of Each Receipt this Period  
 500.00  
 Contribution-IE Only Account

**C. Audrey Irmas**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 16030 Ventura Blvd  
 City Encino State CA Zip Code 91436-2731  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Retired Retired  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 09 / 2015  
**Transaction ID : VN8ECDBZV83**  
 Amount of Each Receipt this Period  
 500.00  
 Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 399 OF 1282
<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

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

Full Name (Last, First, Middle Initial) <b>A. Daniel Ishii</b>		Date of Receipt MM / DD / YYYY 03 / 30 / 2015
Mailing Address 45-663 Loihi St		<b>Transaction ID : VN8ECDBQ83</b>
City Kaneohe	State HI	Zip Code 96744-1849
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer University of Hawaii	Occupation Associate VP for Research& Innovation	Contribution-IE Only Account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Jim Jackson</b>		Date of Receipt MM / DD / YYYY 02 / 15 / 2015
Mailing Address 235 3rd Ave N Unit 365		<b>Transaction ID : VN8ECDB8GF2</b>
City Saint Petersburg	State FL	Zip Code 33701-3377
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 201.60
Name of Employer State of Florida	Occupation Educator	Contribution-IE Only Account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 201.60	

Full Name (Last, First, Middle Initial) <b>C. Jay Jacobs</b>		Date of Receipt MM / DD / YYYY 04 / 04 / 2015
Mailing Address 85 Crescent Beach Rd		<b>Transaction ID : VN8ECDDNBZ7</b>
City Glen Cove	State NY	Zip Code 11542-1323
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 5000.00
Name of Employer TLC Kids Group, LLC	Occupation CEO	Contribution-IE Only Account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5701.60
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 400 OF 1282
<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

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

Full Name (Last, First, Middle Initial) <b>A. Morgan Jacobs</b>		Date of Receipt MM / DD / YYYY 02 / 09 / 2015 <b>Transaction ID : VN8ECDB0AZ6</b>
Mailing Address 3602 Ottawa Ln		Amount of Each Receipt this Period 500.00
City Hollywood	State FL	Zip Code 33026-4618
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Katz Watson Group	Occupation Political Fundraiser	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Shaun Jacobs</b>		Date of Receipt MM / DD / YYYY 02 / 20 / 2015 <b>Transaction ID : VN8ECDBCZ9</b>
Mailing Address 1038 Franklin St		Amount of Each Receipt this Period 250.00
City Santa Monica	State CA	Zip Code 90403-2322
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer City of Los Angeles	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Kenneth Jacobsen</b>		Date of Receipt MM / DD / YYYY 03 / 27 / 2015 <b>Transaction ID : VN8ECDDRRG8</b>
Mailing Address 5 E Rose Valley Rd		Amount of Each Receipt this Period 5000.00
City Wallingford	State PA	Zip Code 19086-6516
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Self	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**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 401 OF 1282
<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

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

**A. Daniel Jameyson**  
Full Name (Last, First, Middle Initial)

Mailing Address 4265 Clayton Rd  
Apt 203

City State Zip Code  
Concord CA 94521-2750

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Contra Costa County Eligibility Worker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
20.16

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 22 / 2015

**Transaction ID : VN8ECDAHF88**

Amount of Each Receipt this Period  
20.16

Contribution-IE Only Account

**B. Daniel Jameyson**  
Full Name (Last, First, Middle Initial)

Mailing Address 4265 Clayton Rd  
Apt 203

City State Zip Code  
Concord CA 94521-2750

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Contra Costa County Eligibility Worker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
232.76

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 29 / 2015

**Transaction ID : VN8ECDARRQ8**

Amount of Each Receipt this Period  
212.60

Contribution-IE Only Account

**C. Daniel Jameyson**  
Full Name (Last, First, Middle Initial)

Mailing Address 4265 Clayton Rd  
Apt 203

City State Zip Code  
Concord CA 94521-2750

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Contra Costa County Eligibility Worker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
257.76

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 30 / 2015

**Transaction ID : VN8ECDASGC5**

Amount of Each Receipt this Period  
25.00

Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	257.76
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 402 OF 1282
	<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	

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

**A. Don Jarvis**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1424 W Shields Dr

City Sherman	State TX	Zip Code 75092-5535
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Jarvis Family	Occupation Father
-----------------------------------	----------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
235.31

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 01 / 2015  
**Transaction ID : VN8ECDDE6N0**

Amount of Each Receipt this Period  
 35.00

Contribution-IE Only Account

**B. Don Jarvis**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1424 W Shields Dr

City Sherman	State TX	Zip Code 75092-5535
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Jarvis Family	Occupation Father
-----------------------------------	----------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
235.31

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 01 / 2015  
**Transaction ID : VN8ECDDE6R4**

Amount of Each Receipt this Period  
 200.31

Contribution-IE Only Account

**C. Don Jarvis**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1424 W Shields Dr

City Sherman	State TX	Zip Code 75092-5535
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Jarvis Family	Occupation Father
-----------------------------------	----------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
255.47

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 23 / 2015  
**Transaction ID : VN8ECDE57K8**

Amount of Each Receipt this Period  
 20.16

Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	255.47
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 403 OF 1282
<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

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

Full Name (Last, First, Middle Initial) <b>A. Cynthia Jasso-Rotunno</b>		Date of Receipt MM / DD / YYYY 02 / 23 / 2015 <b>Transaction ID : VN8ECDBE660</b>
Mailing Address 531 8th St NE		Amount of Each Receipt this Period 500.00
City Washington	State DC	Zip Code 20002-5235
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Self-employed	Occupation Consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Cynthia Jasso-Rotunno</b>		Date of Receipt MM / DD / YYYY 04 / 03 / 2015 <b>Transaction ID : VN8ECDFE522</b>
Mailing Address 531 8th St NE		Amount of Each Receipt this Period 162.38
City Washington	State DC	Zip Code 20002-5235
FEC ID number of contributing federal political committee. C		Event Decor Inkind; IE Only Account
Name of Employer Self-employed	Occupation Consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 662.38	

Full Name (Last, First, Middle Initial) <b>C. Ivan Jecklin</b>		Date of Receipt MM / DD / YYYY 01 / 29 / 2015 <b>Transaction ID : VN8ECDARE89</b>
Mailing Address 640 Walsing Dr		Amount of Each Receipt this Period 5000.00
City Henrico	State VA	Zip Code 23229-8133
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Weinstein Properties	Occupation Real Estate	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5662.38
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 404 OF 1282
<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

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

**A. Jeff Rosen for DA 2014**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6950 Almaden Expy  
 City San Jose State CA Zip Code 95120-3201  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 11 / 2015  
**Transaction ID : VN8ECDC4XQ6**  
 Amount of Each Receipt this Period  
 1000.00  
 Contribution-IE Only Account

**B. Delores Jeffers**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 16116 Ancroft Ct  
 City Tampa State FL Zip Code 33647-1040  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Retired RN  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 221.76

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 16 / 2015  
**Transaction ID : VN8ECDB8XC7**  
 Amount of Each Receipt this Period  
 221.76  
 Contribution-IE Only Account

**C. Kemi Jemilohun**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3600 S 14th St Apt 225  
 City Alexandria State VA Zip Code 22302-1070  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Department of Labor Government Official  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 201.60

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 18 / 2015  
**Transaction ID : VN8ECDBAP53**  
 Amount of Each Receipt this Period  
 201.60  
 Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1423.36
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 405 OF 1282
	<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	

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

Full Name (Last, First, Middle Initial) <b>A. Brian Jenks</b>		Date of Receipt MM / DD / YYYY 01 / 07 / 2015 <b>Transaction ID : VN8ECDA9EN5</b>
Mailing Address 60 W 106th St Apt 3D		Amount of Each Receipt this Period 201.60
City New York	State NY	Zip Code 10025-3878
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Cravath, Swaine & Moore LLP	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 201.60	

Full Name (Last, First, Middle Initial) <b>B. Paige Jernigan</b>		Date of Receipt MM / DD / YYYY 01 / 11 / 2015 <b>Transaction ID : VN8ECDAH4C4</b>
Mailing Address 5 Southern Pines Cv		Amount of Each Receipt this Period 250.00
City Pine Bluff	State AR	Zip Code 71603-7019
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer self	Occupation fund raiser	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Paige Jernigan</b>		Date of Receipt MM / DD / YYYY 01 / 18 / 2015 <b>Transaction ID : VN8ECDB1HK3</b>
Mailing Address 5 Southern Pines Cv		Amount of Each Receipt this Period 20.16
City Pine Bluff	State AR	Zip Code 71603-7019
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer self	Occupation fund raiser	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.16	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	471.76
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 406 OF 1282
<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

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

Full Name (Last, First, Middle Initial) <b>A. Paige Jernigan</b>		Date of Receipt 03 / 14 / 2015 <b>Transaction ID : VN8ECDF0RA7</b>
Mailing Address 5 Southern Pines Cv		Amount of Each Receipt this Period 41.32
City Pine Bluff	State AR	Zip Code 71603-7019
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer self	Occupation fund raiser	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 311.48	

Full Name (Last, First, Middle Initial) <b>B. Sandra Jewett</b>		Date of Receipt 03 / 12 / 2015 <b>Transaction ID : VN8ECDC2YN6</b>
Mailing Address 1447 Sierra Ave		Amount of Each Receipt this Period 500.00
City San Jose	State CA	Zip Code 95126-2812
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer sync-edu.com	Occupation VP education services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Angela Jimenez</b>		Date of Receipt 01 / 20 / 2015 <b>Transaction ID : VN8ECDAGG40</b>
Mailing Address PO Box 202147		Amount of Each Receipt this Period 100.00
City Anchorage	State AK	Zip Code 99520-2147
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Mckinley Services	Occupation Executive Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 100.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	641.32
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 407 OF 1282
	<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	

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

Full Name (Last, First, Middle Initial) <b>A. Angela Jimenez</b>			Date of Receipt MM / DD / YYYY 02 / 20 / 2015 <b>Transaction ID : VN8ECDBC18</b>
Mailing Address PO Box 202147			Amount of Each Receipt this Period 100.00
City Anchorage	State AK	Zip Code 99520-2147	Contribution-IE Only Account
FEC ID number of contributing federal political committee. C			
Name of Employer Mckinley Services	Occupation Executive Director	Aggregate Year-to-Date ▼ 200.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Angela Jimenez</b>			Date of Receipt MM / DD / YYYY 03 / 20 / 2015 <b>Transaction ID : VN8ECDC9GN2</b>
Mailing Address PO Box 202147			Amount of Each Receipt this Period 100.00
City Anchorage	State AK	Zip Code 99520-2147	Contribution-IE Only Account
FEC ID number of contributing federal political committee. C			
Name of Employer Mckinley Services	Occupation Executive Director	Aggregate Year-to-Date ▼ 300.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Angela Jimenez</b>			Date of Receipt MM / DD / YYYY 04 / 20 / 2015 <b>Transaction ID : VN8ECDE1MY1</b>
Mailing Address PO Box 202147			Amount of Each Receipt this Period 100.00
City Anchorage	State AK	Zip Code 99520-2147	Contribution-IE Only Account
FEC ID number of contributing federal political committee. C			
Name of Employer Mckinley Services	Occupation Executive Director	Aggregate Year-to-Date ▼ 400.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 408 OF 1282
<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

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

**A. Angela Jimenez**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 202147

City Anchorage	State AK	Zip Code 99520-2147
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Mckinley Services	Occupation Executive Director
---------------------------------------	----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	20	/	2015

**Transaction ID : VN8ECDENGZ9**

Amount of Each Receipt this Period  
100.00

Contribution-IE Only Account

**B. Angela Jimenez**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 202147

City Anchorage	State AK	Zip Code 99520-2147
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Mckinley Services	Occupation Executive Director
---------------------------------------	----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	20	/	2015

**Transaction ID : VN8ECDFA1Q9**

Amount of Each Receipt this Period  
100.00

Contribution-IE Only Account

**C. Francisco S. Jin**  
Full Name (Last, First, Middle Initial)  
Mailing Address 34 Hemlock Ln

City Roslyn Heights	State NY	Zip Code 11577-2704
------------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Golden Mango America, Inc.	Occupation President
--	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	26	/	2015

**Transaction ID : VN8ECDB0KY7**

Amount of Each Receipt this Period  
500.00

Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	700.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**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 409 OF 1282
<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

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

Full Name (Last, First, Middle Initial) <b>A. JJ Haynes</b>		Date of Receipt MM / DD / YYYY 02 / 28 / 2015 <b>Transaction ID : VN8ECD0RB0</b>
Mailing Address 216 W Village Blvd Ste 206		Amount of Each Receipt this Period 500.00
City Laredo	State TX	Zip Code 78041-2317
FEC ID number of contributing federal political committee.	C	
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
		Contribution-IE Only Account

Full Name (Last, First, Middle Initial) <b>B. Luke Johnakin</b>		Date of Receipt MM / DD / YYYY 04 / 12 / 2015 <b>Transaction ID : VN8ECD0W0H8</b>
Mailing Address PO Box 994		Amount of Each Receipt this Period 100.00
City Bennettsville	State SC	Zip Code 29512-0994
FEC ID number of contributing federal political committee.	C	
Name of Employer N/A	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 384.95	
		Contribution-IE Only Account

Full Name (Last, First, Middle Initial) <b>C. Luke Johnakin</b>		Date of Receipt MM / DD / YYYY 04 / 12 / 2015 <b>Transaction ID : VN8ECD0W1W6</b>
Mailing Address PO Box 994		Amount of Each Receipt this Period 35.00
City Bennettsville	State SC	Zip Code 29512-0994
FEC ID number of contributing federal political committee.	C	
Name of Employer N/A	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 384.95	
		Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	635.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 410 OF 1282
	<input type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14
	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16
	<input checked="" type="checkbox"/> 17	

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

**A. Luke Johnakin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 994  
 City State Zip Code  
 Bennettsville SC 29512-0994  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 N/A Retired  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 384.95

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 12 / 2015  
**Transaction ID : VN8ECDDW2R7**  
 Amount of Each Receipt this Period  
 249.95  
 Contribution-IE Only Account

**B. Carla Johnson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 177 Wool St  
 City State Zip Code  
 San Francisco CA 94110-5551  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 CCSF Director  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 212.60

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 11 / 2015  
**Transaction ID : VN8ECDB4707**  
 Amount of Each Receipt this Period  
 212.60  
 Contribution-IE Only Account

**C. Eric Johnson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3525 Turtle Creek Blvd  
 Apt 11A  
 City State Zip Code  
 Dallas TX 75219-5513  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Dallas ISD Educator  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 12 / 2015  
**Transaction ID : VN8ECDB5NX3**  
 Amount of Each Receipt this Period  
 2500.00  
 Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2962.55
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 411 OF 1282
<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

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

Full Name (Last, First, Middle Initial)  
**A. Eric Johnson**

Mailing Address 3525 Turtle Creek Blvd  
Apt 11A

City Dallas State TX Zip Code 75219-5513

FEC ID number of contributing federal political committee. **C**

Name of Employer Dallas ISD Occupation Educator

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3500.00

Date of Receipt  
03 / 29 / 2015  
**Transaction ID : VN8ECDB567**

Amount of Each Receipt this Period  
1000.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)  
**B. Janis Johnson**

Mailing Address PO Box 2168

City Valdez State AK Zip Code 99686-2168

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
03 / 18 / 2015  
**Transaction ID : VN8ECDC7KC2**

Amount of Each Receipt this Period  
500.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)  
**C. Pamela Johnson**

Mailing Address 2911 Jennings Rd

City Kensington State MD Zip Code 20895-2708

FEC ID number of contributing federal political committee. **C**

Name of Employer DOD Occupation Analyst

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
20.16

Date of Receipt  
02 / 08 / 2015  
**Transaction ID : VN8ECDAZY47**

Amount of Each Receipt this Period  
20.16

Contribution-IE Only Account

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1520.16

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

**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 412 OF 1282
	<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	

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

**A. Pamela Johnson**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2911 Jennings Rd  
City Kensington State MD Zip Code 20895-2708  
FEC ID number of contributing federal political committee. **C**  
Name of Employer DOD Occupation Analyst  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **70.32**

Date of Receipt **02 / 22 / 2015**  
**Transaction ID : VN8ECDBDCV9**  
Amount of Each Receipt this Period **20.16**  
Contribution-IE Only Account

**B. Pamela Johnson**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2911 Jennings Rd  
City Kensington State MD Zip Code 20895-2708  
FEC ID number of contributing federal political committee. **C**  
Name of Employer DOD Occupation Analyst  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **70.32**

Date of Receipt **02 / 22 / 2015**  
**Transaction ID : VN8ECDBDCY3**  
Amount of Each Receipt this Period **30.00**  
Contribution-IE Only Account

**C. Pamela Johnson**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2911 Jennings Rd  
City Kensington State MD Zip Code 20895-2708  
FEC ID number of contributing federal political committee. **C**  
Name of Employer DOD Occupation Analyst  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **90.48**

Date of Receipt **02 / 25 / 2015**  
**Transaction ID : VN8ECDBMFW8**  
Amount of Each Receipt this Period **20.16**  
Contribution-IE Only Account

**SUBTOTAL** of Receipts This Page (optional)..... **70.32**  
**TOTAL** This Period (last page this line number only).....

**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 413 OF 1282
<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

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

**A. Pamela Johnson**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2911 Jennings Rd  
City Kensington State MD Zip Code 20895-2708  
FEC ID number of contributing federal political committee. **C**  
Name of Employer DOD Occupation Analyst  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 110.64

Date of Receipt **02 / 28 / 2015**  
**Transaction ID : VN8ECDBQ1C6**  
Amount of Each Receipt this Period 20.16  
Contribution-IE Only Account

**B. Pamela Johnson**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2911 Jennings Rd  
City Kensington State MD Zip Code 20895-2708  
FEC ID number of contributing federal political committee. **C**  
Name of Employer DOD Occupation Analyst  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 130.80

Date of Receipt **03 / 05 / 2015**  
**Transaction ID : VN8ECDBTXS2**  
Amount of Each Receipt this Period 20.16  
Contribution-IE Only Account

**C. Pamela Johnson**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2911 Jennings Rd  
City Kensington State MD Zip Code 20895-2708  
FEC ID number of contributing federal political committee. **C**  
Name of Employer DOD Occupation Analyst  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 150.96

Date of Receipt **03 / 12 / 2015**  
**Transaction ID : VN8ECDC30S1**  
Amount of Each Receipt this Period 20.16  
Contribution-IE Only Account

**SUBTOTAL** of Receipts This Page (optional).....▶ 60.48  
**TOTAL** This Period (last page this line number only).....▶

**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 414 OF 1282
	<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	

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

**A. Pamela Johnson**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2911 Jennings Rd  
City Kensington State MD Zip Code 20895-2708  
FEC ID number of contributing federal political committee. **C**  
Name of Employer DOD Occupation Analyst  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **185.96**

Date of Receipt **03 / 31 / 2015**  
**Transaction ID : VN8ECDDX70**  
Amount of Each Receipt this Period **35.00**  
Contribution-IE Only Account

**B. Pamela Johnson**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2911 Jennings Rd  
City Kensington State MD Zip Code 20895-2708  
FEC ID number of contributing federal political committee. **C**  
Name of Employer DOD Occupation Analyst  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **206.96**

Date of Receipt **04 / 03 / 2015**  
**Transaction ID : VN8ECDDJ478**  
Amount of Each Receipt this Period **21.00**  
Contribution-IE Only Account

**C. Terry Johnson**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3200 NE 36th St Apt 809  
City Fort Lauderdale State FL Zip Code 33308-6746  
FEC ID number of contributing federal political committee. **C**  
Name of Employer AT&T Occupation retired  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **500.00**

Date of Receipt **04 / 12 / 2015**  
**Transaction ID : VN8ECDDVY83**  
Amount of Each Receipt this Period **500.00**  
Contribution-IE Only Account

**SUBTOTAL** of Receipts This Page (optional)..... **556.00**  
**TOTAL** This Period (last page this line number only).....

**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 415 OF 1282
	<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	

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

**A. David Jones**  
Full Name (Last, First, Middle Initial)

Mailing Address 700 13th St NW  
Ste 200

City Washington State DC Zip Code 20005-3956

FEC ID number of contributing federal political committee. **C**

Name of Employer Capitol Counsel Occupation Partner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
201.60

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
02 / 20 / 2015

**Transaction ID : VN8ECDBCPB6**

Amount of Each Receipt this Period  
201.60

Contribution-IE Only Account

**B. Lorraine E Jones**  
Full Name (Last, First, Middle Initial)

Mailing Address 8922 Valley Brook Cir

City Anchorage State AK Zip Code 99507

FEC ID number of contributing federal political committee. **C**

Name of Employer SCF Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
04 / 12 / 2015

**Transaction ID : VN8ECDDWVE1**

Amount of Each Receipt this Period  
250.00

Contribution-IE Only Account

**C. Margaret Jordan**  
Full Name (Last, First, Middle Initial)

Mailing Address 3500 Fairmount St  
Apt 208

City Dallas State TX Zip Code 75219-4771

FEC ID number of contributing federal political committee. **C**

Name of Employer Margaret Jordan Occupation Consultant

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
02 / 02 / 2015

**Transaction ID : VN8ECDATWT7**

Amount of Each Receipt this Period  
500.00

Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	951.60
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 416 OF 1282
	<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	

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

Full Name (Last, First, Middle Initial) <b>A. Omar Jorge</b>		Date of Receipt MM / DD / YYYY 04 / 10 / 2015 <b>Transaction ID : VN8ECDE4B83</b>
Mailing Address 5314 Piper Glen Dr		Amount of Each Receipt this Period 500.00
City Charlotte	State NC	Zip Code 28277-1326
FEC ID number of contributing federal political committee. C	Name of Employer 500 Foods LLC	
Occupation Counsel		Contribution-IE Only Account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Ann Joseph</b>		Date of Receipt MM / DD / YYYY 01 / 25 / 2015 <b>Transaction ID : VN8ECDB22T6</b>
Mailing Address 9 Abbotsbury Road		Amount of Each Receipt this Period 1000.66
City Charlotte	State Lo	Zip Code 00W14- 8EH
FEC ID number of contributing federal political committee. C	Name of Employer Not employed	
Occupation Not employed		Contribution-IE Only Account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.66	

Full Name (Last, First, Middle Initial) <b>C. Ann Joseph</b>		Date of Receipt MM / DD / YYYY 03 / 09 / 2015 <b>Transaction ID : VN8ECDF0KX5</b>
Mailing Address 9 Abbotsbury Road		Amount of Each Receipt this Period 20.66
City Charlotte	State Lo	Zip Code 00W14- 8EH
FEC ID number of contributing federal political committee. C	Name of Employer Not employed	
Occupation Not employed		Contribution-IE Only Account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1021.32	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1521.32
<b>TOTAL</b> This Period (last page this line number only).....▶	



**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 417 OF 1282
<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

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

Full Name (Last, First, Middle Initial) <b>A. Maxx Judd</b>		Date of Receipt MM / DD / YYYY 01 / 02 / 2015 <b>Transaction ID : VN8ECDA6J46</b>
Mailing Address 7200 Covered Bridge Dr		Amount of Each Receipt this Period 250.00
City Austin	State TX	Zip Code 78736
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Apple Inc.	Occupation Marketing Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 394.18	

Full Name (Last, First, Middle Initial) <b>B. Maxx Judd</b>		Date of Receipt MM / DD / YYYY 01 / 02 / 2015 <b>Transaction ID : VN8ECDA6J87</b>
Mailing Address 7200 Covered Bridge Dr		Amount of Each Receipt this Period 144.18
City Austin	State TX	Zip Code 78736
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Apple Inc.	Occupation Marketing Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 394.18	

Full Name (Last, First, Middle Initial) <b>C. K&amp;S Construction</b>		Date of Receipt MM / DD / YYYY 01 / 26 / 2015 <b>Transaction ID : VN8ECDB0M44</b>
Mailing Address 803 West Ave Ste 350		Amount of Each Receipt this Period 150.00
City Rochester	State NY	Zip Code 14611-2445
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	544.18
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 418 OF 1282
	<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	

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

Full Name (Last, First, Middle Initial) <b>A. K&amp;S Construction</b>		Date of Receipt MM / DD / YYYY 01 / 26 / 2015 <b>Transaction ID : VN8ECDB0M60</b>
Mailing Address 803 West Ave Ste 350		Amount of Each Receipt this Period 150.00
City Rochester	State NY	Zip Code 14611-2445
FEC ID number of contributing federal political committee.	C	
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
		Contribution-IE Only Account

Full Name (Last, First, Middle Initial) <b>B. Sheena Kadi</b>		Date of Receipt MM / DD / YYYY 02 / 07 / 2015 <b>Transaction ID : VN8ECDAZJS6</b>
Mailing Address 2605 Pine Trace Dr		Amount of Each Receipt this Period 201.60
City Maumee	State OH	Zip Code 43537-1537
FEC ID number of contributing federal political committee.	C	
Name of Employer	Occupation	
Why Marriage Matters Ohio	Field Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 201.60	
		Contribution-IE Only Account

Full Name (Last, First, Middle Initial) <b>C. Sheena Kadi</b>		Date of Receipt MM / DD / YYYY 04 / 10 / 2015 <b>Transaction ID : VN8ECDDT190</b>
Mailing Address 2605 Pine Trace Dr		Amount of Each Receipt this Period 10.00
City Maumee	State OH	Zip Code 43537-1537
FEC ID number of contributing federal political committee.	C	
Name of Employer	Occupation	
Why Marriage Matters Ohio	Field Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 211.60	
		Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	361.60
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 419 OF 1282
	<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	

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

Full Name (Last, First, Middle Initial) <b>A. Cheryl Kaeser</b>		Date of Receipt MM / DD / YYYY 01 / 30 / 2015 <b>Transaction ID : VN8ECDAS3H6</b>
Mailing Address 157 Townsend Ave		Amount of Each Receipt this Period 1000.00
City Pelham	State NY	Zip Code 10803-3113
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Kirkland & Ellis	Occupation Partner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. Altan Kalayci</b>		Date of Receipt MM / DD / YYYY 01 / 26 / 2015 <b>Transaction ID : VN8ECDB0HP8</b>
Mailing Address 9949 Innisfree Dr		Amount of Each Receipt this Period 2000.00
City Alpharetta	State GA	Zip Code 30022-3223
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Stannum Consulting	Occupation IT Consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) <b>C. Daniel Kalin</b>		Date of Receipt MM / DD / YYYY 01 / 02 / 2015 <b>Transaction ID : VN8ECDA6PF0</b>
Mailing Address 301 E 75th St Apt 8H		Amount of Each Receipt this Period 201.60
City New York	State NY	Zip Code 10021-3017
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Chase & Kalin	Occupation Progressive Mediator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 201.60	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3201.60
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 420 OF 1282
	<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	

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

Full Name (Last, First, Middle Initial) <b>A. Daniel Kalin</b>		Date of Receipt MM / DD / YYYY 01 / 26 / 2015 <b>Transaction ID : VN8ECDAM3P6</b>
Mailing Address 301 E 75th St Apt 8H		Amount of Each Receipt this Period 20.16
City New York State NY Zip Code 10021-3017	FEC ID number of contributing federal political committee. C	Contribution-IE Only Account
Name of Employer Chase & Kalin Occupation Progressive Mediator	Aggregate Year-to-Date 221.76	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Daniel Kalin</b>		Date of Receipt MM / DD / YYYY 02 / 13 / 2015 <b>Transaction ID : VN8ECD76T4</b>
Mailing Address 301 E 75th St Apt 8H		Amount of Each Receipt this Period 20.16
City New York State NY Zip Code 10021-3017	FEC ID number of contributing federal political committee. C	Contribution-IE Only Account
Name of Employer Chase & Kalin Occupation Progressive Mediator	Aggregate Year-to-Date 241.92	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Daniel Kalin</b>		Date of Receipt MM / DD / YYYY 03 / 19 / 2015 <b>Transaction ID : VN8ECD8EQ5</b>
Mailing Address 301 E 75th St Apt 8H		Amount of Each Receipt this Period 5.00
City New York State NY Zip Code 10021-3017	FEC ID number of contributing federal political committee. C	Contribution-IE Only Account
Name of Employer Chase & Kalin Occupation Progressive Mediator	Aggregate Year-to-Date 246.92	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	45.32
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 421 OF 1282
<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

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

Full Name (Last, First, Middle Initial) <b>A. Daniel Kalin</b>		Date of Receipt MM / DD / YYYY 04 / 04 / 2015 <b>Transaction ID : VN8ECDDNF77</b>
Mailing Address 301 E 75th St Apt 8H		Amount of Each Receipt this Period 201.60
City New York	State NY	Zip Code 10021-3017
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Chase & Kalin	Occupation Progressive Mediator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 448.52	

Full Name (Last, First, Middle Initial) <b>B. David Kaloyanides</b>		Date of Receipt MM / DD / YYYY 01 / 21 / 2015 <b>Transaction ID : VN8ECDAH832</b>
Mailing Address 15338 Central Ave		Amount of Each Receipt this Period 50.00
City Chino Hills	State CA	Zip Code 91709
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer David J.P. Kaloyanides, APLC	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 50.00	

Full Name (Last, First, Middle Initial) <b>C. David Kaloyanides</b>		Date of Receipt MM / DD / YYYY 02 / 21 / 2015 <b>Transaction ID : VN8ECDBD1H8</b>
Mailing Address 15338 Central Ave		Amount of Each Receipt this Period 50.00
City Chino Hills	State CA	Zip Code 91709
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer David J.P. Kaloyanides, APLC	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 100.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	301.60
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 422 OF 1282
<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

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

**A. David Kaloyanides**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 15338 Central Ave  
 City Chino Hills State CA Zip Code 91709  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer David J.P. Kaloyanides, APLC Occupation Attorney  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **150.00**

Date of Receipt **03 / 21 / 2015**  
**Transaction ID : VN8ECDCAH2**  
 Amount of Each Receipt this Period **50.00**  
 Contribution-IE Only Account

**B. David Kaloyanides**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 15338 Central Ave  
 City Chino Hills State CA Zip Code 91709  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer David J.P. Kaloyanides, APLC Occupation Attorney  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **200.00**

Date of Receipt **04 / 21 / 2015**  
**Transaction ID : VN8ECDE2AK0**  
 Amount of Each Receipt this Period **50.00**  
 Contribution-IE Only Account

**C. David Kaloyanides**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 15338 Central Ave  
 City Chino Hills State CA Zip Code 91709  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer David J.P. Kaloyanides, APLC Occupation Attorney  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **05 / 21 / 2015**  
**Transaction ID : VN8ECDEPJB3**  
 Amount of Each Receipt this Period **50.00**  
 Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>150.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**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 423 OF 1282
	<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	

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

**A. David Kaloyanides**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 15338 Central Ave  
 City Chino Hills State CA Zip Code 91709  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer David J.P. Kaloyanides, APLC Occupation Attorney  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **300.00**

Date of Receipt **06 / 21 / 2015**  
**Transaction ID : VN8ECDFANW1**  
 Amount of Each Receipt this Period **50.00**  
 Contribution-IE Only Account

**B. Sukhee Kang**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 16 Thorn HI  
 City Irvine State CA Zip Code 92602-2440  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Chapman University Occupation Chancellor Fellow  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **201.60**

Date of Receipt **03 / 02 / 2015**  
**Transaction ID : VN8ECDBS970**  
 Amount of Each Receipt this Period **201.60**  
 Contribution-IE Only Account

**C. Eli Kaplan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1407 5th St NW  
 City Washington State DC Zip Code 20001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Rising Tide Interactive Occupation Digital Media Strategist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **201.60**

Date of Receipt **03 / 03 / 2015**  
**Transaction ID : VN8ECDBSQS3**  
 Amount of Each Receipt this Period **201.60**  
 Contribution-IE Only Account

**SUBTOTAL** of Receipts This Page (optional)..... **453.20**  
**TOTAL** This Period (last page this line number only).....

**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 424 OF 1282
<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

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

**A. Tansel Karabacak**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2001 Brookford Dr  
City Little Rock State AR Zip Code 72211-5482  
FEC ID number of contributing federal political committee. **C**  
Name of Employer University of Arkansas Occupation Professor  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 250.00

Date of Receipt 01 / 26 / 2015  
**Transaction ID : VN8ECDAYV34**  
Amount of Each Receipt this Period 250.00  
Contribution-IE Only Account

**B. Leslie Katz**  
Full Name (Last, First, Middle Initial)  
Mailing Address 343 Coleridge St  
City San Francisco State CA Zip Code 94110-5442  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self employed Occupation Consultant  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 250.00

Date of Receipt 02 / 20 / 2015  
**Transaction ID : VN8ECDBQTR5**  
Amount of Each Receipt this Period 250.00  
Contribution-IE Only Account

**C. Kurt Kausch**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4920 N Winthrop Ave Apt 3  
City Chicago State IL Zip Code 60640-3600  
FEC ID number of contributing federal political committee. **C**  
Name of Employer GSK Occupation Advanced Practice Nurse  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 99.00

Date of Receipt 04 / 12 / 2015  
**Transaction ID : VN8ECDDX459**  
Amount of Each Receipt this Period 50.00  
Contribution-IE Only Account

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 550.00  
**TOTAL** This Period (last page this line number only)..... ▶



**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 425 OF 1282
	<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	

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

**A. Kurt Kausch**  
Full Name (Last, First, Middle Initial)

Mailing Address 4920 N Winthrop Ave  
Apt 3

City Chicago State IL Zip Code 60640-3600

FEC ID number of contributing federal political committee. **C**

Name of Employer GSK Occupation Advanced Practice Nurse

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
99.00

Date of Receipt  
04 / 12 / 2015  
**Transaction ID : VN8ECDDX4R9**

Amount of Each Receipt this Period  
99.00

Contribution-IE Only Account

**B. Kurt Kausch**  
Full Name (Last, First, Middle Initial)

Mailing Address 4920 N Winthrop Ave  
Apt 3

City Chicago State IL Zip Code 60640-3600

FEC ID number of contributing federal political committee. **C**

Name of Employer GSK Occupation Advanced Practice Nurse

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
219.00

Date of Receipt  
04 / 22 / 2015  
**Transaction ID : VN8ECDE39H0**

Amount of Each Receipt this Period  
120.00

Contribution-IE Only Account

**C. Keeping America Competitive**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 58635

City Philadelphia State PA Zip Code 19102-8635

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
15000.00

Date of Receipt  
03 / 27 / 2015  
**Transaction ID : VN8ECDDRRA0**

Amount of Each Receipt this Period  
15000.00

Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	15169.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 426 OF 1282
<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

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

Full Name (Last, First, Middle Initial) <b>A. Claudia Kennedy</b>		Date of Receipt MM / DD / YYYY 01 / 08 / 2015 <b>Transaction ID : VN8ECDA9XZ6</b>
Mailing Address 4 Magazine PI		Amount of Each Receipt this Period 25.00
City Hilton Head Island	State SC	Zip Code 29928-3911
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Retired	Occupation Na	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 25.00	

Full Name (Last, First, Middle Initial) <b>B. Claudia Kennedy</b>		Date of Receipt MM / DD / YYYY 02 / 08 / 2015 <b>Transaction ID : VN8ECDAZXJ5</b>
Mailing Address 4 Magazine PI		Amount of Each Receipt this Period 25.00
City Hilton Head Island	State SC	Zip Code 29928-3911
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Retired	Occupation Na	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 50.00	

Full Name (Last, First, Middle Initial) <b>C. Claudia Kennedy</b>		Date of Receipt MM / DD / YYYY 03 / 08 / 2015 <b>Transaction ID : VN8ECDBWK74</b>
Mailing Address 4 Magazine PI		Amount of Each Receipt this Period 25.00
City Hilton Head Island	State SC	Zip Code 29928-3911
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Retired	Occupation Na	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 75.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 427 OF 1282
	<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	

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

Full Name (Last, First, Middle Initial)  
**A. Claudia Kennedy**

Mailing Address 4 Magazine Pl

City State Zip Code  
Hilton Head Island SC 29928-3911

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Na

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
375.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
03 / 24 / 2015

**Transaction ID : VN8ECDCEVH3**

Amount of Each Receipt this Period  
300.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)  
**B. Claudia Kennedy**

Mailing Address 4 Magazine Pl

City State Zip Code  
Hilton Head Island SC 29928-3911

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Na

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
04 / 08 / 2015

**Transaction ID : VN8ECDDQZX7**

Amount of Each Receipt this Period  
25.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)  
**C. Claudia Kennedy**

Mailing Address 4 Magazine Pl

City State Zip Code  
Hilton Head Island SC 29928-3911

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Na

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
425.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
05 / 08 / 2015

**Transaction ID : VN8ECDEGDR9**

Amount of Each Receipt this Period  
25.00

Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	350.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 428 OF 1282
	<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	

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

**A. Claudia Kennedy**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4 Magazine Pl  
City Hilton Head Island State SC Zip Code 29928-3911  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Retired Occupation Na  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **450.00**

Date of Receipt **06 / 08 / 2015**  
**Transaction ID : VN8ECDF27W8**  
Amount of Each Receipt this Period **25.00**  
Contribution-IE Only Account

**B. Alisa H Kesten**  
Full Name (Last, First, Middle Initial)  
Mailing Address 201 Lyncroft Rd  
City New Rochelle State NY Zip Code 10804-4105  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Volunteer New York! Occupation Executive Director  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **1000.00**

Date of Receipt **01 / 23 / 2015**  
**Transaction ID : VN8ECDAJ2K5**  
Amount of Each Receipt this Period **1000.00**  
Contribution-IE Only Account

**C. Alisa H Kesten**  
Full Name (Last, First, Middle Initial)  
Mailing Address 201 Lyncroft Rd  
City New Rochelle State NY Zip Code 10804-4105  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Volunteer New York! Occupation Executive Director  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **1024.20**

Date of Receipt **02 / 24 / 2015**  
**Transaction ID : VN8ECDBKS28**  
Amount of Each Receipt this Period **24.20**  
Contribution-IE Only Account

**SUBTOTAL** of Receipts This Page (optional)..... **1049.20**  
**TOTAL** This Period (last page this line number only).....

**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 429 OF 1282
<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

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

Full Name (Last, First, Middle Initial)  
**A. Mary Keymer**

Mailing Address **PO Box 96**

City **Greenwood Lake** State **NY** Zip Code **10925-0096**

FEC ID number of contributing federal political committee. **C**

Name of Employer **health and hospitals corporation new y** Occupation **retired social worker**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	6		2	0	1	5

**Transaction ID : VN8ECDAM5J8**

Amount of Each Receipt this Period  

2	5	0	0	.	0	0
---	---	---	---	---	---	---

**250.00**

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)  
**B. Mandeep Khera**

Mailing Address **795 Shard Ct**

City **Fremont** State **CA** Zip Code **94539-7419**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Daintree Networks** Occupation **VP, Marketing and Channels**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **201.60**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	9		2	0	1	5

**Transaction ID : VN8ECDB2R07**

Amount of Each Receipt this Period  

2	0	1	.	6	0
---	---	---	---	---	---

**201.60**

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)  
**C. Rosalind Khim**

Mailing Address **810 Richards St  
Ste 502**

City **Honolulu** State **HI** Zip Code **96813-4700**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Self** Occupation **Office Manager**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **201.60**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	0		2	0	1	5

**Transaction ID : VN8ECDDC581**

Amount of Each Receipt this Period  

2	0	1	.	6	0
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**201.60**

Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>653.20</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 430 OF 1282
<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

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

Full Name (Last, First, Middle Initial) <b>A. Georgette Elizabeth Khosravi</b>		Date of Receipt MM / DD / YYYY 01 / 14 / 2015 <b>Transaction ID : VN8ECDAD25</b>
Mailing Address 2201 E 6th St		Amount of Each Receipt this Period 100.00
City Moscow	State ID	Zip Code 83843
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Self	Occupation Consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 100.00	

Full Name (Last, First, Middle Initial) <b>B. Georgette Elizabeth Khosravi</b>		Date of Receipt MM / DD / YYYY 02 / 14 / 2015 <b>Transaction ID : VN8ECDB7WQ3</b>
Mailing Address 2201 E 6th St		Amount of Each Receipt this Period 100.00
City Moscow	State ID	Zip Code 83843
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Self	Occupation Consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

Full Name (Last, First, Middle Initial) <b>C. Georgette Elizabeth Khosravi</b>		Date of Receipt MM / DD / YYYY 03 / 14 / 2015 <b>Transaction ID : VN8ECDC3YP2</b>
Mailing Address 2201 E 6th St		Amount of Each Receipt this Period 100.00
City Moscow	State ID	Zip Code 83843
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Self	Occupation Consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 431 OF 1282
<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

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

**A. Georgette Elizabeth Khosravi**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2201 E 6th St  
 City Moscow State ID Zip Code 83843  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Consultant  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **305.00**

Date of Receipt **03 / 16 / 2015**  
**Transaction ID : VN8ECDC4WP5**  
 Amount of Each Receipt this Period **5.00**  
 Contribution-IE Only Account

**B. Georgette Elizabeth Khosravi**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2201 E 6th St  
 City Moscow State ID Zip Code 83843  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Consultant  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **405.00**

Date of Receipt **04 / 14 / 2015**  
**Transaction ID : VN8ECDDYM77**  
 Amount of Each Receipt this Period **100.00**  
 Contribution-IE Only Account

**C. Georgette Elizabeth Khosravi**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2201 E 6th St  
 City Moscow State ID Zip Code 83843  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Consultant  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **505.00**

Date of Receipt **05 / 14 / 2015**  
**Transaction ID : VN8ECDEK030**  
 Amount of Each Receipt this Period **100.00**  
 Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>205.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**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 432 OF 1282
<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

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

Full Name (Last, First, Middle Initial)  
**A. Georgette Elizabeth Khosravi**

Mailing Address 2201 E 6th St

City Moscow State ID Zip Code 83843

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Consultant

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
605.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 14 / 2015  
**Transaction ID : VN8ECDF6TZ2**

Amount of Each Receipt this Period  
100.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)  
**B. Annette Kielhurn**

Mailing Address 1700 74th Ave N

City Saint Petersburg State FL Zip Code 33702

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
290.32

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 30 / 2015  
**Transaction ID : VN8ECDARWE7**

Amount of Each Receipt this Period  
250.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)  
**C. Annette Kielhurn**

Mailing Address 1700 74th Ave N

City Saint Petersburg State FL Zip Code 33702

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
290.32

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 30 / 2015  
**Transaction ID : VN8ECDARWHO**

Amount of Each Receipt this Period  
40.32

Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	390.32
<b>TOTAL</b> This Period (last page this line number only).....▶	



**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 433 OF 1282
	<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	

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

**A. Paul Kiesel**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8648 Wilshire Blvd  
City Beverly Hills State CA Zip Code 90211-2910  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Kiesel Law LLP Occupation Trial Lawyer  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 5000.00

Date of Receipt 01 / 16 / 2015  
**Transaction ID : VN8ECDAF988**  
Amount of Each Receipt this Period 5000.00  
Contribution-IE Only Account

**B. Loren Kieve**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2655 Steiner St  
City San Francisco State CA Zip Code 94115-1141  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Kieve Law Offices Occupation law  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 5000.00

Date of Receipt 01 / 16 / 2015  
**Transaction ID : VN8ECDAFAN3**  
Amount of Each Receipt this Period 5000.00  
Contribution-IE Only Account

**C. Joon Kim**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1230 13th St NW Apt 810  
City Washington State DC Zip Code 20005-5141  
FEC ID number of contributing federal political committee. **C**  
Name of Employer New Partners Occupation Vice President  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 201.60

Date of Receipt 01 / 21 / 2015  
**Transaction ID : VN8ECDAH951**  
Amount of Each Receipt this Period 201.60  
Contribution-IE Only Account

**SUBTOTAL** of Receipts This Page (optional)..... 10201.60  
**TOTAL** This Period (last page this line number only).....

**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 434 OF 1282
<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

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

**A. Mary K. Kim**  
Full Name (Last, First, Middle Initial)

Mailing Address 3448 60th St

City Woodside State NY Zip Code 11377-2142

FEC ID number of contributing federal political committee. **C**

Name of Employer NY Cho Dae Church Occupation Clergy

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
100.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 22 / 2015  
**Transaction ID : VN8ECDAH99**

Amount of Each Receipt this Period  
 100.00

Contribution-IE Only Account

**B. Mary K. Kim**  
Full Name (Last, First, Middle Initial)

Mailing Address 3448 60th St

City Woodside State NY Zip Code 11377-2142

FEC ID number of contributing federal political committee. **C**

Name of Employer NY Cho Dae Church Occupation Clergy

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1100.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 26 / 2015  
**Transaction ID : VN8ECDB0KT5**

Amount of Each Receipt this Period  
 1000.00

Contribution-IE Only Account

**C. Mary K. Kim**  
Full Name (Last, First, Middle Initial)

Mailing Address 3448 60th St

City Woodside State NY Zip Code 11377-2142

FEC ID number of contributing federal political committee. **C**

Name of Employer NY Cho Dae Church Occupation Clergy

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 28 / 2015  
**Transaction ID : VN8ECDDAXA2**

Amount of Each Receipt this Period  
 100.00

Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1200.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 435 OF 1282
	<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	

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

Full Name (Last, First, Middle Initial) <b>A. Edward Mi Kimmel</b>		Date of Receipt MM / DD / YYYY 04 / 07 / 2015 <b>Transaction ID : VN8ECDDQ8Q1</b>
Mailing Address 7629 Carroll Ave		Amount of Each Receipt this Period 201.60
City Takoma Park	State MD	Zip Code 20912-6386
FEC ID number of contributing federal political committee. C		
Name of Employer self	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 201.60	Contribution-IE Only Account

Full Name (Last, First, Middle Initial) <b>B. Edward Mi Kimmel</b>		Date of Receipt MM / DD / YYYY 04 / 23 / 2015 <b>Transaction ID : VN8ECDE51E6</b>
Mailing Address 7629 Carroll Ave		Amount of Each Receipt this Period 10.00
City Takoma Park	State MD	Zip Code 20912-6386
FEC ID number of contributing federal political committee. C		
Name of Employer self	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 211.60	Contribution-IE Only Account

Full Name (Last, First, Middle Initial) <b>C. Karen King</b>		Date of Receipt MM / DD / YYYY 03 / 17 / 2015 <b>Transaction ID : VN8ECDC7658</b>
Mailing Address 247 Barnes Bridge Rd		Amount of Each Receipt this Period 1000.00
City Sunnyvale	State TX	Zip Code 75182-9105
FEC ID number of contributing federal political committee. C		
Name of Employer Self	Occupation Physican	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1211.60
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 436 OF 1282
<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

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

**A. Sheila Kini**  
Full Name (Last, First, Middle Initial)

Mailing Address 415 E 54th St  
6c

City New York State NY Zip Code 10022-5116

FEC ID number of contributing federal political committee. **C**

Name of Employer self Occupation self

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
141.49

Date of Receipt  
01 / 11 / 2015  
Transaction ID : VN8ECDABT25

Amount of Each Receipt this Period  
117.39

Contribution-IE Only Account

**B. Sheila Kini**  
Full Name (Last, First, Middle Initial)

Mailing Address 415 E 54th St  
6c

City New York State NY Zip Code 10022-5116

FEC ID number of contributing federal political committee. **C**

Name of Employer self Occupation self

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
141.49

Date of Receipt  
01 / 11 / 2015  
Transaction ID : VN8ECDABT41

Amount of Each Receipt this Period  
24.10

Contribution-IE Only Account

**C. Sheila Kini**  
Full Name (Last, First, Middle Initial)

Mailing Address 415 E 54th St  
6c

City New York State NY Zip Code 10022-5116

FEC ID number of contributing federal political committee. **C**

Name of Employer self Occupation self

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
161.65

Date of Receipt  
04 / 07 / 2015  
Transaction ID : VN8ECDDQPM7

Amount of Each Receipt this Period  
20.16

Contribution-IE Only Account

**SUBTOTAL** of Receipts This Page (optional).....▶ 161.65

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

**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 437 OF 1282
	<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	

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

**A. Sheila Kini**  
Full Name (Last, First, Middle Initial)  
Mailing Address 415 E 54th St  
6c  
City New York State NY Zip Code 10022-5116  
FEC ID number of contributing federal political committee. **C**  
Name of Employer self Occupation self  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 201.81

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 11 / 2015  
**Transaction ID : VN8ECDDV920**  
Amount of Each Receipt this Period  
40.16  
Contribution-IE Only Account

**B. Sydney Kinsey**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5827 Jasper Pointe Cir  
City Castle Pines State CO Zip Code 80108-9163  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Retired Occupation retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 18 / 2015  
**Transaction ID : VN8ECDC7J04**  
Amount of Each Receipt this Period  
500.00  
Contribution-IE Only Account

**C. Deirdre Kirkwodd**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4359 Edgewood Pl  
City Riverside State CA Zip Code 92506-1750  
FEC ID number of contributing federal political committee. **C**  
Name of Employer UNAC/UHCP Occupation Registered Nurse  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 35.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 14 / 2015  
**Transaction ID : VN8ECDADEN5**  
Amount of Each Receipt this Period  
35.00  
Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	575.16
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 438 OF 1282
<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

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

**A. Deirdre Kirkwodd**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4359 Edgewood Pl  
City Riverside State CA Zip Code 92506-1750  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
UNAC/UHCP Registered Nurse  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
**70.00**

Date of Receipt  
**02 / 14 / 2015**  
**Transaction ID : VN8ECDB7WV4**  
Amount of Each Receipt this Period  
**35.00**  
Contribution-IE Only Account

**B. Deirdre Kirkwodd**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4359 Edgewood Pl  
City Riverside State CA Zip Code 92506-1750  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
UNAC/UHCP Registered Nurse  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
**105.00**

Date of Receipt  
**03 / 14 / 2015**  
**Transaction ID : VN8ECDC4113**  
Amount of Each Receipt this Period  
**35.00**  
Contribution-IE Only Account

**C. Deirdre Kirkwodd**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4359 Edgewood Pl  
City Riverside State CA Zip Code 92506-1750  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
UNAC/UHCP Registered Nurse  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
**140.00**

Date of Receipt  
**04 / 14 / 2015**  
**Transaction ID : VN8ECDDYKS6**  
Amount of Each Receipt this Period  
**35.00**  
Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>105.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 439 OF 1282
<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

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

Full Name (Last, First, Middle Initial) <b>A. Deirdre Kirkwodd</b>		Date of Receipt MM / DD / YYYY 05 / 14 / 2015 <b>Transaction ID : VN8ECDEK088</b>
Mailing Address 4359 Edgewood Pl		Amount of Each Receipt this Period 35.00
City Riverside	State CA	Zip Code 92506-1750
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer UNAC/UHCP	Occupation Registered Nurse	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 175.00	

Full Name (Last, First, Middle Initial) <b>B. Deirdre Kirkwodd</b>		Date of Receipt MM / DD / YYYY 06 / 14 / 2015 <b>Transaction ID : VN8ECDF7QD2</b>
Mailing Address 4359 Edgewood Pl		Amount of Each Receipt this Period 35.00
City Riverside	State CA	Zip Code 92506-1750
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer UNAC/UHCP	Occupation Registered Nurse	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) <b>C. Steven Kirsch</b>		Date of Receipt MM / DD / YYYY 02 / 27 / 2015 <b>Transaction ID : VN8ECDBP3R8</b>
Mailing Address 13930 La Paloma Rd		Amount of Each Receipt this Period 500.00
City Los Altos Hills	State CA	Zip Code 94022-2628
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer OneID	Occupation CTO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	570.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 440 OF 1282
	<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	

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

**A. Morley Klausner**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 130 W 30th St  
 Apt 8C  
 City New York State NY Zip Code 10001-0044  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: retired Occupation: entrepreneur  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt: 01 / 26 / 2015  
**Transaction ID : VN8ECDAM9Q7**  
 Amount of Each Receipt this Period: 1000.00  
 Contribution-IE Only Account

**B. Allison D. D. Klein**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 77 7th Ave  
 Apt 12V  
 City New York State NY Zip Code 10011  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: none Occupation: retired  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt: 01 / 07 / 2015  
**Transaction ID : VN8ECDA9JV1**  
 Amount of Each Receipt this Period: 403.20  
 Contribution-IE Only Account

**C. Herbert Klein**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10 Oak Cres  
 City Little Falls State NJ Zip Code 07424-2436  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Amoroso Klein Bierman Occupation: Attorney  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt: 02 / 26 / 2015  
**Transaction ID : VN8ECDBQG03**  
 Amount of Each Receipt this Period: 5000.00  
 Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	6403.20
<b>TOTAL</b> This Period (last page this line number only).....▶	



**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 441 OF 1282
<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

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

**A. Sharon A Kleinbaum**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 165 Seaman Ave  
 2B  
 City New York State NY Zip Code 10034-1988  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Congregation Beit Simchat Torah Occupation Rabbi  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 26 / 2015  
**Transaction ID : VN8ECDQA5F8**  
 Amount of Each Receipt this Period  
 1000.00  
 Contribution-IE Only Account

**B. Scott Klenet**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4501 Connecticut Ave NW  
 Apt 1004  
 City Washington State DC Zip Code 20008-3720  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Davidoff Hutcher - Citron LLP Occupation Senior Analyst  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 201.60

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 12 / 2015  
**Transaction ID : VN8ECDC2KF6**  
 Amount of Each Receipt this Period  
 201.60  
 Contribution-IE Only Account

**C. Robert Klotz**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 56 W Nippon St  
 City Philadelphia State PA Zip Code 19119-2425  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Cambridge Academy Occupation English Teacher  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2700.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 12 / 2015  
**Transaction ID : VN8ECDWNE8**  
 Amount of Each Receipt this Period  
 2700.00  
 Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3901.60
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 442 OF 1282
<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

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

Full Name (Last, First, Middle Initial) <b>A. James Knoll</b>		Date of Receipt MM / DD / YYYY 04 / 12 / 2015 <b>Transaction ID : VN8ECDDWM64</b>
Mailing Address 2738 SW Robins Crest Dr		Amount of Each Receipt this Period 250.00
City Portland	State OR	Zip Code 97201-2247
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer James L Knoll PC	Occupation mediator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Joyce Knott</b>		Date of Receipt MM / DD / YYYY 01 / 07 / 2015 <b>Transaction ID : VN8ECDA9CV8</b>
Mailing Address 1354 Bowater Rd		Amount of Each Receipt this Period 35.00
City Rock Hill	State SC	Zip Code 29732-9521
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Pilcher/Knott Marketing, Inc	Occupation Account Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 35.00	

Full Name (Last, First, Middle Initial) <b>C. Joyce Knott</b>		Date of Receipt MM / DD / YYYY 02 / 07 / 2015 <b>Transaction ID : VN8ECDAZF62</b>
Mailing Address 1354 Bowater Rd		Amount of Each Receipt this Period 35.00
City Rock Hill	State SC	Zip Code 29732-9521
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Pilcher/Knott Marketing, Inc	Occupation Account Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 70.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	320.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 443 OF 1282
<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 (Last, First, Middle Initial) <b>A. Joyce Knott</b>		Date of Receipt
Mailing Address 1354 Bowater Rd		<input type="text" value="03"/> / <input type="text" value="07"/> / <input type="text" value="2015"/>
City	State	Zip Code
Rock Hill	SC	29732-9521
FEC ID number of contributing federal political committee.		<b>Transaction ID : VN8ECDBVZD9</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="35.00"/>
Name of Employer	Occupation	Contribution-IE Only Account
Pilcher/Knott Marketing, Inc	Account Executive	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="105.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Joyce Knott</b>		Date of Receipt
Mailing Address 1354 Bowater Rd		<input type="text" value="03"/> / <input type="text" value="16"/> / <input type="text" value="2015"/>
City	State	Zip Code
Rock Hill	SC	29732-9521
FEC ID number of contributing federal political committee.		<b>Transaction ID : VN8ECDC5578</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="201.60"/>
Name of Employer	Occupation	Contribution-IE Only Account
Pilcher/Knott Marketing, Inc	Account Executive	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="306.60"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Joyce Knott</b>		Date of Receipt
Mailing Address 1354 Bowater Rd		<input type="text" value="04"/> / <input type="text" value="07"/> / <input type="text" value="2015"/>
City	State	Zip Code
Rock Hill	SC	29732-9521
FEC ID number of contributing federal political committee.		<b>Transaction ID : VN8ECDDQ7Y5</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="35.00"/>
Name of Employer	Occupation	Contribution-IE Only Account
Pilcher/Knott Marketing, Inc	Account Executive	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="341.60"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="271.60"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 444 OF 1282
	<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	

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

Full Name (Last, First, Middle Initial) <b>A. Joyce Knott</b>		Date of Receipt MM / DD / YYYY 05 / 07 / 2015 <b>Transaction ID : VN8ECDEGBK5</b>
Mailing Address 1354 Bowater Rd		Amount of Each Receipt this Period 35.00
City Rock Hill	State SC	Zip Code 29732-9521
FEC ID number of contributing federal political committee. C	Contribution-IE Only Account	
Name of Employer Pilcher/Knott Marketing, Inc	Occupation Account Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 376.60	

Full Name (Last, First, Middle Initial) <b>B. Joyce Knott</b>		Date of Receipt MM / DD / YYYY 06 / 07 / 2015 <b>Transaction ID : VN8ECDF0VD7</b>
Mailing Address 1354 Bowater Rd		Amount of Each Receipt this Period 35.00
City Rock Hill	State SC	Zip Code 29732-9521
FEC ID number of contributing federal political committee. C	Contribution-IE Only Account	
Name of Employer Pilcher/Knott Marketing, Inc	Occupation Account Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 411.60	

Full Name (Last, First, Middle Initial) <b>C. Kathy Ko Chin</b>		Date of Receipt MM / DD / YYYY 01 / 22 / 2015 <b>Transaction ID : VN8ECDAH03</b>
Mailing Address 3815 Balfour Ave		Amount of Each Receipt this Period 201.60
City Oakland	State CA	Zip Code 94610-1706
FEC ID number of contributing federal political committee. C	Contribution-IE Only Account	
Name of Employer Asian & Pacific Islander American Heal	Occupation President & CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 201.60	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	271.60
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 445 OF 1282
<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

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

**A. John Kontor**  
Full Name (Last, First, Middle Initial)  
Mailing Address 717 Monterey Ave

City Annapolis	State MD	Zip Code 21401-1512
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Advisory Board Company	Occupation EVP
--	-------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
35.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	17	/	2015

**Transaction ID : VN8ECDB9VA4**

Amount of Each Receipt this Period  
35.00

Contribution-IE Only Account

**B. John Kontor**  
Full Name (Last, First, Middle Initial)  
Mailing Address 717 Monterey Ave

City Annapolis	State MD	Zip Code 21401-1512
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Advisory Board Company	Occupation EVP
--	-------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
236.60

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	26	/	2015

**Transaction ID : VN8ECDBM219**

Amount of Each Receipt this Period  
201.60

Contribution-IE Only Account

**C. Kaye Lingle Koonce**  
Full Name (Last, First, Middle Initial)  
Mailing Address 176 Peachtree St

City Charleston	State SC	Zip Code 29403-3345
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer retired	Occupation attorney
-----------------------------	------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
25.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	01	/	2015

**Transaction ID : VN8ECDB2GZ3**

Amount of Each Receipt this Period  
25.00

Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	261.60
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 446 OF 1282
<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

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

**A. Kaye Lingle Koonce**  
Full Name (Last, First, Middle Initial)  
Mailing Address 176 Peachtree St

City Charleston	State SC	Zip Code 29403-3345
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer retired	Occupation attorney
-----------------------------	------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
226.60

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	04	/	2015

**Transaction ID : VN8ECDBT5X3**

Amount of Each Receipt this Period  
201.60

Contribution-IE Only Account

**B. Kaye Lingle Koonce**  
Full Name (Last, First, Middle Initial)  
Mailing Address 176 Peachtree St

City Charleston	State SC	Zip Code 29403-3345
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer retired	Occupation attorney
-----------------------------	------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
246.76

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	19	/	2015

**Transaction ID : VN8ECDC8T24**

Amount of Each Receipt this Period  
20.16

Contribution-IE Only Account

**C. Kaye Lingle Koonce**  
Full Name (Last, First, Middle Initial)  
Mailing Address 176 Peachtree St

City Charleston	State SC	Zip Code 29403-3345
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer retired	Occupation attorney
-----------------------------	------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
301.92

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	23	/	2015

**Transaction ID : VN8ECDE57F8**

Amount of Each Receipt this Period  
55.16

Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	276.92
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 447 OF 1282
	<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	

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

**A. Joshua Koskoff**  
Full Name (Last, First, Middle Initial)  
Mailing Address 350 Fairfield Ave  
City Bridgeport State CT Zip Code 06604-6023  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Koskoff, Koskoff + Bieder, PC Occupation Lawyer  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 3000.00

Date of Receipt **04 / 01 / 2015**  
**Transaction ID : VN8ECDDDES46**  
Amount of Each Receipt this Period 1000.00  
Contribution-IE Only Account

**B. Joshua Koskoff**  
Full Name (Last, First, Middle Initial)  
Mailing Address 350 Fairfield Ave  
City Bridgeport State CT Zip Code 06604-6023  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Koskoff, Koskoff + Bieder, PC Occupation Lawyer  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 3000.00

Date of Receipt **04 / 01 / 2015**  
**Transaction ID : VN8ECDDDES54**  
Amount of Each Receipt this Period 2000.00  
Contribution-IE Only Account

**C. Michael Koskoff**  
Full Name (Last, First, Middle Initial)  
Mailing Address 350 Fairfield Ave  
City Bridgeport State CT Zip Code 06604-6023  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Occupation Attorney  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **04 / 10 / 2015**  
**Transaction ID : VN8ECDDSHR4**  
Amount of Each Receipt this Period 5000.00  
Contribution-IE Only Account

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 8000.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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 448 OF 1282
<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

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

Full Name (Last, First, Middle Initial) <b>A. Brad Kovaly</b>		Date of Receipt MM / DD / YYYY 03 / 31 / 2015 <b>Transaction ID : VN8ECDDCH43</b>
Mailing Address 4272 Berwick Pl		Amount of Each Receipt this Period 250.00
City Woodbridge	State VA	Zip Code 22192-5117
FEC ID number of contributing federal political committee. C	Name of Employer Randa Accessories	
Occupation EVP/COO		Contribution-IE Only Account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Brad Kovaly</b>		Date of Receipt MM / DD / YYYY 04 / 10 / 2015 <b>Transaction ID : VN8ECDDS6Q4</b>
Mailing Address 4272 Berwick Pl		Amount of Each Receipt this Period 64.00
City Woodbridge	State VA	Zip Code 22192-5117
FEC ID number of contributing federal political committee. C	Name of Employer Randa Accessories	
Occupation EVP/COO		Contribution-IE Only Account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 314.00	

Full Name (Last, First, Middle Initial) <b>C. John Kralovec</b>		Date of Receipt MM / DD / YYYY 03 / 25 / 2015 <b>Transaction ID : VN8ECDD75B4</b>
Mailing Address 60 W Randolph St		Amount of Each Receipt this Period 1000.00
City Chicago	State IL	Zip Code 60601-3373
FEC ID number of contributing federal political committee. C	Name of Employer self	
Occupation attorney		Contribution-IE Only Account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1314.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**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 449 OF 1282
<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

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

**A. Terry Kramer**  
Full Name (Last, First, Middle Initial)  
Mailing Address 45 Glen Alpine Rd  
City Piedmont State CA Zip Code 94611-3522  
FEC ID number of contributing federal political committee. **C**  
Name of Employer UCLA Anderson School of Management Occupation Distinguished Visitor  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **5000.00**

Date of Receipt **03 / 12 / 2015**  
**Transaction ID : VN8ECDC2WB3**  
Amount of Each Receipt this Period **5000.00**  
Contribution-IE Only Account

**B. Gary Kremen**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1259 El Camino Real # 500  
City Menlo Park State CA Zip Code 94025-4208  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Clean Power Finance Occupation Founder  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **1000.00**

Date of Receipt **03 / 19 / 2015**  
**Transaction ID : VN8ECDD80Q7**  
Amount of Each Receipt this Period **1000.00**  
Contribution-IE Only Account

**C. Tina Kub**  
Full Name (Last, First, Middle Initial)  
Mailing Address 840 S Rancho Dr  
City Las Vegas State NV Zip Code 89106-3800  
FEC ID number of contributing federal political committee. **C**  
Name of Employer General Occupation AAA  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **1000.00**

Date of Receipt **03 / 27 / 2015**  
**Transaction ID : VN8ECDD95H8**  
Amount of Each Receipt this Period **1000.00**  
Contribution-IE Only Account

**SUBTOTAL** of Receipts This Page (optional)..... **7000.00**  
**TOTAL** This Period (last page this line number only).....

**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 450 OF 1282
<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

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

**A. Dave Kumar**  
Full Name (Last, First, Middle Initial)

Mailing Address 1301 U St NW  
Apt 321

City Washington State DC Zip Code 20009-7546

FEC ID number of contributing federal political committee. **C**

Name of Employer Goldberg, Godles, Wiener & Wright LLP Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
201.60

Date of Receipt  
01 / 26 / 2015  
Transaction ID : VN8ECDAKQV1

Amount of Each Receipt this Period  
201.60

Contribution-IE Only Account

**B. Frederick Kuykendall**  
Full Name (Last, First, Middle Initial)

Mailing Address 1340 Sledge Dr

City Mobile State AL Zip Code 36606-3021

FEC ID number of contributing federal political committee. **C**

Name of Employer Kuykendall & Associates Occupation attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
02 / 09 / 2015  
Transaction ID : VN8ECD80CA4

Amount of Each Receipt this Period  
2500.00

Contribution-IE Only Account

**C. Munson Kwok**  
Full Name (Last, First, Middle Initial)

Mailing Address 5474 W 76th St

City Los Angeles State CA Zip Code 90045-3208

FEC ID number of contributing federal political committee. **C**

Name of Employer retired Occupation retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
03 / 19 / 2015  
Transaction ID : VN8ECD8R38

Amount of Each Receipt this Period  
500.00

Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3201.60
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 451 OF 1282
	<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	

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

**A. William Kysella**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 2414  
City Hollywood State CA Zip Code 90078-2414  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Los Angeles Occupation Attorney  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 250.00

Date of Receipt **02 / 20 / 2015**  
**Transaction ID : VN8ECDBCJD3**  
Amount of Each Receipt this Period 250.00  
Contribution-IE Only Account

**B. Andrew Lachman**  
Full Name (Last, First, Middle Initial)  
Mailing Address 222 12th St SE Unit B  
City Washington State DC Zip Code 20003-1490  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Law Office of Andrew Lachman Occupation Attorney  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 201.60

Date of Receipt **04 / 11 / 2015**  
**Transaction ID : VN8ECDDV438**  
Amount of Each Receipt this Period 201.60  
Contribution-IE Only Account

**C. Demetrius Lalos**  
Full Name (Last, First, Middle Initial)  
Mailing Address 579 Sagamore Ave  
City Portsmouth State NH Zip Code 03801-5500  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Retired Occupation Retired  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 35.00

Date of Receipt **01 / 09 / 2015**  
**Transaction ID : VN8ECDAART1**  
Amount of Each Receipt this Period 35.00  
Contribution-IE Only Account

**SUBTOTAL** of Receipts This Page (optional)..... **486.60**  
**TOTAL** This Period (last page this line number only).....

**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 452 OF 1282
<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

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

**A. Demetrius Lalos**  
Full Name (Last, First, Middle Initial)  
Mailing Address 579 Sagamore Ave

City Portsmouth	State NH	Zip Code 03801-5500
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired	Occupation Retired
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
70.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	09	/	2015

**Transaction ID : VN8ECDB0BQ4**

Amount of Each Receipt this Period  
35.00

Contribution-IE Only Account

**B. Demetrius Lalos**  
Full Name (Last, First, Middle Initial)  
Mailing Address 579 Sagamore Ave

City Portsmouth	State NH	Zip Code 03801-5500
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired	Occupation Retired
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
105.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	09	/	2015

**Transaction ID : VN8ECDBYED6**

Amount of Each Receipt this Period  
35.00

Contribution-IE Only Account

**C. Demetrius Lalos**  
Full Name (Last, First, Middle Initial)  
Mailing Address 579 Sagamore Ave

City Portsmouth	State NH	Zip Code 03801-5500
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired	Occupation Retired
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
140.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	09	/	2015

**Transaction ID : VN8ECDDRE90**

Amount of Each Receipt this Period  
35.00

Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	105.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 453 OF 1282
	<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	

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

**A. Demetrius Lalos**  
Full Name (Last, First, Middle Initial)  
Mailing Address 579 Sagamore Ave  
City Portsmouth State NH Zip Code 03801-5500  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Retired Occupation Retired  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **175.00**

Date of Receipt **05 / 09 / 2015**  
**Transaction ID : VN8ECDEGM96**  
Amount of Each Receipt this Period **35.00**  
Contribution-IE Only Account

**B. Demetrius Lalos**  
Full Name (Last, First, Middle Initial)  
Mailing Address 579 Sagamore Ave  
City Portsmouth State NH Zip Code 03801-5500  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Retired Occupation Retired  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **210.00**

Date of Receipt **06 / 09 / 2015**  
**Transaction ID : VN8ECDF2K29**  
Amount of Each Receipt this Period **35.00**  
Contribution-IE Only Account

**C. Ben Lamm**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1612 Bauerle Ave  
City Austin State TX Zip Code 78704-3302  
FEC ID number of contributing federal political committee. **C**  
Name of Employer ChaoticMoon Studios Occupation CEO  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **2500.00**

Date of Receipt **04 / 03 / 2015**  
**Transaction ID : VN8ECDFAHH5**  
Amount of Each Receipt this Period **2500.00**  
Venue Rental Inkind; IE Only Account

**SUBTOTAL** of Receipts This Page (optional)..... **2570.00**  
**TOTAL** This Period (last page this line number only).....

**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 454 OF 1282
<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

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

**A. Carolyn Lamm**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2801 Chesterfield PI NW  
City Washington State DC Zip Code 20008-1015  
FEC ID number of contributing federal political committee. **C**  
Name of Employer White & Case Occupation partner  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 201.60

Date of Receipt 02 / 26 / 2015  
**Transaction ID : VN8ECDBMTY8**  
Amount of Each Receipt this Period 201.60  
Contribution-IE Only Account

**B. Thomas Lamons**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2220 Park Newport Apt 323  
City Newport Beach State CA Zip Code 92660  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Law Offices of Thomas R. Lamons, APC Occupation Attorney  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 262.08

Date of Receipt 03 / 24 / 2015  
**Transaction ID : VN8ECDCDE05**  
Amount of Each Receipt this Period 262.08  
Contribution-IE Only Account

**C. Landen Associates LLC**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1003 Admirals Walk  
City Buffalo State NY Zip Code 14202-4339  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 5000.00

Date of Receipt 03 / 27 / 2015  
**Transaction ID : VN8ECDDRRN7**  
Amount of Each Receipt this Period 5000.00  
Contribution-IE Only Account

**SUBTOTAL** of Receipts This Page (optional).....▶ 5463.68  
**TOTAL** This Period (last page this line number only).....▶

**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 455 OF 1282
	<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	

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

Full Name (Last, First, Middle Initial) <b>A. Anne Langill</b>		Date of Receipt MM / DD / YYYY 03 / 18 / 2015
Mailing Address 333 Havana Ave		<b>Transaction ID : VN8ECD7RS3</b>
City Medford	State OR	Zip Code 97504-7716
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Retired	Occupation Retired	Contribution-IE Only Account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Suchada Langley</b>		Date of Receipt MM / DD / YYYY 01 / 20 / 2015
Mailing Address 2435 Flint Hill Rd		<b>Transaction ID : VN8ECDAGR47</b>
City Vienna	State VA	Zip Code 22181-5448
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.16
Name of Employer self	Occupation business owner	Contribution-IE Only Account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 20.16	

Full Name (Last, First, Middle Initial) <b>C. Suchada Langley</b>		Date of Receipt MM / DD / YYYY 02 / 06 / 2015
Mailing Address 2435 Flint Hill Rd		<b>Transaction ID : VN8ECDAZ248</b>
City Vienna	State VA	Zip Code 22181-5448
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.16
Name of Employer self	Occupation business owner	Contribution-IE Only Account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 40.32	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	540.32
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 456 OF 1282
<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

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

**A. Suchada Langley**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2435 Flint Hill Rd  
City Vienna State VA Zip Code 22181-5448  
FEC ID number of contributing federal political committee. **C**  
Name of Employer self Occupation business owner  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 241.92

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
04 / 03 / 2015  
**Transaction ID : VN8ECDDN693**  
Amount of Each Receipt this Period  
201.60  
Contribution-IE Only Account

**B. Suchada Langley**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2435 Flint Hill Rd  
City Vienna State VA Zip Code 22181-5448  
FEC ID number of contributing federal political committee. **C**  
Name of Employer self Occupation business owner  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 379.92

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
04 / 08 / 2015  
**Transaction ID : VN8ECDDR8Q9**  
Amount of Each Receipt this Period  
69.00  
Contribution-IE Only Account

**C. Suchada Langley**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2435 Flint Hill Rd  
City Vienna State VA Zip Code 22181-5448  
FEC ID number of contributing federal political committee. **C**  
Name of Employer self Occupation business owner  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 379.92

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
04 / 08 / 2015  
**Transaction ID : VN8ECDDR8S5**  
Amount of Each Receipt this Period  
69.00  
Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	339.60
<b>TOTAL</b> This Period (last page this line number only).....▶	



**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 457 OF 1282
	<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	

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

**A. Becky Larsen**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6802 W 146th Ter Apt 8101  
City Overland Park State KS Zip Code 66223-3841  
FEC ID number of contributing federal political committee. **C**  
Name of Employer N/A Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 50.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
01 / 10 / 2015  
**Transaction ID : VN8ECDABBJ8**  
Amount of Each Receipt this Period  
50.00  
Contribution-IE Only Account

**B. Becky Larsen**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6802 W 146th Ter Apt 8101  
City Overland Park State KS Zip Code 66223-3841  
FEC ID number of contributing federal political committee. **C**  
Name of Employer N/A Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 100.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
02 / 10 / 2015  
**Transaction ID : VN8ECDB30T9**  
Amount of Each Receipt this Period  
50.00  
Contribution-IE Only Account

**C. Becky Larsen**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6802 W 146th Ter Apt 8101  
City Overland Park State KS Zip Code 66223-3841  
FEC ID number of contributing federal political committee. **C**  
Name of Employer N/A Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 150.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
03 / 10 / 2015  
**Transaction ID : VN8ECDC0PN3**  
Amount of Each Receipt this Period  
50.00  
Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 458 OF 1282
	<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	

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

Full Name (Last, First, Middle Initial) <b>A. Becky Larsen</b>		Date of Receipt MM / DD / YYYY 04 / 10 / 2015 <b>Transaction ID : VN8ECDDSC96</b>
Mailing Address 6802 W 146th Ter Apt 8101		Amount of Each Receipt this Period 50.00
City Overland Park State KS Zip Code 66223-3841	FEC ID number of contributing federal political committee. C	Contribution-IE Only Account
Name of Employer N/A Occupation Retired	Aggregate Year-to-Date 200.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Becky Larsen</b>		Date of Receipt MM / DD / YYYY 05 / 10 / 2015 <b>Transaction ID : VN8ECDEH3M4</b>
Mailing Address 6802 W 146th Ter Apt 8101		Amount of Each Receipt this Period 50.00
City Overland Park State KS Zip Code 66223-3841	FEC ID number of contributing federal political committee. C	Contribution-IE Only Account
Name of Employer N/A Occupation Retired	Aggregate Year-to-Date 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Becky Larsen</b>		Date of Receipt MM / DD / YYYY 06 / 10 / 2015 <b>Transaction ID : VN8ECDF3J90</b>
Mailing Address 6802 W 146th Ter Apt 8101		Amount of Each Receipt this Period 50.00
City Overland Park State KS Zip Code 66223-3841	FEC ID number of contributing federal political committee. C	Contribution-IE Only Account
Name of Employer N/A Occupation Retired	Aggregate Year-to-Date 300.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 459 OF 1282
<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

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

Full Name (Last, First, Middle Initial)  
**A. Herbert Larsen**

Mailing Address 994 Citadel Dr NE

City Atlanta State GA Zip Code 30324-3812

FEC ID number of contributing federal political committee. **C**

Name of Employer EDIFECS Inc Occupation Technology Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
100.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 23 / 2015  
**Transaction ID : VN8ECDAHVD3**

Amount of Each Receipt this Period  
100.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)  
**B. Herbert Larsen**

Mailing Address 994 Citadel Dr NE

City Atlanta State GA Zip Code 30324-3812

FEC ID number of contributing federal political committee. **C**

Name of Employer EDIFECS Inc Occupation Technology Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 29 / 2015  
**Transaction ID : VN8ECDARQP8**

Amount of Each Receipt this Period  
100.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)  
**C. Herbert Larsen**

Mailing Address 994 Citadel Dr NE

City Atlanta State GA Zip Code 30324-3812

FEC ID number of contributing federal political committee. **C**

Name of Employer EDIFECS Inc Occupation Technology Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
235.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2015  
**Transaction ID : VN8ECDDTE9**

Amount of Each Receipt this Period  
35.00

Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	235.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 460 OF 1282
	<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	

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

**A. Herbert Larsen**  
Full Name (Last, First, Middle Initial)  
Mailing Address 994 Citadel Dr NE  
City Atlanta State GA Zip Code 30324-3812  
FEC ID number of contributing federal political committee. **C**  
Name of Employer EDIFECS Inc Occupation Technology Executive  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **410.16**

Date of Receipt **04 / 09 / 2015**  
**Transaction ID : VN8ECDDRWN6**  
Amount of Each Receipt this Period **175.16**  
Contribution-IE Only Account

**B. Gustav Larsson**  
Full Name (Last, First, Middle Initial)  
Mailing Address 305 Bishop Ave  
City Sunnyvale State CA Zip Code 94086-6202  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Ciena Corporation Occupation Software Engineer  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **500.00**

Date of Receipt **03 / 09 / 2015**  
**Transaction ID : VN8ECDC0ED3**  
Amount of Each Receipt this Period **500.00**  
Contribution-IE Only Account

**C. Joyce Cohen Lashof**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2431 Mariner Square Dr # R  
City Alameda State CA Zip Code 94501  
FEC ID number of contributing federal political committee. **C**  
Name of Employer retired Occupation retired  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **1000.00**

Date of Receipt **04 / 14 / 2015**  
**Transaction ID : VN8ECDFYVC4**  
Amount of Each Receipt this Period **1000.00**  
Earmarked; IE Only Account

**SUBTOTAL** of Receipts This Page (optional)..... **1675.16**  
**TOTAL** This Period (last page this line number only).....

**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 461 OF 1282
<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

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

**A. Eleanor Latimer**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5111 Pebblebrook Dr

City Dallas	State TX	Zip Code 75229-5502
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired	Occupation None
-----------------------------	--------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
100.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
02 / 20 / 2015  
**Transaction ID : VN8ECDBC GK6**

Amount of Each Receipt this Period  
100.00

Contribution-IE Only Account

**B. Eleanor Latimer**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5111 Pebblebrook Dr

City Dallas	State TX	Zip Code 75229-5502
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired	Occupation None
-----------------------------	--------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
215.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
04 / 11 / 2015  
**Transaction ID : VN8ECDDV QK4**

Amount of Each Receipt this Period  
100.00

Contribution-IE Only Account

**C. Eleanor Latimer**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5111 Pebblebrook Dr

City Dallas	State TX	Zip Code 75229-5502
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired	Occupation None
-----------------------------	--------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
215.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
04 / 11 / 2015  
**Transaction ID : VN8ECDDV QY1**

Amount of Each Receipt this Period  
15.00

Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	215.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 462 OF 1282
	<input type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14
	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16
	<input checked="" type="checkbox"/> 17	

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

**A. Jannie Lau**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 132 Trianon Ln  
 City Villanova State PA Zip Code 19085-1441  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer InterDigital, Inc. Occupation Lawyer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 10 / 2015  
**Transaction ID : VN8ECDABCM6**  
 Amount of Each Receipt this Period  
 500.00  
 Contribution-IE Only Account

**B. Yvonne W Lau**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 915 Hahaione St  
 City Honolulu State HI Zip Code 96825-1038  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer State of Hawaii Public Charter School Occupation Chief Operations Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 25.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 25 / 2015  
**Transaction ID : VN8ECDB2BQ1**  
 Amount of Each Receipt this Period  
 25.00  
 Contribution-IE Only Account

**C. Yvonne W Lau**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 915 Hahaione St  
 City Honolulu State HI Zip Code 96825-1038  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer State of Hawaii Public Charter School Occupation Chief Operations Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 25 / 2015  
**Transaction ID : VN8ECDD5MV7**  
 Amount of Each Receipt this Period  
 500.00  
 Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1025.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 463 OF 1282
<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 (Last, First, Middle Initial)  
**A. Sophie Lavin**

Mailing Address 9 Lattingtown Woods Ct

City Locust Valley	State NY	Zip Code 11560-1319
-----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer SUNY Stony Brook	Occupation Researcher and Univ Teacher
--------------------------------------	---

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	11	/	2015

**Transaction ID : VN8ECDB4R69**

Amount of Each Receipt this Period  
500.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)  
**B. Braden Lay**

Mailing Address 29 Cornelia St  
Apt 7

City New York	State NY	Zip Code 10014-4184
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer StoryCorps	Occupation Chief External Relations Officer
--------------------------------	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
201.60

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	14	/	2015

**Transaction ID : VN8ECDADP08**

Amount of Each Receipt this Period  
201.60

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)  
**C. William Leach**

Mailing Address 108 W Minnehaha St

City Tampa	State FL	Zip Code 33604-6044
---------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Patient Services, Inc.	Occupation Attorney
--	------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
201.60

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	15	/	2015

**Transaction ID : VN8ECDB8BG1**

Amount of Each Receipt this Period  
201.60

Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	903.20
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 464 OF 1282
<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

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

**A. Karen Leaf**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2407 Westerness Rd  
City Davis State CA Zip Code 95616  
FEC ID number of contributing federal political committee. **C**  
Name of Employer State of California Occupation Attorney  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 100.00

Date of Receipt  
MM / DD / YYYY  
01 / 02 / 2015  
**Transaction ID : VN8ECDA6KW6**  
Amount of Each Receipt this Period  
100.00  
Contribution-IE Only Account

**B. Karen Leaf**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2407 Westerness Rd  
City Davis State CA Zip Code 95616  
FEC ID number of contributing federal political committee. **C**  
Name of Employer State of California Occupation Attorney  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 200.00

Date of Receipt  
MM / DD / YYYY  
02 / 02 / 2015  
**Transaction ID : VN8ECDATT65**  
Amount of Each Receipt this Period  
100.00  
Contribution-IE Only Account

**C. Karen Leaf**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2407 Westerness Rd  
City Davis State CA Zip Code 95616  
FEC ID number of contributing federal political committee. **C**  
Name of Employer State of California Occupation Attorney  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 02 / 2015  
**Transaction ID : VN8ECDBQT2**  
Amount of Each Receipt this Period  
100.00  
Contribution-IE Only Account

**SUBTOTAL** of Receipts This Page (optional)..... 300.00  
**TOTAL** This Period (last page this line number only).....



**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 465 OF 1282
<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

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

**A. Karen Leaf**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2407 Westerness Rd  
City Davis State CA Zip Code 95616  
FEC ID number of contributing federal political committee. **C**  
Name of Employer State of California Occupation Attorney  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **400.00**

Date of Receipt **04 / 02 / 2015**  
**Transaction ID : VN8ECDDFJD1**  
Amount of Each Receipt this Period **100.00**  
Contribution-IE Only Account

**B. Karen Leaf**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2407 Westerness Rd  
City Davis State CA Zip Code 95616  
FEC ID number of contributing federal political committee. **C**  
Name of Employer State of California Occupation Attorney  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **500.00**

Date of Receipt **05 / 02 / 2015**  
**Transaction ID : VN8ECDEBMY1**  
Amount of Each Receipt this Period **100.00**  
Contribution-IE Only Account

**C. Karen Leaf**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2407 Westerness Rd  
City Davis State CA Zip Code 95616  
FEC ID number of contributing federal political committee. **C**  
Name of Employer State of California Occupation Attorney  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **600.00**

Date of Receipt **06 / 02 / 2015**  
**Transaction ID : VN8ECDEY1M0**  
Amount of Each Receipt this Period **100.00**  
Contribution-IE Only Account

**SUBTOTAL** of Receipts This Page (optional)..... **300.00**  
**TOTAL** This Period (last page this line number only).....

**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 466 OF 1282
<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

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

**A. Jennifer Leal**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3318 Green Emerald Ter  
City Austin State TX Zip Code 78739-7601  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Theorem clinical research Occupation Feasibility specialist  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **310.80**

Date of Receipt **04 / 09 / 2015**  
**Transaction ID : VN8ECDDS0Q1**  
Amount of Each Receipt this Period **310.80**  
Contribution-IE Only Account

**B. Barbara Lee**  
Full Name (Last, First, Middle Initial)  
Mailing Address 131 Mount Auburn St Ste 2  
City Cambridge State MA Zip Code 02138-5752  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Occupation Philanthropist  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **189000.00**

Date of Receipt **01 / 23 / 2015**  
**Transaction ID : VN8ECDAMHX9**  
Amount of Each Receipt this Period **189000.00**  
Contribution-IE Only Account

**C. Clark T Lee**  
Full Name (Last, First, Middle Initial)  
Mailing Address 20302 Julliard Dr  
City Walnut State CA Zip Code 91789-2433  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Los Angeles County Democratic Party Occupation Director of Political Affairs and Comm  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **201.60**

Date of Receipt **03 / 23 / 2015**  
**Transaction ID : VN8ECDCBTC7**  
Amount of Each Receipt this Period **201.60**  
Contribution-IE Only Account

**SUBTOTAL** of Receipts This Page (optional)..... **189512.40**  
**TOTAL** This Period (last page this line number only).....

**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 467 OF 1282
<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

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

Full Name (Last, First, Middle Initial) <b>A. Malcolm Lee</b>		Date of Receipt MM / DD / YYYY 01 / 26 / 2015 <b>Transaction ID : VN8ECDAM8B9</b>
Mailing Address 5520 Southwick St		Amount of Each Receipt this Period 201.60
City Bethesda	State MD	Zip Code 20817-3544
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Brookings Institution	Occupation Non-resident Senior Fellow	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 201.60	

Full Name (Last, First, Middle Initial) <b>B. Otto Lee</b>		Date of Receipt MM / DD / YYYY 03 / 12 / 2015 <b>Transaction ID : VN8ECD31D9</b>
Mailing Address 12 S 1st St FI 12		Amount of Each Receipt this Period 80.64
City San Jose	State CA	Zip Code 95113-2403
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Intellectual Property Law Group	Occupation Managing Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 80.64	

Full Name (Last, First, Middle Initial) <b>C. Otto Lee</b>		Date of Receipt MM / DD / YYYY 03 / 13 / 2015 <b>Transaction ID : VN8ECD3NA9</b>
Mailing Address 12 S 1st St FI 12		Amount of Each Receipt this Period 420.00
City San Jose	State CA	Zip Code 95113-2403
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Intellectual Property Law Group	Occupation Managing Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.64	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	702.24
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 468 OF 1282
	<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	

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

**A. Yui Hay Lee**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1617 Clay St  
 City State Zip Code  
 Oakland CA 94612-1531  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 YHLA architect  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 11 / 2015  
**Transaction ID : VN8ECDDVDW4**  
 Amount of Each Receipt this Period  
 250.00  
 Contribution-IE Only Account

**B. Robin Leeds**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3131 Connecticut Ave NW  
 City State Zip Code  
 Washington DC 20008-5000  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Winning Strategies Communications  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 02 / 2015  
**Transaction ID : VN8ECDATY48**  
 Amount of Each Receipt this Period  
 1000.00  
 Contribution-IE Only Account

**C. W. Oliver Leggett**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 182 Brunswick Ave  
 City State Zip Code  
 Trenton NJ 08618-5909  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 N/A Retired  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 13 / 2015  
**Transaction ID : VN8ECDC9F37**  
 Amount of Each Receipt this Period  
 1500.00  
 Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 469 OF 1282
<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

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

**A. Nicci Lehto**  
Full Name (Last, First, Middle Initial)

Mailing Address 13953 Panay Way  
Apt 312

City Marina Del Rey State CA Zip Code 90292-6199

FEC ID number of contributing federal political committee. **C**

Name of Employer 4WE Occupation Entertainment

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
04 / 28 / 2015

**Transaction ID : VN8ECDE7X02**

Amount of Each Receipt this Period  
500.00

Contribution-IE Only Account

**B. Jaynemie Lentlie**  
Full Name (Last, First, Middle Initial)

Mailing Address 4411 Connecticut Ave NW  
Apt 113

City Washington State DC Zip Code 20008-2355

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
04 / 12 / 2015

**Transaction ID : VN8ECDDVW04**

Amount of Each Receipt this Period  
250.00

Contribution-IE Only Account

**C. ARIELLE LEOPOLD**  
Full Name (Last, First, Middle Initial)

Mailing Address 40 E 9th St  
Apt 1106

City Chicago State IL Zip Code 60605-2146

FEC ID number of contributing federal political committee. **C**

Name of Employer SIDLEY AUSTIN LLP Occupation CLE SPECIALIST

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
201.60

Date of Receipt  
MM / DD / YYYY  
03 / 17 / 2015

**Transaction ID : VN8ECDC6NF9**

Amount of Each Receipt this Period  
201.60

Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	951.60
<b>TOTAL</b> This Period (last page this line number only).....	

**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 470 OF 1282
	<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	

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

Full Name (Last, First, Middle Initial) <b>A. Michelle C Lerach</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 01 / 26 / 2015 <b>Transaction ID : VN8ECDAKSM0</b>
Mailing Address 9776 La Jolla Farms Rd		Amount of Each Receipt this Period 2500.00
City La Jolla	State CA	Zip Code 92037-1133
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer none	Occupation none	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) <b>B. Heather Lerner</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 03 / 11 / 2015 <b>Transaction ID : VN8ECD24K6</b>
Mailing Address 1008 Carolyn Ave		Amount of Each Receipt this Period 1000.00
City San Jose	State CA	Zip Code 95125-4307
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Happy Hollow Foundation	Occupation Executive Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. Mary Frances Leto-Granell</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 02 / 20 / 2015 <b>Transaction ID : VN8ECDBCHQ1</b>
Mailing Address 13325 Cain Rd		Amount of Each Receipt this Period 221.76
City Tampa	State FL	Zip Code 33625-4003
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Retired	Occupation business owner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 221.76	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3721.76
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 471 OF 1282
<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

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

**A. Mary Frances Leto-Granell**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13325 Cain Rd  
 City Tampa State FL Zip Code 33625-4003  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Retired Occupation business owner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 241.92

Date of Receipt 02 / 27 / 2015  
**Transaction ID : VN8ECDBP5M0**  
 Amount of Each Receipt this Period 20.16  
 Contribution-IE Only Account

**B. Alan Levi**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3710 Rawlins St Ste 860  
 City Dallas State TX Zip Code 75219-6401  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Alan H levi PC Occupation CPA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 50.00

Date of Receipt 01 / 26 / 2015  
**Transaction ID : VN8ECDAM2B7**  
 Amount of Each Receipt this Period 50.00  
 Contribution-IE Only Account

**C. Alan Levi**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3710 Rawlins St Ste 860  
 City Dallas State TX Zip Code 75219-6401  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Alan H levi PC Occupation CPA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 24 / 2015  
**Transaction ID : VN8ECDBKMZ5**  
 Amount of Each Receipt this Period 200.00  
 Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	270.16
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 472 OF 1282
	<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	

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

**A. Chin-Ho Liao**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7095 Hollywood Blvd  
Number 104-438  
City Los Angeles State CA Zip Code 90028-8903  
FEC ID number of contributing federal political committee. **C**  
Name of Employer N/A Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 201.60

Date of Receipt  
MM / DD / YYYY  
03 / 27 / 2015  
**Transaction ID : VN8ECDERWY0**  
Amount of Each Receipt this Period  
201.60  
Contribution-IE Only Account

**B. Janice Libbra**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7621 Alhambra Rd  
City Alhambra State IL Zip Code 62001-1009  
FEC ID number of contributing federal political committee. **C**  
Name of Employer N/A Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
04 / 07 / 2015  
**Transaction ID : VN8ECDEZ083**  
Amount of Each Receipt this Period  
250.00  
Contribution-IE Only Account

**C. Library World, Inc.**  
Full Name (Last, First, Middle Initial)  
Mailing Address 560 S Winchester Blvd  
Ste 500  
City San Jose State CA Zip Code 95128-2500  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 11 / 2015  
**Transaction ID : VN8ECDC4XP8**  
Amount of Each Receipt this Period  
1000.00  
Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1451.60
<b>TOTAL</b> This Period (last page this line number only).....▶	



**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 473 OF 1282
<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

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

Full Name (Last, First, Middle Initial) <b>A. Joel Lichtenstein</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 07 / 2015 <b>Transaction ID : VN8ECDEZ067</b>
Mailing Address 350 Fairfield Ave Ste 501		Amount of Each Receipt this Period 1500.00
City Bridgeport	State CT	Zip Code 06604-6001
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Koskoff Koskoff & Bredan	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

Full Name (Last, First, Middle Initial) <b>B. Ted Lieu</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 03 / 16 / 2015 <b>Transaction ID : VN8ECDC6FV2</b>
Mailing Address 3929 Mesa St		Amount of Each Receipt this Period 201.60
City Torrance	State CA	Zip Code 90505-6307
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer US Congress	Occupation Congressman	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 201.60	

Full Name (Last, First, Middle Initial) <b>C. William Lightfoot</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 03 / 19 / 2015 <b>Transaction ID : VN8ECDC8ZV1</b>
Mailing Address 1609 Kalmia Rd NW		Amount of Each Receipt this Period 201.60
City Washington	State DC	Zip Code 20012-1125
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Attorney	Occupation attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 201.60	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1903.20
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 474 OF 1282
<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

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

Full Name (Last, First, Middle Initial) <b>A. Linda Lingle</b>		Date of Receipt MM / DD / YYYY 01 / 18 / 2015
Mailing Address 420 7th St NW Apt 1008		<b>Transaction ID : VN8ECDAG2Q9</b>
City Washington	State DC	Zip Code 20004-2215
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 48.10
Name of Employer self-employed	Occupation consultant	Contribution-IE Only Account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 98.10	

Full Name (Last, First, Middle Initial) <b>B. Linda Lingle</b>		Date of Receipt MM / DD / YYYY 01 / 18 / 2015
Mailing Address 420 7th St NW Apt 1008		<b>Transaction ID : VN8ECDAG486</b>
City Washington	State DC	Zip Code 20004-2215
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer self-employed	Occupation consultant	Contribution-IE Only Account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 98.10	

Full Name (Last, First, Middle Initial) <b>C. Linda Lingle</b>		Date of Receipt MM / DD / YYYY 02 / 09 / 2015
Mailing Address 420 7th St NW Apt 1008		<b>Transaction ID : VN8ECDB1DH1</b>
City Washington	State DC	Zip Code 20004-2215
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 201.60
Name of Employer self-employed	Occupation consultant	Contribution-IE Only Account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 299.70	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	299.70
<b>TOTAL</b> This Period (last page this line number only).....▶	



**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 476 OF 1282
<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

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

Full Name (Last, First, Middle Initial) <b>A. William Lipschutz</b>		Date of Receipt MM / DD / YYYY 03 / 02 / 2015 <b>Transaction ID : VN8ECDBRWF6</b>
Mailing Address 77 Bleecker St Apt 531		Amount of Each Receipt this Period 1000.00
City New York	State NY	Zip Code 10012-1554
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer HCM	Occupation Finance	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. Adam Lipson</b>		Date of Receipt MM / DD / YYYY 03 / 13 / 2015 <b>Transaction ID : VN8ECDC3BC3</b>
Mailing Address 161 N Middletown Rd		Amount of Each Receipt this Period 500.00
City Pearl River	State NY	Zip Code 10965-2030
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Network & Security Technologies	Occupation Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Robert Littman</b>		Date of Receipt MM / DD / YYYY 04 / 07 / 2015 <b>Transaction ID : VN8ECDEYZZ2</b>
Mailing Address 1541 Kalanmai Place		Amount of Each Receipt this Period 500.00
City Honolulu	State HI	Zip Code 96821
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer University of Hawaii	Occupation Professor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 477 OF 1282
<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

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

Full Name (Last, First, Middle Initial) <b>A. Linda Liu</b>		Date of Receipt MM / DD / YYYY 02 / 26 / 2015
Mailing Address 306 Verano Dr		<b>Transaction ID : VN8ECDBMRV9</b>
City Los Altos	State CA	Zip Code 94022
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer Altera	Occupation VP Sales	Contribution-IE Only Account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Vickie Lively</b>		Date of Receipt MM / DD / YYYY 04 / 12 / 2015
Mailing Address PO Box 347		<b>Transaction ID : VN8ECDDW223</b>
City Humarock	State MA	Zip Code 02047
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer Self-Employed	Occupation Self-Employed	Contribution-IE Only Account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Jim Livesey</b>		Date of Receipt MM / DD / YYYY 01 / 28 / 2015
Mailing Address 4559 S Lenox St		<b>Transaction ID : VN8ECDAR345</b>
City Milwaukee	State WI	Zip Code 53207
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer R R Corporation	Occupation Management	Contribution-IE Only Account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 478 OF 1282
<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

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

Full Name (Last, First, Middle Initial) <b>A. Henry Lo</b>		Date of Receipt MM / DD / YYYY 03 / 19 / 2015 <b>Transaction ID : VN8ECDC8F72</b>
Mailing Address 417 Mooney Dr Apt D		Amount of Each Receipt this Period 201.60
City Monterey Park	State CA	Zip Code 91755-4164
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Garvey School District	Occupation School Boardmember	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 201.60	

Full Name (Last, First, Middle Initial) <b>B. Evan Lobel</b>		Date of Receipt MM / DD / YYYY 04 / 24 / 2015 <b>Transaction ID : VN8ECDE5CS7</b>
Mailing Address 2633 NE 14th Ave Apt 100		Amount of Each Receipt this Period 250.00
City Oakland Park	State FL	Zip Code 33334-4438
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Self-Employed	Occupation Self-Employed	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. J Anthony Logan</b>		Date of Receipt MM / DD / YYYY 02 / 11 / 2015 <b>Transaction ID : VN8ECDB6P39</b>
Mailing Address 4740 Hayden Run Rd		Amount of Each Receipt this Period 100.00
City Columbus	State OH	Zip Code 43221-5905
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Usda	Occupation Govt Service	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 100.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	551.60
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 479 OF 1282
<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

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

Full Name (Last, First, Middle Initial) <b>A. J Anthony Logan</b>		Date of Receipt MM / DD / YYYY 02 / 21 / 2015
Mailing Address 4740 Hayden Run Rd		<b>Transaction ID : VN8ECDBCYS3</b>
City Columbus	State OH	Zip Code 43221-5905
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Usda	Occupation Govt Service	Contribution-IE Only Account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

Full Name (Last, First, Middle Initial) <b>B. J Anthony Logan</b>		Date of Receipt MM / DD / YYYY 02 / 27 / 2015
Mailing Address 4740 Hayden Run Rd		<b>Transaction ID : VN8ECDBNWC8</b>
City Columbus	State OH	Zip Code 43221-5905
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 12.10
Name of Employer Usda	Occupation Govt Service	Contribution-IE Only Account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 212.10	

Full Name (Last, First, Middle Initial) <b>c. Long Island Conservatory Ltd.</b>		Date of Receipt MM / DD / YYYY 01 / 26 / 2015
Mailing Address 1125 Willis Ave		<b>Transaction ID : VN8ECDB0KS7</b>
City Albertson	State NY	Zip Code 11507-1231
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Contribution-IE Only Account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1112.10
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 480 OF 1282
<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

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

Full Name (Last, First, Middle Initial) <b>A. Oswaldo Lopez</b>		Date of Receipt MM / DD / YYYY 02 / 28 / 2015 <b>Transaction ID : VN8ECDC0JN4</b>
Mailing Address 4527 Maycrest Ave		Amount of Each Receipt this Period 250.00
City Los Angeles	State CA	Zip Code 90032-1303
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Altamed	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Blaine Lotz</b>		Date of Receipt MM / DD / YYYY 03 / 05 / 2015 <b>Transaction ID : VN8ECDBTJP6</b>
Mailing Address 22 N Live Oak Rd		Amount of Each Receipt this Period 201.60
City Hilton Head	State SC	Zip Code 29928-5922
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Retired	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 201.60	

Full Name (Last, First, Middle Initial) <b>C. Doug Low</b>		Date of Receipt MM / DD / YYYY 01 / 25 / 2015 <b>Transaction ID : VN8ECDAKDM4</b>
Mailing Address 129 S Ridgeland Ave		Amount of Each Receipt this Period 250.00
City Oak Park	State IL	Zip Code 60302-2919
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Kidz Express	Occupation Executive Director Non Profit	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	701.60
<b>TOTAL</b> This Period (last page this line number only).....▶	



**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 481 OF 1282
	<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	

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

Full Name (Last, First, Middle Initial) <b>A. Patricia Lowell</b>		Date of Receipt MM / DD / YYYY 04 / 02 / 2015 <b>Transaction ID : VN8ECDDNCH9</b>
Mailing Address 2389 Apsis Ct		Amount of Each Receipt this Period 500.00
City San Jose	State CA	Zip Code 95124-3331
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Retired	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Claire Lucas</b>		Date of Receipt MM / DD / YYYY 01 / 13 / 2015 <b>Transaction ID : VN8ECDACNA5</b>
Mailing Address 3504 Rodman St NW		Amount of Each Receipt this Period 1000.00
City Washington	State DC	Zip Code 20008-3117
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer USAID	Occupation Senior Advisor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. Rita Lucido</b>		Date of Receipt MM / DD / YYYY 02 / 18 / 2015 <b>Transaction ID : VN8ECDBACC7</b>
Mailing Address 917 Franklin St Ste 220		Amount of Each Receipt this Period 20.16
City Houston	State TX	Zip Code 77002-1741
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Self	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 20.16	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1520.16
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 482 OF 1282
<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

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

Full Name (Last, First, Middle Initial) <b>A. Rita Lucido</b>		Date of Receipt MM / DD / YYYY 03 / 19 / 2015
Mailing Address 917 Franklin St Ste 220		<b>Transaction ID : VN8ECDD8KE7</b>
City Houston	State TX	Zip Code 77002-1741
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 201.60
Name of Employer Self	Occupation Attorney	Contribution-IE Only Account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 221.76	

Full Name (Last, First, Middle Initial) <b>B. Wayne R Lueders</b>		Date of Receipt MM / DD / YYYY 02 / 03 / 2015
Mailing Address 825 N Prospect Ave Unit 1001		<b>Transaction ID : VN8ECDB3NK9</b>
City Milwaukee	State WI	Zip Code 53202-3959
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Foley & Lardner LLP	Occupation Attorney	Contribution-IE Only Account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Eric M Luftig</b>		Date of Receipt MM / DD / YYYY 01 / 13 / 2015
Mailing Address 151 W 17th St Apt 6G		<b>Transaction ID : VN8ECDACHG3</b>
City New York	State NY	Zip Code 10011
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer BMO Capital Markets	Occupation Banker	Contribution-IE Only Account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	951.60
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 483 OF 1282
<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

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

Full Name (Last, First, Middle Initial) <b>A. Darby Luxenberg</b>		Date of Receipt
Mailing Address 6067 highland circle north		<input type="text" value="01"/> / <input type="text" value="21"/> / <input type="text" value="2015"/>
City	State	<b>Transaction ID : VN8ECDAQ8S2</b>
Mobile	AL	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<input type="text" value="5000.00"/>
Name of Employer	Occupation	Contribution-IE Only Account
Retired	Retired	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="5000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Darby Luxenberg</b>		Date of Receipt
Mailing Address 6067 highland circle north		<input type="text" value="04"/> / <input type="text" value="03"/> / <input type="text" value="2015"/>
City	State	<b>Transaction ID : VN8ECDDMD17</b>
Mobile	AL	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<input type="text" value="50.00"/>
Name of Employer	Occupation	Contribution-IE Only Account
Retired	Retired	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="5100.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Darby Luxenberg</b>		Date of Receipt
Mailing Address 6067 highland circle north		<input type="text" value="04"/> / <input type="text" value="03"/> / <input type="text" value="2015"/>
City	State	<b>Transaction ID : VN8ECDDMD25</b>
Mobile	AL	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<input type="text" value="50.00"/>
Name of Employer	Occupation	Contribution-IE Only Account
Retired	Retired	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="5100.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="5100.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**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 484 OF 1282
<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

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

Full Name (Last, First, Middle Initial) <b>A. Bradford Lyau</b>		Date of Receipt MM / DD / YYYY 01 / 21 / 2015 <b>Transaction ID : VN8ECDAQ9B4</b>
Mailing Address 471 23rd Ave		Amount of Each Receipt this Period 20.00
City San Mateo	State CA	Zip Code 94403-2241
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Self-employed	Occupation Start up executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 20.00	

Full Name (Last, First, Middle Initial) <b>B. Bradford Lyau</b>		Date of Receipt MM / DD / YYYY 02 / 02 / 2015 <b>Transaction ID : VN8ECDAV0R0</b>
Mailing Address 471 23rd Ave		Amount of Each Receipt this Period 20.16
City San Mateo	State CA	Zip Code 94403-2241
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Self-employed	Occupation Start up executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 40.16	

Full Name (Last, First, Middle Initial) <b>C. Bradford Lyau</b>		Date of Receipt MM / DD / YYYY 02 / 14 / 2015 <b>Transaction ID : VN8ECDB7X95</b>
Mailing Address 471 23rd Ave		Amount of Each Receipt this Period 201.60
City San Mateo	State CA	Zip Code 94403-2241
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Self-employed	Occupation Start up executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 241.76	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	241.76
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 485 OF 1282
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input checked="" type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input checked="" type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Bradford Lyau</b>		Date of Receipt MM / DD / YYYY 02 / 17 / 2015 <b>Transaction ID : VN8ECDB9KY6</b>
Mailing Address 471 23rd Ave		Amount of Each Receipt this Period 20.16
City San Mateo State CA Zip Code 94403-2241	FEC ID number of contributing federal political committee. C	Contribution-IE Only Account
Name of Employer Self-employed Occupation Start up executive	Aggregate Year-to-Date 261.92	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Bradford Lyau</b>		Date of Receipt MM / DD / YYYY 03 / 22 / 2015 <b>Transaction ID : VN8ECDCB9Z2</b>
Mailing Address 471 23rd Ave		Amount of Each Receipt this Period 20.16
City San Mateo State CA Zip Code 94403-2241	FEC ID number of contributing federal political committee. C	Contribution-IE Only Account
Name of Employer Self-employed Occupation Start up executive	Aggregate Year-to-Date 282.08	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Catherine Lyon</b>		Date of Receipt MM / DD / YYYY 04 / 12 / 2015 <b>Transaction ID : VN8ECDDWHF7</b>
Mailing Address 11727 Amber Cir		Amount of Each Receipt this Period 250.00
City Bentonville State AR Zip Code 72712-8601	FEC ID number of contributing federal political committee. C	Contribution-IE Only Account
Name of Employer Circle of Life Hospice Occupation RN	Aggregate Year-to-Date 318.32	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	290.32
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 486 OF 1282
	<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	

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

Full Name (Last, First, Middle Initial)  
**A. Catherine Lyon**

Mailing Address 11727 Amber Cir

City Bentonville State AR Zip Code 72712-8601

FEC ID number of contributing federal political committee. **C**

Name of Employer Circle of Life Hospice Occupation RN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **318.32**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 12 / 2015**

**Transaction ID : VN8ECDDWK45**

Amount of Each Receipt this Period  
**68.32**

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)  
**B. Eileen Lyons**

Mailing Address 1615 19th St NW

City Washington State DC Zip Code 20009-1601

FEC ID number of contributing federal political committee. **C**

Name of Employer Edmund Burke School Occupation Art Teacher

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **201.60**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 26 / 2015**

**Transaction ID : VN8ECDBMWTO**

Amount of Each Receipt this Period  
**201.60**

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)  
**C. Lydia Madrigal**

Mailing Address 4 Bay Meadows Ln

City Midland State TX Zip Code 79705-1801

FEC ID number of contributing federal political committee. **C**

Name of Employer EXPRESS NURSING Occupation Founder & CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 28 / 2015**

**Transaction ID : VN8ECDC0R36**

Amount of Each Receipt this Period  
**2500.00**

Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>2769.92</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 487 OF 1282
	<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	

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

**A. Lori Maes**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1222 N Meade St  
 Apt 11  
 City Arlington State VA Zip Code 22209-3713  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Retired/Govt. Occupation Volunteer/activist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **201.60**

Date of Receipt **02 / 21 / 2015**  
**Transaction ID : VN8ECDBD270**  
 Amount of Each Receipt this Period **201.60**  
 Contribution-IE Only Account

**B. Michelle Magdsick**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2112 Old North Shore Rd  
 City Minneapolis State MN Zip Code 55408  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Essentia health Occupation APRN CRNA  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **02 / 22 / 2015**  
**Transaction ID : VN8ECDBDKD4**  
 Amount of Each Receipt this Period **250.00**  
 Contribution-IE Only Account

**C. Kay Magilavy**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 212 18th St  
 City Union City State NJ Zip Code 07087-5438  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer The Hudson School Occupation Teacher  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **50.00**

Date of Receipt **01 / 21 / 2015**  
**Transaction ID : VN8ECDAH7X5**  
 Amount of Each Receipt this Period **50.00**  
 Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>501.60</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**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 488 OF 1282
<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

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

Full Name (Last, First, Middle Initial) <b>A. Kay Magilavy</b>			Date of Receipt MM / DD / YYYY 02 / 21 / 2015 <b>Transaction ID : VN8ECDBCZR8</b>
Mailing Address 212 18th St			Amount of Each Receipt this Period 50.00
City Union City	State NJ	Zip Code 07087-5438	
FEC ID number of contributing federal political committee. C			Contribution-IE Only Account
Name of Employer The Hudson School	Occupation Teacher		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 100.00		

Full Name (Last, First, Middle Initial) <b>B. Kay Magilavy</b>			Date of Receipt MM / DD / YYYY 03 / 21 / 2015 <b>Transaction ID : VN8ECDCADZ3</b>
Mailing Address 212 18th St			Amount of Each Receipt this Period 50.00
City Union City	State NJ	Zip Code 07087-5438	
FEC ID number of contributing federal political committee. C			Contribution-IE Only Account
Name of Employer The Hudson School	Occupation Teacher		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 150.00		

Full Name (Last, First, Middle Initial) <b>C. Kay Magilavy</b>			Date of Receipt MM / DD / YYYY 04 / 21 / 2015 <b>Transaction ID : VN8ECDE2PC1</b>
Mailing Address 212 18th St			Amount of Each Receipt this Period 50.00
City Union City	State NJ	Zip Code 07087-5438	
FEC ID number of contributing federal political committee. C			Contribution-IE Only Account
Name of Employer The Hudson School	Occupation Teacher		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**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 489 OF 1282
	<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	

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

Full Name (Last, First, Middle Initial) <b>A. Kay Magilavy</b>		Date of Receipt MM / DD / YYYY 05 / 21 / 2015 <b>Transaction ID : VN8ECDEPH53</b>
Mailing Address 212 18th St		Amount of Each Receipt this Period 50.00
City Union City	State NJ	Zip Code 07087-5438
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer The Hudson School	Occupation Teacher	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Kay Magilavy</b>		Date of Receipt MM / DD / YYYY 06 / 21 / 2015 <b>Transaction ID : VN8ECDFAN91</b>
Mailing Address 212 18th St		Amount of Each Receipt this Period 50.00
City Union City	State NJ	Zip Code 07087-5438
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer The Hudson School	Occupation Teacher	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C. Brian Maj</b>		Date of Receipt MM / DD / YYYY 02 / 13 / 2015 <b>Transaction ID : VN8ECDB6VR5</b>
Mailing Address 1054 W Ardmore Ave # 1		Amount of Each Receipt this Period 20.16
City Chicago	State IL	Zip Code 60660-3719
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer DePaul University	Occupation Education	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 20.16	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	120.16
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 490 OF 1282
<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

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

Full Name (Last, First, Middle Initial) <b>A. Brian Maj</b>		Date of Receipt MM / DD / YYYY 02 / 26 / 2015 <b>Transaction ID : VN8ECDBMJN9</b>
Mailing Address 1054 W Ardmore Ave # 1		Amount of Each Receipt this Period 78.19
City Chicago	State IL	Zip Code 60660-3719
FEC ID number of contributing federal political committee. <b>C</b>		Contribution-IE Only Account
Name of Employer DePaul University	Occupation Education	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 98.35	

Full Name (Last, First, Middle Initial) <b>B. Brian Maj</b>		Date of Receipt MM / DD / YYYY 03 / 20 / 2015 <b>Transaction ID : VN8ECDC9A86</b>
Mailing Address 1054 W Ardmore Ave # 1		Amount of Each Receipt this Period 35.00
City Chicago	State IL	Zip Code 60660-3719
FEC ID number of contributing federal political committee. <b>C</b>		Contribution-IE Only Account
Name of Employer DePaul University	Occupation Education	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 133.35	

Full Name (Last, First, Middle Initial) <b>C. Brian Maj</b>		Date of Receipt MM / DD / YYYY 03 / 25 / 2015 <b>Transaction ID : VN8ECDD76Y7</b>
Mailing Address 1054 W Ardmore Ave # 1		Amount of Each Receipt this Period 20.16
City Chicago	State IL	Zip Code 60660-3719
FEC ID number of contributing federal political committee. <b>C</b>		Contribution-IE Only Account
Name of Employer DePaul University	Occupation Education	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 153.51	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	133.35
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 491 OF 1282
<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

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

Full Name (Last, First, Middle Initial) <b>A. Brian Maj</b>		Date of Receipt
Mailing Address 1054 W Ardmore Ave # 1		<input type="text" value="04"/> / <input type="text" value="05"/> / <input type="text" value="2015"/>
City Chicago	State IL	Zip Code 60660-3719
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : VN8ECDDNSB9</b>
Name of Employer DePaul University		Amount of Each Receipt this Period
Occupation Education		<input type="text" value="18.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	Contribution-IE Only Account
<input type="text" value="171.51"/>		

Full Name (Last, First, Middle Initial) <b>B. Brian Maj</b>		Date of Receipt
Mailing Address 1054 W Ardmore Ave # 1		<input type="text" value="04"/> / <input type="text" value="09"/> / <input type="text" value="2015"/>
City Chicago	State IL	Zip Code 60660-3719
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : VN8ECDDRG52</b>
Name of Employer DePaul University		Amount of Each Receipt this Period
Occupation Education		<input type="text" value="90.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	Contribution-IE Only Account
<input type="text" value="261.51"/>		

Full Name (Last, First, Middle Initial) <b>C. Brian Maj</b>		Date of Receipt
Mailing Address 1054 W Ardmore Ave # 1		<input type="text" value="04"/> / <input type="text" value="23"/> / <input type="text" value="2015"/>
City Chicago	State IL	Zip Code 60660-3719
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : VN8ECDE3QE8</b>
Name of Employer DePaul University		Amount of Each Receipt this Period
Occupation Education		<input type="text" value="30.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	Contribution-IE Only Account
<input type="text" value="291.51"/>		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="138.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 492 OF 1282
	<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	

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

Full Name (Last, First, Middle Initial) <b>A. Kevin Malecek</b>		Date of Receipt MM / DD / YYYY 02 / 09 / 2015 <b>Transaction ID : VN8ECDB2ES3</b>
Mailing Address 2892 Camelot Ct		Amount of Each Receipt this Period 221.76
City Willoughby Hills State OH Zip Code 44092-1466	FEC ID number of contributing federal political committee. C	Contribution-IE Only Account
Name of Employer County of Lake Occupation County Commissioner	Aggregate Year-to-Date 221.76	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Jim Maloney</b>		Date of Receipt MM / DD / YYYY 01 / 27 / 2015 <b>Transaction ID : VN8ECDAN400</b>
Mailing Address 4179 20th St		Amount of Each Receipt this Period 250.00
City San Francisco State CA Zip Code 94114-2824	FEC ID number of contributing federal political committee. C	Contribution-IE Only Account
Name of Employer Port of San Francisco Occupation Maritime Marketing Manager	Aggregate Year-to-Date 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Victor Manalo</b>		Date of Receipt MM / DD / YYYY 03 / 08 / 2015 <b>Transaction ID : VN8ECDBWYN8</b>
Mailing Address 11607 185th St		Amount of Each Receipt this Period 201.60
City Artesia State CA Zip Code 90701	FEC ID number of contributing federal political committee. C	Contribution-IE Only Account
Name of Employer State of California Occupation University Professor	Aggregate Year-to-Date 201.60	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	673.36
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 493 OF 1282
<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

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

**A. Joan Mandelbaum**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4 Sheffield Ct  
City Livingston State NJ Zip Code 07039-4208  
FEC ID number of contributing federal political committee. **C**  
Name of Employer None Occupation None  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **500.00**

Date of Receipt **01 / 20 / 2015**  
**Transaction ID : VN8ECDAGNR8**  
Amount of Each Receipt this Period **500.00**  
Contribution-IE Only Account

**B. Rebecca Mandelman**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1900 N Bayshore Dr Apt 2301  
City Miami State FL Zip Code 33132-3011  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Rebecca Mandelson LLC Occupation Consultant  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **250.00**

Date of Receipt **02 / 18 / 2015**  
**Transaction ID : VN8ECDBAPD7**  
Amount of Each Receipt this Period **250.00**  
Contribution-IE Only Account

**C. Mark Mangum**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1227 Henry Clay Ave  
City New Orleans State LA Zip Code 70118  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Servato Corp Occupation CEO  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **500.00**

Date of Receipt **02 / 13 / 2015**  
**Transaction ID : VN8ECDB6W99**  
Amount of Each Receipt this Period **500.00**  
Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1250.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**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 494 OF 1282
	<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 (Last, First, Middle Initial) <b>A. Candice Mann</b>		Date of Receipt MM / DD / YYYY 01 / 01 / 2015 <b>Transaction ID : VN8ECDD5H73</b>
Mailing Address 2999 Cleveland Ave Ste C		Amount of Each Receipt this Period 35.00
City Santa Rosa State CA Zip Code 95403-2782	FEC ID number of contributing federal political committee. C	Contribution-IE Only Account
Name of Employer Self; Health & Safety Edu Occupation RN, CEO	Aggregate Year-to-Date 35.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Candice Mann</b>		Date of Receipt MM / DD / YYYY 02 / 01 / 2015 <b>Transaction ID : VN8ECDATCT3</b>
Mailing Address 2999 Cleveland Ave Ste C		Amount of Each Receipt this Period 35.00
City Santa Rosa State CA Zip Code 95403-2782	FEC ID number of contributing federal political committee. C	Contribution-IE Only Account
Name of Employer Self; Health & Safety Edu Occupation RN, CEO	Aggregate Year-to-Date 70.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Candice Mann</b>		Date of Receipt MM / DD / YYYY 03 / 01 / 2015 <b>Transaction ID : VN8ECDBQG11</b>
Mailing Address 2999 Cleveland Ave Ste C		Amount of Each Receipt this Period 35.00
City Santa Rosa State CA Zip Code 95403-2782	FEC ID number of contributing federal political committee. C	Contribution-IE Only Account
Name of Employer Self; Health & Safety Edu Occupation RN, CEO	Aggregate Year-to-Date 105.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	105.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 495 OF 1282
	<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	

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

Full Name (Last, First, Middle Initial) <b>A. Candice Mann</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 01 / 2015 <b>Transaction ID : VN8ECDDFBW4</b>
Mailing Address 2999 Cleveland Ave Ste C		Amount of Each Receipt this Period 35.00
City Santa Rosa State CA Zip Code 95403-2782	FEC ID number of contributing federal political committee. C	Contribution-IE Only Account
Name of Employer Self; Health & Safety Edu Occupation RN, CEO	Aggregate Year-to-Date 140.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Candice Mann</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 13 / 2015 <b>Transaction ID : VN8ECDDY EY6</b>
Mailing Address 2999 Cleveland Ave Ste C		Amount of Each Receipt this Period 20.16
City Santa Rosa State CA Zip Code 95403-2782	FEC ID number of contributing federal political committee. C	Contribution-IE Only Account
Name of Employer Self; Health & Safety Edu Occupation RN, CEO	Aggregate Year-to-Date 160.16	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Candice Mann</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 05 / 01 / 2015 <b>Transaction ID : VN8ECDEBG38</b>
Mailing Address 2999 Cleveland Ave Ste C		Amount of Each Receipt this Period 35.00
City Santa Rosa State CA Zip Code 95403-2782	FEC ID number of contributing federal political committee. C	Contribution-IE Only Account
Name of Employer Self; Health & Safety Edu Occupation RN, CEO	Aggregate Year-to-Date 195.16	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	90.16
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 496 OF 1282
<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

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

**A. Candice Mann**  
Full Name (Last, First, Middle Initial)

Mailing Address 2999 Cleveland Ave  
Ste C

City Santa Rosa State CA Zip Code 95403-2782

FEC ID number of contributing federal political committee. **C**

Name of Employer Self; Health & Safety Edu Occupation RN, CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.16

Date of Receipt  
06 / 01 / 2015  
**Transaction ID : VN8ECDEWKQ8**

Amount of Each Receipt this Period  
35.00

Contribution-IE Only Account

**B. Mary Jo Manning**  
Full Name (Last, First, Middle Initial)

Mailing Address 19 Johnson Rd

City Charleston State SC Zip Code 29407-7514

FEC ID number of contributing federal political committee. **C**

Name of Employer Wiley Rein, LLP Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
03 / 27 / 2015  
**Transaction ID : VN8ECDEYZ56**

Amount of Each Receipt this Period  
500.00

Contribution-IE Only Account

**C. E Mutuma Marangu**  
Full Name (Last, First, Middle Initial)

Mailing Address 2nd Floor, Berkeley Square House,

City State Lo Zip Code W1J6B

FEC ID number of contributing federal political committee. **C**

Name of Employer Sage UK Services Occupation Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
02 / 03 / 2015  
**Transaction ID : VN8ECDB3NZ2**

Amount of Each Receipt this Period  
250.00

Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	785.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**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 497 OF 1282
	<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	

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

Full Name (Last, First, Middle Initial) <b>A. Barbara Marcus</b>		Date of Receipt MM / DD / YYYY 01 / 04 / 2015 <b>Transaction ID : VN8ECDA7B31</b>
Mailing Address 55 Hudson St 8A		Amount of Each Receipt this Period 403.20
City New York	State NY	Zip Code 10013
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Random House	Occupation Publisher	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 403.20	

Full Name (Last, First, Middle Initial) <b>B. Maria Ruiz Margenot</b>		Date of Receipt MM / DD / YYYY 02 / 12 / 2015 <b>Transaction ID : VN8ECDB69X7</b>
Mailing Address 314 E Amelia St		Amount of Each Receipt this Period 1000.00
City Orlando	State FL	Zip Code 32801-1306
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Maria Ruiz Margenot	Occupation SVP- Sales Development, Recruiting & T	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. Lee Margot</b>		Date of Receipt MM / DD / YYYY 03 / 18 / 2015 <b>Transaction ID : VN8ECDC7NP3</b>
Mailing Address 3057 Juniper St		Amount of Each Receipt this Period 250.00
City San Diego	State CA	Zip Code 92104-5442
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Scripps Health	Occupation Sonographer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1653.20
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 498 OF 1282
<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

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

Full Name (Last, First, Middle Initial) <b>A. Martin Markowitz</b>		Date of Receipt MM / DD / YYYY 04 / 13 / 2015 <b>Transaction ID : VN8ECDDXD91</b>
Mailing Address 10 W 15th St Phb		Amount of Each Receipt this Period 100.00
City New York	State NY	Zip Code 10011-6838
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer ADARC	Occupation Physician/Scientist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 100.00	

Full Name (Last, First, Middle Initial) <b>B. Martin Markowitz</b>		Date of Receipt MM / DD / YYYY 05 / 13 / 2015 <b>Transaction ID : VN8ECDEJJ71</b>
Mailing Address 10 W 15th St Phb		Amount of Each Receipt this Period 100.00
City New York	State NY	Zip Code 10011-6838
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer ADARC	Occupation Physician/Scientist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

Full Name (Last, First, Middle Initial) <b>C. Martin Markowitz</b>		Date of Receipt MM / DD / YYYY 06 / 13 / 2015 <b>Transaction ID : VN8ECDF45X0</b>
Mailing Address 10 W 15th St Phb		Amount of Each Receipt this Period 100.00
City New York	State NY	Zip Code 10011-6838
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer ADARC	Occupation Physician/Scientist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 499 OF 1282
<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

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

**A. Brian Marlowe**  
Full Name (Last, First, Middle Initial)

Mailing Address 67 Bridgetown Rd

City Hilton Head Island State SC Zip Code 29928

FEC ID number of contributing federal political committee. **C**

Name of Employer none Occupation retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
100.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 01 / 08 / 2015  
**Transaction ID : VN8ECDA9XT6**

Amount of Each Receipt this Period  
100.00

Contribution-IE Only Account

**B. Brian Marlowe**  
Full Name (Last, First, Middle Initial)

Mailing Address 67 Bridgetown Rd

City Hilton Head Island State SC Zip Code 29928

FEC ID number of contributing federal political committee. **C**

Name of Employer none Occupation retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 04 / 07 / 2015  
**Transaction ID : VN8ECDF1115**

Amount of Each Receipt this Period  
250.00

Earmarked; IE Only Account

**C. Beth Martinez**  
Full Name (Last, First, Middle Initial)

Mailing Address 1602 Travis Heights Blvd

City Austin State TX Zip Code 78704-3122

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 02 / 28 / 2015  
**Transaction ID : VN8ECDC0S78**

Amount of Each Receipt this Period  
500.00

Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	850.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 500 OF 1282
	<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	

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

Full Name (Last, First, Middle Initial) <b>A. Robyn Massey</b>		Date of Receipt MM / DD / YYYY 01 / 11 / 2015 <b>Transaction ID : VN8ECDAH586</b>
Mailing Address 159 W 122nd St		Amount of Each Receipt this Period 221.76
City New York	State NY	Zip Code 10027-5509
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Ketchum	Occupation Public Relations Exec	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Robyn Massey</b>		Date of Receipt MM / DD / YYYY 01 / 11 / 2015 <b>Transaction ID : VN8ECDAH5A1</b>
Mailing Address 159 W 122nd St		Amount of Each Receipt this Period 28.24
City New York	State NY	Zip Code 10027-5509
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Ketchum	Occupation Public Relations Exec	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Robyn Massey</b>		Date of Receipt MM / DD / YYYY 03 / 09 / 2015 <b>Transaction ID : VN8ECDFOKW8</b>
Mailing Address 159 W 122nd St		Amount of Each Receipt this Period 41.32
City New York	State NY	Zip Code 10027-5509
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Ketchum	Occupation Public Relations Exec	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 291.32	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	291.32
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 501 OF 1282
	<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	

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

**A. David Mastrangelo**  
Full Name (Last, First, Middle Initial)

Mailing Address 1400 S Joyce St  
Apt 324

City Arlington State VA Zip Code 22202-1812

FEC ID number of contributing federal political committee. **C**

Name of Employer U.S. House of Representatives Occupation Scheduler/Office Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 201.60

Date of Receipt  
MM / DD / YYYY  
02 / 16 / 2015  
**Transaction ID : VN8ECDB96Y9**

Amount of Each Receipt this Period  
201.60

Contribution-IE Only Account

**B. David Mastrangelo**  
Full Name (Last, First, Middle Initial)

Mailing Address 1400 S Joyce St  
Apt 324

City Arlington State VA Zip Code 22202-1812

FEC ID number of contributing federal political committee. **C**

Name of Employer U.S. House of Representatives Occupation Scheduler/Office Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 461.60

Date of Receipt  
MM / DD / YYYY  
03 / 16 / 2015  
**Transaction ID : VN8ECDC5DN3**

Amount of Each Receipt this Period  
260.00

Contribution-IE Only Account

**C. Carmen Matos**  
Full Name (Last, First, Middle Initial)

Mailing Address 1451 S Miami Ave  
3004

City Miami State FL Zip Code 33130-4306

FEC ID number of contributing federal political committee. **C**

Name of Employer Korn Ferry Occupation Executive Recruiter

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
02 / 05 / 2015  
**Transaction ID : VN8ECDAY1M5**

Amount of Each Receipt this Period  
250.00

Contribution-IE Only Account

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 711.60

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

**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 502 OF 1282
<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

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

Full Name (Last, First, Middle Initial) <b>A. Eliza May</b>		Date of Receipt MM / DD / YYYY 02 / 16 / 2015 <b>Transaction ID : VN8ECDB92M0</b>
Mailing Address 4813 Eagle Feather Dr		Amount of Each Receipt this Period 50.00
City Austin	State TX	Zip Code 78735-6477
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Komen Austin	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 50.00	

Full Name (Last, First, Middle Initial) <b>B. Eliza May</b>		Date of Receipt MM / DD / YYYY 03 / 16 / 2015 <b>Transaction ID : VN8ECDC5161</b>
Mailing Address 4813 Eagle Feather Dr		Amount of Each Receipt this Period 50.00
City Austin	State TX	Zip Code 78735-6477
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Komen Austin	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 100.00	

Full Name (Last, First, Middle Initial) <b>C. Eliza May</b>		Date of Receipt MM / DD / YYYY 04 / 16 / 2015 <b>Transaction ID : VN8ECDE0AD8</b>
Mailing Address 4813 Eagle Feather Dr		Amount of Each Receipt this Period 50.00
City Austin	State TX	Zip Code 78735-6477
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Komen Austin	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 150.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 503 OF 1282
<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

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

**A. Eliza May**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4813 Eagle Feather Dr  
City Austin State TX Zip Code 78735-6477  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Komen Austin Occupation Director  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **200.00**

Date of Receipt **05 / 16 / 2015**  
**Transaction ID : VN8ECDEK0F3**  
Amount of Each Receipt this Period **50.00**  
Contribution-IE Only Account

**B. Eliza May**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4813 Eagle Feather Dr  
City Austin State TX Zip Code 78735-6477  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Komen Austin Occupation Director  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **250.00**

Date of Receipt **06 / 16 / 2015**  
**Transaction ID : VN8ECDF7QB7**  
Amount of Each Receipt this Period **50.00**  
Contribution-IE Only Account

**C. Helen McAfee**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8922 Estate Dr  
City West Palm Beach State FL Zip Code 33411-6595  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Homemaker Occupation Homemaker  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **250.00**

Date of Receipt **03 / 31 / 2015**  
**Transaction ID : VN8ECDDCNP5**  
Amount of Each Receipt this Period **250.00**  
Contribution-IE Only Account

**SUBTOTAL** of Receipts This Page (optional)..... **350.00**  
**TOTAL** This Period (last page this line number only).....

**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 504 OF 1282
	<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	

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

Full Name (Last, First, Middle Initial) <b>A. Nicole McAfee</b>		Date of Receipt MM / DD / YYYY 01 / 25 / 2015 <b>Transaction ID : VN8ECDAKK17</b>
Mailing Address 1503 Bay Hill Dr		Amount of Each Receipt this Period 36.00
City Austin State TX Zip Code 78746-6245	FEC ID number of contributing federal political committee. C	Contribution-IE Only Account
Name of Employer Unemployed Occupation Unemployed	Aggregate Year-to-Date 36.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Nicole McAfee</b>		Date of Receipt MM / DD / YYYY 02 / 25 / 2015 <b>Transaction ID : VN8ECDBKV55</b>
Mailing Address 1503 Bay Hill Dr		Amount of Each Receipt this Period 93.30
City Austin State TX Zip Code 78746-6245	FEC ID number of contributing federal political committee. C	Contribution-IE Only Account
Name of Employer Unemployed Occupation Unemployed	Aggregate Year-to-Date 129.30	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Nicole McAfee</b>		Date of Receipt MM / DD / YYYY 04 / 22 / 2015 <b>Transaction ID : VN8ECDE3A74</b>
Mailing Address 1503 Bay Hill Dr		Amount of Each Receipt this Period 143.16
City Austin State TX Zip Code 78746-6245	FEC ID number of contributing federal political committee. C	Contribution-IE Only Account
Name of Employer Unemployed Occupation Unemployed	Aggregate Year-to-Date 272.46	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	272.46
<b>TOTAL</b> This Period (last page this line number only).....▶	



**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 505 OF 1282
	<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	

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

**A. Donna McBride**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2904 Hidden Beaches Rd  
City Carrabelle State FL Zip Code 32322  
FEC ID number of contributing federal political committee. **C**  
Name of Employer retired Occupation retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 12 / 2015  
**Transaction ID : VN8ECDDWEZ7**  
Amount of Each Receipt this Period 250.00  
Contribution-IE Only Account

**B. Jennifer McCann**  
Full Name (Last, First, Middle Initial)  
Mailing Address 210 Main St  
City Nyack State NY Zip Code 10960-2479  
FEC ID number of contributing federal political committee. **C**  
Name of Employer None Occupation Volunteer  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 20.16

Date of Receipt 01 / 14 / 2015  
**Transaction ID : VN8ECDADJP2**  
Amount of Each Receipt this Period 20.16  
Contribution-IE Only Account

**C. Jennifer McCann**  
Full Name (Last, First, Middle Initial)  
Mailing Address 210 Main St  
City Nyack State NY Zip Code 10960-2479  
FEC ID number of contributing federal political committee. **C**  
Name of Employer None Occupation Volunteer  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 221.76

Date of Receipt 04 / 07 / 2015  
**Transaction ID : VN8ECDDQCK8**  
Amount of Each Receipt this Period 201.60  
Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	471.76
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 506 OF 1282
	<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	

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

**A. Jennifer McCann**  
Full Name (Last, First, Middle Initial)  
Mailing Address 210 Main St  
City Nyack State NY Zip Code 10960-2479  
FEC ID number of contributing federal political committee. **C**  
Name of Employer None Occupation Volunteer  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 241.92

Date of Receipt **04 / 09 / 2015**  
**Transaction ID : VN8ECDDRET5**  
Amount of Each Receipt this Period 20.16  
Contribution-IE Only Account

**B. James McCollum**  
Full Name (Last, First, Middle Initial)  
Mailing Address 318 S Granados Ave  
City Solana Beach State CA Zip Code 92075-2013  
FEC ID number of contributing federal political committee. **C**  
Name of Employer N/A Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 100.00

Date of Receipt **01 / 07 / 2015**  
**Transaction ID : VN8ECDA9DE7**  
Amount of Each Receipt this Period 100.00  
Contribution-IE Only Account

**C. James McCollum**  
Full Name (Last, First, Middle Initial)  
Mailing Address 318 S Granados Ave  
City Solana Beach State CA Zip Code 92075-2013  
FEC ID number of contributing federal political committee. **C**  
Name of Employer N/A Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 200.00

Date of Receipt **02 / 07 / 2015**  
**Transaction ID : VN8ECDAZGG2**  
Amount of Each Receipt this Period 100.00  
Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	220.16
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 507 OF 1282
<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

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

**A. James McCollum**  
Full Name (Last, First, Middle Initial)  
Mailing Address 318 S Granados Ave  
City Solana Beach State CA Zip Code 92075-2013  
FEC ID number of contributing federal political committee. **C**  
Name of Employer N/A Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
03 / 07 / 2015  
**Transaction ID : VN8ECDBW1F8**  
Amount of Each Receipt this Period  
100.00  
Contribution-IE Only Account

**B. James McCollum**  
Full Name (Last, First, Middle Initial)  
Mailing Address 318 S Granados Ave  
City Solana Beach State CA Zip Code 92075-2013  
FEC ID number of contributing federal political committee. **C**  
Name of Employer N/A Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
04 / 07 / 2015  
**Transaction ID : VN8ECDDQ8V2**  
Amount of Each Receipt this Period  
100.00  
Contribution-IE Only Account

**C. James McCollum**  
Full Name (Last, First, Middle Initial)  
Mailing Address 318 S Granados Ave  
City Solana Beach State CA Zip Code 92075-2013  
FEC ID number of contributing federal political committee. **C**  
Name of Employer N/A Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
05 / 07 / 2015  
**Transaction ID : VN8ECDEGBJ8**  
Amount of Each Receipt this Period  
100.00  
Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 508 OF 1282
<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

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

**A. James McCollum**  
Full Name (Last, First, Middle Initial)  
Mailing Address 318 S Granados Ave  
City Solana Beach State CA Zip Code 92075-2013  
FEC ID number of contributing federal political committee. **C**  
Name of Employer N/A Occupation Retired  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **600.00**

Date of Receipt **06 / 07 / 2015**  
**Transaction ID : VN8ECDF0VG1**  
Amount of Each Receipt this Period **100.00**  
Contribution-IE Only Account

**B. Scott H McConnell**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5713 Overlea Rd  
City Bethesda State MD Zip Code 20816-1918  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Windward Strategies Occupation Consultant  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **90.10**

Date of Receipt **01 / 04 / 2015**  
**Transaction ID : VN8ECDA7FN0**  
Amount of Each Receipt this Period **90.10**  
Contribution-IE Only Account

**C. Scott H McConnell**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5713 Overlea Rd  
City Bethesda State MD Zip Code 20816-1918  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Windward Strategies Occupation Consultant  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **290.10**

Date of Receipt **01 / 30 / 2015**  
**Transaction ID : VN8ECDAV967**  
Amount of Each Receipt this Period **200.00**  
Contribution-IE Only Account

**SUBTOTAL** of Receipts This Page (optional)..... **390.10**  
**TOTAL** This Period (last page this line number only).....

**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 509 OF 1282
<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

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

**A. Scott H McConnell**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5713 Overlea Rd  
 City Bethesda State MD Zip Code 20816-1918  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Windward Strategies Occupation Consultant  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **310.26**

Date of Receipt **02 / 22 / 2015**  
**Transaction ID : VN8ECDBDKN7**  
 Amount of Each Receipt this Period **20.16**  
 Contribution-IE Only Account

**B. Charlotte Y McDuffie**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 975 E Ferry St Apt J  
 City Buffalo State NY Zip Code 14211-1449  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Roswell Occupation Nutrition  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **201.16**

Date of Receipt **03 / 27 / 2015**  
**Transaction ID : VN8ECDEJEV0**  
 Amount of Each Receipt this Period **201.16**  
 Contribution-IE Only Account

**C. Sean McElligott**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 230 Rogers Ave  
 City Milford State CT Zip Code 06460-6443  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Koskoff, Koskoff & Bieder Occupation Lawyer  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **04 / 03 / 2015**  
**Transaction ID : VN8ECDDJ790**  
 Amount of Each Receipt this Period **500.00**  
 Contribution-IE Only Account

**SUBTOTAL** of Receipts This Page (optional)..... **721.32**  
**TOTAL** This Period (last page this line number only).....

**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 510 OF 1282
<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

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

Full Name (Last, First, Middle Initial) <b>A. Melanie McFarland</b>		Date of Receipt MM / DD / YYYY 01 / 13 / 2015 <b>Transaction ID : VN8ECDAD4Z2</b>
Mailing Address 440 32nd St		Amount of Each Receipt this Period 35.00
City Manhattan Beach	State CA	Zip Code 90266
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Self employed	Occupation Artist & author	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 35.00	

Full Name (Last, First, Middle Initial) <b>B. Melanie McFarland</b>		Date of Receipt MM / DD / YYYY 02 / 13 / 2015 <b>Transaction ID : VN8ECDDB77B8</b>
Mailing Address 440 32nd St		Amount of Each Receipt this Period 35.00
City Manhattan Beach	State CA	Zip Code 90266
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Self employed	Occupation Artist & author	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 70.00	

Full Name (Last, First, Middle Initial) <b>C. Melanie McFarland</b>		Date of Receipt MM / DD / YYYY 03 / 13 / 2015 <b>Transaction ID : VN8ECD37Q1</b>
Mailing Address 440 32nd St		Amount of Each Receipt this Period 35.00
City Manhattan Beach	State CA	Zip Code 90266
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Self employed	Occupation Artist & author	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 105.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	105.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 511 OF 1282
<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

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

**A. Melanie McFarland**  
Full Name (Last, First, Middle Initial)

Mailing Address 440 32nd St

City Manhattan Beach	State CA	Zip Code 90266
-------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Self employed	Occupation Artist & author
-----------------------------------	-------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
140.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	13	/	2015

**Transaction ID : VN8ECDDXMD6**

Amount of Each Receipt this Period  
35.00

Contribution-IE Only Account

**B. Melanie McFarland**  
Full Name (Last, First, Middle Initial)

Mailing Address 440 32nd St

City Manhattan Beach	State CA	Zip Code 90266
-------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Self employed	Occupation Artist & author
-----------------------------------	-------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
175.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	13	/	2015

**Transaction ID : VN8ECDEJJ97**

Amount of Each Receipt this Period  
35.00

Contribution-IE Only Account

**C. Melanie McFarland**  
Full Name (Last, First, Middle Initial)

Mailing Address 440 32nd St

City Manhattan Beach	State CA	Zip Code 90266
-------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Self employed	Occupation Artist & author
-----------------------------------	-------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	13	/	2015

**Transaction ID : VN8ECDF4568**

Amount of Each Receipt this Period  
35.00

Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	105.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 512 OF 1282
	<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	

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

**A. Jan Mcfarlane**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5302 Bradford Dr  
City Dallas State TX Zip Code 75235-8315  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Open Mortgage Occupation Branch Mgr., Reverse Mortgage Professi  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 50.00

Date of Receipt **02 / 28 / 2015**  
**Transaction ID : VN8ECDBPZM6**  
Amount of Each Receipt this Period 50.00  
Contribution-IE Only Account

**B. Jan Mcfarlane**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5302 Bradford Dr  
City Dallas State TX Zip Code 75235-8315  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Open Mortgage Occupation Branch Mgr., Reverse Mortgage Professi  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 100.00

Date of Receipt **03 / 28 / 2015**  
**Transaction ID : VN8ECDDAPN4**  
Amount of Each Receipt this Period 50.00  
Contribution-IE Only Account

**C. Jan Mcfarlane**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5302 Bradford Dr  
City Dallas State TX Zip Code 75235-8315  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Open Mortgage Occupation Branch Mgr., Reverse Mortgage Professi  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 150.00

Date of Receipt **04 / 28 / 2015**  
**Transaction ID : VN8ECDE95P0**  
Amount of Each Receipt this Period 50.00  
Contribution-IE Only Account

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00  
**TOTAL** This Period (last page this line number only)..... ▶



**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 513 OF 1282
<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

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

**A. Jan Mcfarlane**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5302 Bradford Dr  
City Dallas State TX Zip Code 75235-8315  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Open Mortgage Occupation Branch Mgr., Reverse Mortgage Professi  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 200.00

Date of Receipt **05 / 28 / 2015**  
**Transaction ID : VN8ECDERR21**  
Amount of Each Receipt this Period 50.00  
Contribution-IE Only Account

**B. Jan Mcfarlane**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5302 Bradford Dr  
City Dallas State TX Zip Code 75235-8315  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Open Mortgage Occupation Branch Mgr., Reverse Mortgage Professi  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt **06 / 28 / 2015**  
**Transaction ID : VN8ECDFGK28**  
Amount of Each Receipt this Period 50.00  
Contribution-IE Only Account

**C. Agnes M McGaha**  
Full Name (Last, First, Middle Initial)  
Mailing Address 424 Harrison Ave  
City Claremont State CA Zip Code 91711-4631  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Retired Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 180.00

Date of Receipt **01 / 26 / 2015**  
**Transaction ID : VN8ECDAQ5B7**  
Amount of Each Receipt this Period 180.00  
Contribution-IE Only Account

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 280.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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 514 OF 1282
<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

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

**A. Agnes M McGaha**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 424 Harrison Ave  
 City State Zip Code  
 Claremont CA 91711-4631  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Retired Retired  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 288.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 02 / 2015  
**Transaction ID : VN8ECDBSX16**  
 Amount of Each Receipt this Period  
 108.00  
 Contribution-IE Only Account

**B. Rachel McGreevy**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 317 N St SW  
 City State Zip Code  
 Washington DC 20024-2903  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 MasterCard State GR  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 201.60

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 28 / 2015  
**Transaction ID : VN8ECDAR1S5**  
 Amount of Each Receipt this Period  
 201.60  
 Contribution-IE Only Account

**C. Rachel McGreevy**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 317 N St SW  
 City State Zip Code  
 Washington DC 20024-2903  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 MasterCard State GR  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 801.48

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 30 / 2015  
**Transaction ID : VN8ECDBWJ1**  
 Amount of Each Receipt this Period  
 599.88  
 Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	909.48
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 515 OF 1282
	<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	

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

Full Name (Last, First, Middle Initial) <b>A. Dianne McKeever</b>		Date of Receipt MM / DD / YYYY 01 / 22 / 2015 <b>Transaction ID : VN8ECDAHN98</b>
Mailing Address 165 W 66th St Apt 21E		Amount of Each Receipt this Period 2000.00
City New York	State NY	Zip Code 10023-6545
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Ides Capital	Occupation Partner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) <b>B. Dianne McKeever</b>		Date of Receipt MM / DD / YYYY 04 / 23 / 2015 <b>Transaction ID : VN8ECDE42Y7</b>
Mailing Address 165 W 66th St Apt 21E		Amount of Each Receipt this Period 10.00
City New York	State NY	Zip Code 10023-6545
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Ides Capital	Occupation Partner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2010.00	

Full Name (Last, First, Middle Initial) <b>C. Marie McKellar</b>		Date of Receipt MM / DD / YYYY 02 / 15 / 2015 <b>Transaction ID : VN8ECDB8FP5</b>
Mailing Address PO Box 149		Amount of Each Receipt this Period 5000.00
City Dobbs Ferry	State NY	Zip Code 10522-0149
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer None	Occupation None	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	7010.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 516 OF 1282
<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

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

Full Name (Last, First, Middle Initial) <b>A. McKenna Dupont Higgins &amp; Stone PC</b>		Date of Receipt
Mailing Address 229 Broad St		<input type="text" value="03"/> / <input type="text" value="13"/> / <input type="text" value="2015"/>
City	State	Zip Code
Red Bank	NJ	07701-2009
FEC ID number of contributing federal political committee.		<b>Transaction ID : VN8ECDC9900</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="1000.00"/>
Name of Employer	Occupation	Contribution-IE Only Account
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1000.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Steve McKenna</b>		Date of Receipt
Mailing Address 1817 Glenview Dr		<input type="text" value="01"/> / <input type="text" value="28"/> / <input type="text" value="2015"/>
City	State	Zip Code
Las Vegas	NV	89134
FEC ID number of contributing federal political committee.		<b>Transaction ID : VN8ECDAQCY1</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="100.00"/>
Name of Employer	Occupation	Contribution-IE Only Account
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="100.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Steve McKenna</b>		Date of Receipt
Mailing Address 1817 Glenview Dr		<input type="text" value="02"/> / <input type="text" value="28"/> / <input type="text" value="2015"/>
City	State	Zip Code
Las Vegas	NV	89134
FEC ID number of contributing federal political committee.		<b>Transaction ID : VN8ECDBPX0</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="100.00"/>
Name of Employer	Occupation	Contribution-IE Only Account
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="200.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="1200.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 517 OF 1282
<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

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

**A. Steve McKenna**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1817 Glenview Dr  
City Las Vegas State NV Zip Code 89134  
FEC ID number of contributing federal political committee. **C**  
Name of Employer N/A Occupation Retired  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **300.00**

Date of Receipt **03 / 28 / 2015**  
**Transaction ID : VN8ECDDAPM6**  
Amount of Each Receipt this Period **100.00**  
Contribution-IE Only Account

**B. Patrice McKinney**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6301 Pickens St  
City Houston State TX Zip Code 77007-2017  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Lanier Law a Firm Occupation Attorney  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **201.60**

Date of Receipt **03 / 10 / 2015**  
**Transaction ID : VN8ECDC0GF3**  
Amount of Each Receipt this Period **201.60**  
Contribution-IE Only Account

**C. Martin McLean**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1824 New Blue Ridge Drive  
City Seattle State WA Zip Code 98177  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Hagens Berman Occupation Attorney  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **1000.00**

Date of Receipt **02 / 26 / 2015**  
**Transaction ID : VN8ECDBMZS9**  
Amount of Each Receipt this Period **1000.00**  
Contribution-IE Only Account

**SUBTOTAL** of Receipts This Page (optional)..... **1301.60**  
**TOTAL** This Period (last page this line number only).....

**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 518 OF 1282
<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

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

Full Name (Last, First, Middle Initial) <b>A. Ronnie Morris</b>		Date of Receipt MM / DD / YYYY 01 / 06 / 2015 <b>Transaction ID : VN8ECDA8VE9</b>
Mailing Address 89 Doane St		Amount of Each Receipt this Period 2500.00
City Cohasset	State MA	Zip Code 02025
FEC ID number of contributing federal political committee. C	Contribution-IE Only Account	
Name of Employer Darlynn's	Occupation Retail	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) <b>B. Jennifer McMutrie</b>		Date of Receipt MM / DD / YYYY 01 / 05 / 2015 <b>Transaction ID : VN8ECDA7TE0</b>
Mailing Address 807 Los Prados De Guadalupe Dr NW		Amount of Each Receipt this Period 100.00
City Los Ranchos	State NM	Zip Code 87107-6671
FEC ID number of contributing federal political committee. C	Contribution-IE Only Account	
Name of Employer N/A	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 100.00	

Full Name (Last, First, Middle Initial) <b>C. Jennifer McMutrie</b>		Date of Receipt MM / DD / YYYY 02 / 05 / 2015 <b>Transaction ID : VN8ECDAXWQ9</b>
Mailing Address 807 Los Prados De Guadalupe Dr NW		Amount of Each Receipt this Period 100.00
City Los Ranchos	State NM	Zip Code 87107-6671
FEC ID number of contributing federal political committee. C	Contribution-IE Only Account	
Name of Employer N/A	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2700.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 519 OF 1282
	<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	

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

**A. Jennifer McMutrie**  
Full Name (Last, First, Middle Initial)

Mailing Address 807 Los Prados De Guadalupe Dr NW

City Los Ranchos	State NM	Zip Code 87107-6671
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A	Occupation Retired
-------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	05	/	2015

**Transaction ID : VN8ECDBTJZ7**

Amount of Each Receipt this Period  

100.00
--------

Contribution-IE Only Account

**B. Jennifer McMutrie**  
Full Name (Last, First, Middle Initial)

Mailing Address 807 Los Prados De Guadalupe Dr NW

City Los Ranchos	State NM	Zip Code 87107-6671
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A	Occupation Retired
-------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	05	/	2015

**Transaction ID : VN8ECDDNQH1**

Amount of Each Receipt this Period  

100.00
--------

Contribution-IE Only Account

**C. Jennifer McMutrie**  
Full Name (Last, First, Middle Initial)

Mailing Address 807 Los Prados De Guadalupe Dr NW

City Los Ranchos	State NM	Zip Code 87107-6671
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A	Occupation Retired
-------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	05	/	2015

**Transaction ID : VN8ECDEEHA0**

Amount of Each Receipt this Period  

100.00
--------

Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 520 OF 1282
	<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	

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

**A. Jennifer McMutrie**  
Full Name (Last, First, Middle Initial)

Mailing Address 807 Los Prados De Guadalupe Dr NW

City Los Ranchos	State NM	Zip Code 87107-6671
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A	Occupation Retired
-------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	05	/	2015

**Transaction ID : VN8ECDEZ3Z9**

Amount of Each Receipt this Period  
100.00

Contribution-IE Only Account

**B. Kathryn McNully**  
Full Name (Last, First, Middle Initial)

Mailing Address 193 Congdon Rd

City Voluntown	State CT	Zip Code 06384-1117
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired	Occupation retired
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	18	/	2015

**Transaction ID : VN8ECDC7HV5**

Amount of Each Receipt this Period  
500.00

Contribution-IE Only Account

**C. Anne McSpadden**  
Full Name (Last, First, Middle Initial)

Mailing Address 17 N East Yates Rd

City Memphis	State TN	Zip Code 38120-2065
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Psychologist	Occupation Self
----------------------------------	--------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	18	/	2015

**Transaction ID : VN8ECDC7KG3**

Amount of Each Receipt this Period  
500.00

Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1100.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**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 521 OF 1282
<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

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

**A. William Meehan**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2107 Bridgeway  
City Sausalito State CA Zip Code 94965-1737  
FEC ID number of contributing federal political committee. **C**  
Name of Employer self Occupation clinical psychologist  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **500.00**

Date of Receipt **04 / 12 / 2015**  
**Transaction ID : VN8ECDDWNJ0**  
Amount of Each Receipt this Period **500.00**  
Contribution-IE Only Account

**B. Douglas Meikle**  
Full Name (Last, First, Middle Initial)  
Mailing Address 10 Deer Trail Cir  
City Oxford State OH Zip Code 45056-9700  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Miami University Occupation Professor and Chair of Biology  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **250.00**

Date of Receipt **02 / 22 / 2015**  
**Transaction ID : VN8ECDBDN70**  
Amount of Each Receipt this Period **250.00**  
Contribution-IE Only Account

**c. Douglas Meikle**  
Full Name (Last, First, Middle Initial)  
Mailing Address 10 Deer Trail Cir  
City Oxford State OH Zip Code 45056-9700  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Miami University Occupation Professor and Chair of Biology  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **350.00**

Date of Receipt **04 / 01 / 2015**  
**Transaction ID : VN8ECDDFA69**  
Amount of Each Receipt this Period **100.00**  
Contribution-IE Only Account

**SUBTOTAL** of Receipts This Page (optional)..... **850.00**  
**TOTAL** This Period (last page this line number only).....

**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 522 OF 1282
	<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	

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

Full Name (Last, First, Middle Initial) <b>A. Judith Meir</b>		Date of Receipt MM / DD / YYYY 01 / 31 / 2015 <b>Transaction ID : VN8ECDASPH7</b>
Mailing Address 3751 Environ Blvd Apt 144		Amount of Each Receipt this Period 10.00
City Lauderhill	State FL	Zip Code 33319-4223
FEC ID number of contributing federal political committee. C	Name of Employer Meir Alarms, Inc.	Occupation Researcher
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 10.00	Contribution-IE Only Account

Full Name (Last, First, Middle Initial) <b>B. Judith Meir</b>		Date of Receipt MM / DD / YYYY 02 / 07 / 2015 <b>Transaction ID : VN8ECDAZCJ9</b>
Mailing Address 3751 Environ Blvd Apt 144		Amount of Each Receipt this Period 10.00
City Lauderhill	State FL	Zip Code 33319-4223
FEC ID number of contributing federal political committee. C	Name of Employer Meir Alarms, Inc.	Occupation Researcher
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 20.00	Contribution-IE Only Account

Full Name (Last, First, Middle Initial) <b>C. Judith Meir</b>		Date of Receipt MM / DD / YYYY 02 / 14 / 2015 <b>Transaction ID : VN8ECDB7YB3</b>
Mailing Address 3751 Environ Blvd Apt 144		Amount of Each Receipt this Period 10.00
City Lauderhill	State FL	Zip Code 33319-4223
FEC ID number of contributing federal political committee. C	Name of Employer Meir Alarms, Inc.	Occupation Researcher
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 30.00	Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	30.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 523 OF 1282
<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

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

Full Name (Last, First, Middle Initial) <b>A. Judith Meir</b>		Date of Receipt MM / DD / YYYY 02 / 21 / 2015
Mailing Address 3751 Environ Blvd Apt 144		<b>Transaction ID : VN8ECDBCXW6</b>
City Lauderhill	State FL	Zip Code 33319-4223
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer Meir Alarms, Inc.	Occupation Researcher	Contribution-IE Only Account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 40.00	

Full Name (Last, First, Middle Initial) <b>B. Judith Meir</b>		Date of Receipt MM / DD / YYYY 02 / 28 / 2015
Mailing Address 3751 Environ Blvd Apt 144		<b>Transaction ID : VN8ECDBPRK3</b>
City Lauderhill	State FL	Zip Code 33319-4223
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer Meir Alarms, Inc.	Occupation Researcher	Contribution-IE Only Account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 50.00	

Full Name (Last, First, Middle Initial) <b>C. Judith Meir</b>		Date of Receipt MM / DD / YYYY 03 / 07 / 2015
Mailing Address 3751 Environ Blvd Apt 144		<b>Transaction ID : VN8ECDBW134</b>
City Lauderhill	State FL	Zip Code 33319-4223
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer Meir Alarms, Inc.	Occupation Researcher	Contribution-IE Only Account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 60.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	30.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 524 OF 1282
<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

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

Full Name (Last, First, Middle Initial) <b>A. Judith Meir</b>		Date of Receipt MM / DD / YYYY 03 / 14 / 2015 <b>Transaction ID : VN8ECDC3WZ8</b>
Mailing Address 3751 Environ Blvd Apt 144		Amount of Each Receipt this Period 10.00
City Lauderhill	State FL	Zip Code 33319-4223
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Meir Alarms, Inc.	Occupation Researcher	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 70.00	

Full Name (Last, First, Middle Initial) <b>B. Judith Meir</b>		Date of Receipt MM / DD / YYYY 03 / 21 / 2015 <b>Transaction ID : VN8ECDCA70</b>
Mailing Address 3751 Environ Blvd Apt 144		Amount of Each Receipt this Period 10.00
City Lauderhill	State FL	Zip Code 33319-4223
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Meir Alarms, Inc.	Occupation Researcher	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 80.00	

Full Name (Last, First, Middle Initial) <b>C. Judith Meir</b>		Date of Receipt MM / DD / YYYY 03 / 28 / 2015 <b>Transaction ID : VN8ECDDAPW0</b>
Mailing Address 3751 Environ Blvd Apt 144		Amount of Each Receipt this Period 10.00
City Lauderhill	State FL	Zip Code 33319-4223
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Meir Alarms, Inc.	Occupation Researcher	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 90.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	30.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 525 OF 1282
<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

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

**A. Judith Meir**  
Full Name (Last, First, Middle Initial)

Mailing Address 3751 Environ Blvd  
Apt 144

City State Zip Code  
Lauderhill FL 33319-4223

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Meir Alarms, Inc. Researcher

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
100.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
04 / 04 / 2015  
**Transaction ID : VN8ECDDNEK9**

Amount of Each Receipt this Period  
10.00

Contribution-IE Only Account

**B. Judith Meir**  
Full Name (Last, First, Middle Initial)

Mailing Address 3751 Environ Blvd  
Apt 144

City State Zip Code  
Lauderhill FL 33319-4223

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Meir Alarms, Inc. Researcher

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
110.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
04 / 11 / 2015  
**Transaction ID : VN8ECDDV718**

Amount of Each Receipt this Period  
10.00

Contribution-IE Only Account

**C. Judith Meir**  
Full Name (Last, First, Middle Initial)

Mailing Address 3751 Environ Blvd  
Apt 144

City State Zip Code  
Lauderhill FL 33319-4223

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Meir Alarms, Inc. Researcher

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
120.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
04 / 18 / 2015  
**Transaction ID : VN8ECDE17P9**

Amount of Each Receipt this Period  
10.00

Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	30.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 526 OF 1282
	<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	

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

**A. Judith Meir**  
Full Name (Last, First, Middle Initial)

Mailing Address 3751 Environ Blvd  
Apt 144

City State Zip Code  
Lauderhill FL 33319-4223

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Meir Alarms, Inc. Researcher

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
130.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
04 / 25 / 2015

**Transaction ID : VN8ECDE6PS6**

Amount of Each Receipt this Period  
10.00

Contribution-IE Only Account

**B. Judith Meir**  
Full Name (Last, First, Middle Initial)

Mailing Address 3751 Environ Blvd  
Apt 144

City State Zip Code  
Lauderhill FL 33319-4223

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Meir Alarms, Inc. Researcher

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
140.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
05 / 02 / 2015

**Transaction ID : VN8ECDEBPH1**

Amount of Each Receipt this Period  
10.00

Contribution-IE Only Account

**C. Judith Meir**  
Full Name (Last, First, Middle Initial)

Mailing Address 3751 Environ Blvd  
Apt 144

City State Zip Code  
Lauderhill FL 33319-4223

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Meir Alarms, Inc. Researcher

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
150.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
05 / 09 / 2015

**Transaction ID : VN8ECDEGPM6**

Amount of Each Receipt this Period  
10.00

Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	30.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 527 OF 1282
<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

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

Full Name (Last, First, Middle Initial) <b>A. Judith Meir</b>		Date of Receipt MM / DD / YYYY 05 / 16 / 2015 <b>Transaction ID : VN8ECDEM4Z5</b>
Mailing Address 3751 Environ Blvd Apt 144		Amount of Each Receipt this Period 10.00
City Lauderhill	State FL	Zip Code 33319-4223
FEC ID number of contributing federal political committee. C	Contribution-IE Only Account	
Name of Employer Meir Alarms, Inc.	Occupation Researcher	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 160.00	

Full Name (Last, First, Middle Initial) <b>B. Judith Meir</b>		Date of Receipt MM / DD / YYYY 05 / 23 / 2015 <b>Transaction ID : VN8ECDEPPG2</b>
Mailing Address 3751 Environ Blvd Apt 144		Amount of Each Receipt this Period 10.00
City Lauderhill	State FL	Zip Code 33319-4223
FEC ID number of contributing federal political committee. C	Contribution-IE Only Account	
Name of Employer Meir Alarms, Inc.	Occupation Researcher	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 170.00	

Full Name (Last, First, Middle Initial) <b>C. Judith Meir</b>		Date of Receipt MM / DD / YYYY 05 / 30 / 2015 <b>Transaction ID : VN8ECDES3Z3</b>
Mailing Address 3751 Environ Blvd Apt 144		Amount of Each Receipt this Period 10.00
City Lauderhill	State FL	Zip Code 33319-4223
FEC ID number of contributing federal political committee. C	Contribution-IE Only Account	
Name of Employer Meir Alarms, Inc.	Occupation Researcher	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 180.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	30.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 528 OF 1282
	<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	

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

**A. Judith Meir**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3751 Environ Blvd  
 Apt 144  
 City State Zip Code  
 Lauderhill FL 33319-4223  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Meir Alarms, Inc. Researcher  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 190.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 06 / 2015  
**Transaction ID : VN8ECDEZ9P3**  
 Amount of Each Receipt this Period  
 10.00  
 Contribution-IE Only Account

**B. Judith Meir**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3751 Environ Blvd  
 Apt 144  
 City State Zip Code  
 Lauderhill FL 33319-4223  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Meir Alarms, Inc. Researcher  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 13 / 2015  
**Transaction ID : VN8ECDF4592**  
 Amount of Each Receipt this Period  
 10.00  
 Contribution-IE Only Account

**C. Judith Meir**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3751 Environ Blvd  
 Apt 144  
 City State Zip Code  
 Lauderhill FL 33319-4223  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Meir Alarms, Inc. Researcher  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 20 / 2015  
**Transaction ID : VN8ECDF9VD7**  
 Amount of Each Receipt this Period  
 10.00  
 Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	30.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**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 529 OF 1282
	<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	

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

Full Name (Last, First, Middle Initial) <b>A. Judith Meir</b>		Date of Receipt MM / DD / YYYY 06 / 27 / 2015 <b>Transaction ID : VN8ECDFEHN9</b>
Mailing Address 3751 Environ Blvd Apt 144		Amount of Each Receipt this Period 10.00
City Lauderhill	State FL	Zip Code 33319-4223
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Meir Alarms, Inc.	Occupation Researcher	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) <b>B. Susan Melly</b>		Date of Receipt MM / DD / YYYY 03 / 18 / 2015 <b>Transaction ID : VN8ECDC7K80</b>
Mailing Address 35 Arlene Ln		Amount of Each Receipt this Period 500.00
City Walnut Creek	State CA	Zip Code 94595-1732
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Wells Fargo & Co	Occupation SVP, Technology	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Joyce F Menschel</b>		Date of Receipt MM / DD / YYYY 02 / 20 / 2015 <b>Transaction ID : VN8ECDBQV73</b>
Mailing Address 1035 5th Ave Apt 7B		Amount of Each Receipt this Period 500.00
City New York	State NY	Zip Code 10028-0135
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer N/A	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1010.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 530 OF 1282
<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

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

**A. Jeff C Meredith**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4815 California Ave SW  
 Apt 607  
 City Seattle State WA Zip Code 98116-4469  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Retired Occupation Retired  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **04 / 26 / 2015**  
**Transaction ID : VN8ECDE6G71**  
 Amount of Each Receipt this Period **500.00**  
 Contribution-IE Only Account

**B. Merkle Response Management Group**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 100 Jamison Ct  
 City Hagerstown State MD Zip Code 21740-5185  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **930.00**

Date of Receipt **04 / 15 / 2015**  
**Transaction ID : VN8ECDFW1W9**  
 Amount of Each Receipt this Period **930.00**  
 Refund of BRE-IE Only Account

**C. Judith S. Merrill**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10717 Cromwell Dr  
 City Dallas State TX Zip Code 75229-5112  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer N/A Occupation Retired  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **699.96**

Date of Receipt **04 / 11 / 2015**  
**Transaction ID : VN8ECDDV NK9**  
 Amount of Each Receipt this Period **199.96**  
 Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1629.96</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 531 OF 1282  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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

Full Name (Last, First, Middle Initial)  
**A. Judith S. Merrill**  
 Mailing Address 10717 Cromwell Dr  
 City State Zip Code  
 Dallas TX 75229-5112  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 N/A Retired  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 699.96

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 11 / 2015  
**Transaction ID : VN8ECDDVNQ0**  
 Amount of Each Receipt this Period  
 500.00  
 Contribution-IE Only Account

Full Name (Last, First, Middle Initial)  
**B. John Mesicek**  
 Mailing Address 526 N Sunset Way  
 City State Zip Code  
 Palm Springs CA 92262-6220  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Palm Springs Unified School District teacher  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 20.16

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 06 / 2015  
**Transaction ID : VN8ECDA8CT2**  
 Amount of Each Receipt this Period  
 20.16  
 Contribution-IE Only Account

Full Name (Last, First, Middle Initial)  
**C. John Mesicek**  
 Mailing Address 526 N Sunset Way  
 City State Zip Code  
 Palm Springs CA 92262-6220  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Palm Springs Unified School District teacher  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 270.16

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 04 / 2015  
**Transaction ID : VN8ECDAXM09**  
 Amount of Each Receipt this Period  
 250.00  
 Contribution-IE Only Account

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 770.16  
**TOTAL** This Period (last page this line number only)..... ▶

**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 532 OF 1282
	<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	

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

Full Name (Last, First, Middle Initial) <b>A. John Mesicek</b>		Date of Receipt MM / DD / YYYY 02 / 06 / 2015 <b>Transaction ID : VN8ECDAYT57</b>
Mailing Address 526 N Sunset Way		Amount of Each Receipt this Period 20.16
City Palm Springs	State CA	Zip Code 92262-6220
FEC ID number of contributing federal political committee. C	Name of Employer Palm Springs Unified School District	
Occupation teacher		Contribution-IE Only Account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 290.32	

Full Name (Last, First, Middle Initial) <b>B. John Mesicek</b>		Date of Receipt MM / DD / YYYY 03 / 06 / 2015 <b>Transaction ID : VN8ECDBV9N8</b>
Mailing Address 526 N Sunset Way		Amount of Each Receipt this Period 20.16
City Palm Springs	State CA	Zip Code 92262-6220
FEC ID number of contributing federal political committee. C	Name of Employer Palm Springs Unified School District	
Occupation teacher		Contribution-IE Only Account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 310.48	

Full Name (Last, First, Middle Initial) <b>C. John Mesicek</b>		Date of Receipt MM / DD / YYYY 04 / 06 / 2015 <b>Transaction ID : VN8ECDDNZ13</b>
Mailing Address 526 N Sunset Way		Amount of Each Receipt this Period 20.16
City Palm Springs	State CA	Zip Code 92262-6220
FEC ID number of contributing federal political committee. C	Name of Employer Palm Springs Unified School District	
Occupation teacher		Contribution-IE Only Account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.64	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	60.48
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 533 OF 1282
<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

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

**A. John Mesicek**  
Full Name (Last, First, Middle Initial)

Mailing Address 526 N Sunset Way

City State Zip Code  
Palm Springs CA 92262-6220

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Palm Springs Unified School District teacher

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **350.80**

Date of Receipt  
**05 / 06 / 2015**

**Transaction ID : VN8ECDEDKR8**

Amount of Each Receipt this Period  
**20.16**

Contribution-IE Only Account

**B. Nadine Mestral**  
Full Name (Last, First, Middle Initial)

Mailing Address Intercontinental Times Square

City State Zip Code  
New York NY 10036

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
State Teacher

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **201.60**

Date of Receipt  
**04 / 10 / 2015**

**Transaction ID : VN8ECDDTX40**

Amount of Each Receipt this Period  
**201.60**

Contribution-IE Only Account

**C. Cynthia Metzler**  
Full Name (Last, First, Middle Initial)

Mailing Address 4234 47th St NW

City State Zip Code  
Washington DC 20016-2458

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
General Services Administration Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
**04 / 08 / 2015**

**Transaction ID : VN8ECDDR780**

Amount of Each Receipt this Period  
**250.00**

Contribution-IE Only Account

**SUBTOTAL** of Receipts This Page (optional)..... **471.76**

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

**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 534 OF 1282
<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

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

**A. John Meunier**  
Full Name (Last, First, Middle Initial)

Mailing Address 465 Shawmut Ave

City Boston State MA Zip Code 02118-3838

FEC ID number of contributing federal political committee. **C**

Name of Employer Market strategies International Occupation Market Research

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 22 / 2015  
**Transaction ID : VN8ECDCAZN1**

Amount of Each Receipt this Period  
250.00

Contribution-IE Only Account

**B. Michael Michener**  
Full Name (Last, First, Middle Initial)

Mailing Address Rue de Crayer 6

City Brussels, Belgium State AE Zip Code 01000

FEC ID number of contributing federal political committee. **C**

Name of Employer CropLife International Occupation Policy Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
201.60

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 03 / 2015  
**Transaction ID : VN8ECDAWMZ5**

Amount of Each Receipt this Period  
201.60

Contribution-IE Only Account

**c. Mike Eng for LA Community College Board of Trustee 2017**  
Full Name (Last, First, Middle Initial)

Mailing Address 6380 Wilshire Blvd Ste 1612

City Los Angeles State CA Zip Code 90048-5018

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
201.60

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 07 / 2015  
**Transaction ID : VN8ECDEYZD9**

Amount of Each Receipt this Period  
201.60

Contribution-IE Only Account

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 653.20

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

**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 535 OF 1282
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input checked="" type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input checked="" type="checkbox"/> 17	

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

**A. Hymavati Hyma Mikkilineni**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8721 N Shore Dr  
 City Jonesboro State GA Zip Code 30236-4020  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **02 / 03 / 2015**  
**Transaction ID : VN8ECDB3M14**  
 Amount of Each Receipt this Period **500.00**  
 Contribution-IE Only Account

**B. Madalene Milano**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 437 Ferry Point Rd  
 City Annapolis State MD Zip Code 21403-1351  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer GMMB Occupation Public Relations  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **04 / 12 / 2015**  
**Transaction ID : VN8ECDDW3C5**  
 Amount of Each Receipt this Period **250.00**  
 Contribution-IE Only Account

**C. Stacey Milbern**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 715 60th St  
 City Oakland State CA Zip Code 94609-1421  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Center for Independent Living Occupation Director of Programs  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **18.00**

Date of Receipt **01 / 21 / 2015**  
**Transaction ID : VN8ECDAHEX1**  
 Amount of Each Receipt this Period **18.00**  
 Contribution-IE Only Account

**SUBTOTAL** of Receipts This Page (optional)..... **768.00**  
**TOTAL** This Period (last page this line number only).....

**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 536 OF 1282
<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

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

Full Name (Last, First, Middle Initial) <b>A. Stacey Milbern</b>		Date of Receipt
Mailing Address 715 60th St		<input type="text" value="02"/> / <input type="text" value="20"/> / <input type="text" value="2015"/>
City	State	Zip Code
Oakland	CA	94609-1421
FEC ID number of contributing federal political committee.		<b>Transaction ID : VN8ECDBCNG3</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="212.60"/>
Name of Employer	Occupation	Contribution-IE Only Account
Center for Independent Living	Director of Programs	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.76"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Stacey Milbern</b>		Date of Receipt
Mailing Address 715 60th St		<input type="text" value="02"/> / <input type="text" value="20"/> / <input type="text" value="2015"/>
City	State	Zip Code
Oakland	CA	94609-1421
FEC ID number of contributing federal political committee.		<b>Transaction ID : VN8ECBCNH1</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="20.16"/>
Name of Employer	Occupation	Contribution-IE Only Account
Center for Independent Living	Director of Programs	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.76"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Helen Milby</b>		Date of Receipt
Mailing Address 1255 C St SE		<input type="text" value="02"/> / <input type="text" value="17"/> / <input type="text" value="2015"/>
City	State	Zip Code
Washington	DC	20003-2202
FEC ID number of contributing federal political committee.		<b>Transaction ID : VN8ECDB9CC8</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="201.60"/>
Name of Employer	Occupation	Contribution-IE Only Account
HM&CO	Fundraiser	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="201.60"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="434.36"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>



**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 537 OF 1282
	<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	

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

**A. Barbara Miller**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2522 W Hidden Lake Ct  
City Peoria State IL Zip Code 61614-3200  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Retired Occupation Social Worker  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **177.00**

Date of Receipt **03 / 11 / 2015**  
**Transaction ID : VN8ECDC1GZ8**  
Amount of Each Receipt this Period **177.00**  
Contribution-IE Only Account

**B. Barbara Miller**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2522 W Hidden Lake Ct  
City Peoria State IL Zip Code 61614-3200  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Retired Occupation Social Worker  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **252.00**

Date of Receipt **03 / 14 / 2015**  
**Transaction ID : VN8ECDC43S6**  
Amount of Each Receipt this Period **75.00**  
Contribution-IE Only Account

**C. Brad Miller**  
Full Name (Last, First, Middle Initial)  
Mailing Address 22449 Lake Seneca Rd  
City Eustis State FL Zip Code 32736-5125  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Values Equity Occupation Private Equity  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **1000.00**

Date of Receipt **02 / 12 / 2015**  
**Transaction ID : VN8ECDB5YP7**  
Amount of Each Receipt this Period **1000.00**  
Contribution-IE Only Account

**SUBTOTAL** of Receipts This Page (optional)..... **1252.00**  
**TOTAL** This Period (last page this line number only).....

**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 538 OF 1282
<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

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

Full Name (Last, First, Middle Initial) <b>A. Judy Miller</b>		Date of Receipt MM / DD / YYYY 02 / 06 / 2015 <b>Transaction ID : VN8ECDAYYC2</b>
Mailing Address 201 Cypress Lakes Cir		Amount of Each Receipt this Period 35.00
City Cleveland	State TX	Zip Code 77327-7703
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer self	Occupation investments	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 35.00	

Full Name (Last, First, Middle Initial) <b>B. Judy Miller</b>		Date of Receipt MM / DD / YYYY 03 / 31 / 2015 <b>Transaction ID : VN8ECDDJP7</b>
Mailing Address 201 Cypress Lakes Cir		Amount of Each Receipt this Period 1000.00
City Cleveland	State TX	Zip Code 77327-7703
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer self	Occupation investments	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1035.00	

Full Name (Last, First, Middle Initial) <b>C. Sally Minard</b>		Date of Receipt MM / DD / YYYY 02 / 05 / 2015 <b>Transaction ID : VN8ECDAY419</b>
Mailing Address 133 E 62nd St		Amount of Each Receipt this Period 1000.00
City New York	State NY	Zip Code 10065-7301
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer 4 Freedoms Park	Occupation Pres/CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2035.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 539 OF 1282
<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

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

**A. Sally Minard**  
Full Name (Last, First, Middle Initial)  
Mailing Address 133 E 62nd St  
City New York State NY Zip Code 10065-7301  
FEC ID number of contributing federal political committee. **C**  
Name of Employer 4 Freedoms Park Occupation Pres/CEO  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **1020.16**

Date of Receipt **04 / 11 / 2015**  
**Transaction ID : VN8ECDDV2T4**  
Amount of Each Receipt this Period **20.16**  
Contribution-IE Only Account

**B. Kathy Minehart**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4300 Grays Market Dr  
City Columbus State OH Zip Code 43230-5423  
FEC ID number of contributing federal political committee. **C**  
Name of Employer State of Ohio Occupation UC Manager 2  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **20.16**

Date of Receipt **01 / 15 / 2015**  
**Transaction ID : VN8ECDAE5D1**  
Amount of Each Receipt this Period **20.16**  
Contribution-IE Only Account

**C. Kathy Minehart**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4300 Grays Market Dr  
City Columbus State OH Zip Code 43230-5423  
FEC ID number of contributing federal political committee. **C**  
Name of Employer State of Ohio Occupation UC Manager 2  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **40.32**

Date of Receipt **01 / 23 / 2015**  
**Transaction ID : VN8ECDAJAD4**  
Amount of Each Receipt this Period **20.16**  
Contribution-IE Only Account

**SUBTOTAL** of Receipts This Page (optional)..... **60.48**  
**TOTAL** This Period (last page this line number only).....

**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 540 OF 1282
<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

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

**A. Kathy Minehart**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4300 Grays Market Dr  
City Columbus State OH Zip Code 43230-5423  
FEC ID number of contributing federal political committee. **C**  
Name of Employer State of Ohio Occupation UC Manager 2  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 111.80

Date of Receipt 01 / 30 / 2015  
**Transaction ID : VN8ECDASG67**  
Amount of Each Receipt this Period 51.32  
Contribution-IE Only Account

**B. Kathy Minehart**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4300 Grays Market Dr  
City Columbus State OH Zip Code 43230-5423  
FEC ID number of contributing federal political committee. **C**  
Name of Employer State of Ohio Occupation UC Manager 2  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 111.80

Date of Receipt 01 / 30 / 2015  
**Transaction ID : VN8ECDASG91**  
Amount of Each Receipt this Period 20.16  
Contribution-IE Only Account

**C. Kathy Minehart**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4300 Grays Market Dr  
City Columbus State OH Zip Code 43230-5423  
FEC ID number of contributing federal political committee. **C**  
Name of Employer State of Ohio Occupation UC Manager 2  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 188.80

Date of Receipt 02 / 06 / 2015  
**Transaction ID : VN8ECDAZ1S1**  
Amount of Each Receipt this Period 77.00  
Contribution-IE Only Account

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 148.48  
**TOTAL** This Period (last page this line number only)..... ▶

**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 541 OF 1282
<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

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

**A. Kathy Minehart**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4300 Grays Market Dr  
City Columbus State OH Zip Code 43230-5423  
FEC ID number of contributing federal political committee. **C**  
Name of Employer State of Ohio Occupation UC Manager 2  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **390.40**

Date of Receipt **02 / 07 / 2015**  
**Transaction ID : VN8ECDAZCN2**  
Amount of Each Receipt this Period **201.60**  
Contribution-IE Only Account

**B. Kathy Minehart**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4300 Grays Market Dr  
City Columbus State OH Zip Code 43230-5423  
FEC ID number of contributing federal political committee. **C**  
Name of Employer State of Ohio Occupation UC Manager 2  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **479.20**

Date of Receipt **02 / 26 / 2015**  
**Transaction ID : VN8ECDBNAZ0**  
Amount of Each Receipt this Period **88.80**  
Contribution-IE Only Account

**C. Kathy Minehart**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4300 Grays Market Dr  
City Columbus State OH Zip Code 43230-5423  
FEC ID number of contributing federal political committee. **C**  
Name of Employer State of Ohio Occupation UC Manager 2  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **544.36**

Date of Receipt **04 / 22 / 2015**  
**Transaction ID : VN8ECDE3DF4**  
Amount of Each Receipt this Period **65.16**  
Contribution-IE Only Account

**SUBTOTAL** of Receipts This Page (optional)..... **355.56**  
**TOTAL** This Period (last page this line number only).....

**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 542 OF 1282
<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

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

Full Name (Last, First, Middle Initial) <b>A. Kenneth Mireles</b>		Date of Receipt MM / DD / YYYY 02 / 28 / 2015 <b>Transaction ID : VN8ECDOR86</b>
Mailing Address 1800 Broadway St Apt 1431		Amount of Each Receipt this Period 500.00
City San Antonio	State TX	Zip Code 78215-1343
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Public Alliance	Occupation Founder & Co-Owner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Antoine Mitchell</b>		Date of Receipt MM / DD / YYYY 02 / 05 / 2015 <b>Transaction ID : VN8ECDAY2W1</b>
Mailing Address 1678 Grove St Apt 6		Amount of Each Receipt this Period 250.00
City San Francisco	State CA	Zip Code 94117-1348
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer iPass	Occupation Marketing Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Judy Mitchell</b>		Date of Receipt MM / DD / YYYY 02 / 27 / 2015 <b>Transaction ID : VN8ECDBP296</b>
Mailing Address 330 N 3rd St Ste 602		Amount of Each Receipt this Period 20.16
City Wausau	State WI	Zip Code 54403
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Retired	Occupation Healthcare Consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 20.16	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	770.16
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 543 OF 1282
<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

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

**A. Judy Mitchell**  
Full Name (Last, First, Middle Initial)

Mailing Address 330 N 3rd St  
Ste 602

City Wausau State WI Zip Code 54403

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Healthcare Consultant

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.16

Date of Receipt  
03 / 28 / 2015  
**Transaction ID : VN8ECDFZ6G0**

Amount of Each Receipt this Period  
200.00

Earmarked; IE Only Account

**B. Judy Mitchell**  
Full Name (Last, First, Middle Initial)

Mailing Address 330 N 3rd St  
Ste 602

City Wausau State WI Zip Code 54403

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Healthcare Consultant

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.32

Date of Receipt  
05 / 27 / 2015  
**Transaction ID : VN8ECDEQQA3**

Amount of Each Receipt this Period  
20.16

Contribution-IE Only Account

**C. Roy Miyamoto**  
Full Name (Last, First, Middle Initial)

Mailing Address 2041 Kula St

City Honolulu State HI Zip Code 96817-2163

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
02 / 11 / 2015  
**Transaction ID : VN8ECDB6PD8**

Amount of Each Receipt this Period  
500.00

Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	720.16
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 544 OF 1282
<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

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

**A. Alexandra Moffatt**  
Full Name (Last, First, Middle Initial)

Mailing Address 29 Homestead Cir

City Kingston State RI Zip Code 02881-1819

FEC ID number of contributing federal political committee. **C**

Name of Employer not practicing Occupation attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 25 / 2015

**Transaction ID : VN8ECDajs94**

Amount of Each Receipt this Period  
250.00

Contribution-IE Only Account

**B. Moko Social Media**  
Full Name (Last, First, Middle Initial)

Mailing Address 200 Park Ave S Ste 130

City New York State NY Zip Code 10003-1503

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 105000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 28 / 2015

**Transaction ID : VN8ECDEZ0A9**

Amount of Each Receipt this Period  
105000.00

List Rental-Fair Market Value; IE Only Account

**C. Debra Molinaro**  
Full Name (Last, First, Middle Initial)

Mailing Address 69 Mile Hill Rd S

City Newtown State CT Zip Code 06470-2348

FEC ID number of contributing federal political committee. **C**

Name of Employer IPC Systems, Inc Occupation Technical Publications Group Leader

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 40.32

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 14 / 2015

**Transaction ID : VN8ECDADN70**

Amount of Each Receipt this Period  
40.32

Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	105290.32
<b>TOTAL</b> This Period (last page this line number only).....▶	



# 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 545 OF 1282
	<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 (Last, First, Middle Initial) <b>A. Debra Molinaro</b>			Date of Receipt MM / DD / YYYY 01 / 26 / 2015 <b>Transaction ID : VN8ECDAMNY6</b>
Mailing Address 69 Mile Hill Rd S			Amount of Each Receipt this Period 90.00
City Newtown	State CT	Zip Code 06470-2348	
FEC ID number of contributing federal political committee. C			Contribution-IE Only Account
Name of Employer IPC Systems, Inc	Occupation Technical Publications Group Leader		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 90.32		

Full Name (Last, First, Middle Initial) <b>B. Debra Molinaro</b>			Date of Receipt MM / DD / YYYY 03 / 05 / 2015 <b>Transaction ID : VN8ECDBTPN7</b>
Mailing Address 69 Mile Hill Rd S			Amount of Each Receipt this Period 89.99
City Newtown	State CT	Zip Code 06470-2348	
FEC ID number of contributing federal political committee. C			Contribution-IE Only Account
Name of Employer IPC Systems, Inc	Occupation Technical Publications Group Leader		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 180.31		

Full Name (Last, First, Middle Initial) <b>C. Debra Molinaro</b>			Date of Receipt MM / DD / YYYY 04 / 09 / 2015 <b>Transaction ID : VN8ECDDS0Y5</b>
Mailing Address 69 Mile Hill Rd S			Amount of Each Receipt this Period 20.16
City Newtown	State CT	Zip Code 06470-2348	
FEC ID number of contributing federal political committee. C			Contribution-IE Only Account
Name of Employer IPC Systems, Inc	Occupation Technical Publications Group Leader		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.47		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	160.15
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 546 OF 1282
<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

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

**A. Amy Monk**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7476 Kekaa St  
City Honolulu State HI Zip Code 96825-2809  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Retired Occupation Retired  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **500.00**

Date of Receipt **03 / 18 / 2015**  
**Transaction ID : VN8ECDC8281**  
Amount of Each Receipt this Period **500.00**  
Contribution-IE Only Account

**B. Ryan Montgomery**  
Full Name (Last, First, Middle Initial)  
Mailing Address 18 Gibson St  
City Buffalo State NY Zip Code 14206-1710  
FEC ID number of contributing federal political committee. **C**  
Name of Employer U.S. Security Associates Occupation Student  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **201.60**

Date of Receipt **03 / 12 / 2015**  
**Transaction ID : VN8ECDC32F7**  
Amount of Each Receipt this Period **201.60**  
Contribution-IE Only Account

**C. Michael Montoya**  
Full Name (Last, First, Middle Initial)  
Mailing Address 177 Townsend St Unit 822  
City San Francisco State CA Zip Code 94107-5910  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Occupation Creative Director  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **1000.00**

Date of Receipt **01 / 13 / 2015**  
**Transaction ID : VN8ECDAD3D9**  
Amount of Each Receipt this Period **1000.00**  
Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1701.60</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**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 547 OF 1282
<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

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

**A. Regina T. Montoya**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5230 Lobello Dr  
City Dallas State TX Zip Code 75229-5513  
FEC ID number of contributing federal political committee. **C**  
Name of Employer self Occupation attorney  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **2500.00**

Date of Receipt **04 / 03 / 2015**  
**Transaction ID : VN8ECDFE600**  
Amount of Each Receipt this Period **2500.00**  
Event Valet Inkind; IE Only Account

**B. Regina T. Montoya**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5230 Lobello Dr  
City Dallas State TX Zip Code 75229-5513  
FEC ID number of contributing federal political committee. **C**  
Name of Employer self Occupation attorney  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **2600.80**

Date of Receipt **04 / 09 / 2015**  
**Transaction ID : VN8ECDDRXX3**  
Amount of Each Receipt this Period **100.80**  
Contribution-IE Only Account

**C. Leslie Moore**  
Full Name (Last, First, Middle Initial)  
Mailing Address 919 W 12th St  
City Austin State TX Zip Code 78703-4117  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Word of Mouth Catering Occupation President  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **2150.00**

Date of Receipt **04 / 03 / 2015**  
**Transaction ID : VN8ECDFAHJ3**  
Amount of Each Receipt this Period **2150.00**  
Event Catering Inkind; IE Only Account

**SUBTOTAL** of Receipts This Page (optional)..... **4750.80**  
**TOTAL** This Period (last page this line number only).....

**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 548 OF 1282
<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

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

Full Name (Last, First, Middle Initial) <b>A. Timothy Moore</b>		Date of Receipt
Mailing Address 1022 Front St		<input type="text" value="03"/> / <input type="text" value="27"/> / <input type="text" value="2015"/>
City Lahaina	State HI	Zip Code 96761-1613
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : VN8ECDDABT1</b>
Name of Employer Hoaloha Na Eha, Ltd		Amount of Each Receipt this Period
Occupation Financial Director		<input type="text" value="500.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	Contribution-IE Only Account
<input type="text" value="500.00"/>		

Full Name (Last, First, Middle Initial) <b>B. Henry Morales</b>		Date of Receipt
Mailing Address 17334 Fountain Bluff Dr		<input type="text" value="01"/> / <input type="text" value="20"/> / <input type="text" value="2015"/>
City San Antonio	State TX	Zip Code 78248-1932
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : VN8ECDAGN58</b>
Name of Employer N/A		Amount of Each Receipt this Period
Occupation Retired		<input type="text" value="35.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	Contribution-IE Only Account
<input type="text" value="35.00"/>		

Full Name (Last, First, Middle Initial) <b>C. Henry Morales</b>		Date of Receipt
Mailing Address 17334 Fountain Bluff Dr		<input type="text" value="04"/> / <input type="text" value="12"/> / <input type="text" value="2015"/>
City San Antonio	State TX	Zip Code 78248-1932
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : VN8ECDDW8Y7</b>
Name of Employer N/A		Amount of Each Receipt this Period
Occupation Retired		<input type="text" value="250.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	Contribution-IE Only Account
<input type="text" value="285.00"/>		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="785.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 549 OF 1282
<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

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

**A. Lydia Ellen Morales**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7602 Erin Way

City Cupertino	State CA	Zip Code 95014-4343
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer retired	Occupation retired
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
20.16

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	27	/	2015

**Transaction ID : VN8ECDAPT96**

Amount of Each Receipt this Period  
20.16

Contribution-IE Only Account

**B. Lydia Ellen Morales**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7602 Erin Way

City Cupertino	State CA	Zip Code 95014-4343
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer retired	Occupation retired
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
40.32

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	12	/	2015

**Transaction ID : VN8ECD2YS7**

Amount of Each Receipt this Period  
20.16

Contribution-IE Only Account

**C. Lydia Ellen Morales**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7602 Erin Way

City Cupertino	State CA	Zip Code 95014-4343
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer retired	Occupation retired
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
160.48

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2015

**Transaction ID : VN8ECDDCST4**

Amount of Each Receipt this Period  
120.16

Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	160.48
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 550 OF 1282
<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

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

**A. Lydia Ellen Morales**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7602 Erin Way

City Cupertino	State CA	Zip Code 95014-4343
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer retired	Occupation retired
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
199.48

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	02	/	2015

**Transaction ID : VN8ECDDFSF1**

Amount of Each Receipt this Period  
39.00

Contribution-IE Only Account

**B. Lydia Ellen Morales**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7602 Erin Way

City Cupertino	State CA	Zip Code 95014-4343
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer retired	Occupation retired
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.48

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	09	/	2015

**Transaction ID : VN8ECDDRKR1**

Amount of Each Receipt this Period  
26.00

Contribution-IE Only Account

**C. Lydia Ellen Morales**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7602 Erin Way

City Cupertino	State CA	Zip Code 95014-4343
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer retired	Occupation retired
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
235.48

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	23	/	2015

**Transaction ID : VN8ECDE4ZG9**

Amount of Each Receipt this Period  
10.00

Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 551 OF 1282
	<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	

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

**A. Marta Morando**  
Full Name (Last, First, Middle Initial)

Mailing Address 4744 E Road Runner Pl  
Address Line 2

City Paradise Valley State AZ Zip Code 85253-2921

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
45.00

Date of Receipt  
MM / DD / YYYY  
01 / 11 / 2015

**Transaction ID : VN8ECDABMK7**

Amount of Each Receipt this Period  
45.00

Contribution-IE Only Account

**B. Marta Morando**  
Full Name (Last, First, Middle Initial)

Mailing Address 4744 E Road Runner Pl  
Address Line 2

City Paradise Valley State AZ Zip Code 85253-2921

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
90.00

Date of Receipt  
MM / DD / YYYY  
02 / 11 / 2015

**Transaction ID : VN8ECDB49H5**

Amount of Each Receipt this Period  
45.00

Contribution-IE Only Account

**C. Marta Morando**  
Full Name (Last, First, Middle Initial)

Mailing Address 4744 E Road Runner Pl  
Address Line 2

City Paradise Valley State AZ Zip Code 85253-2921

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
135.00

Date of Receipt  
MM / DD / YYYY  
03 / 11 / 2015

**Transaction ID : VN8ECDC1RY5**

Amount of Each Receipt this Period  
45.00

Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	135.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 552 OF 1282
	<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	

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

Full Name (Last, First, Middle Initial) <b>A. Marta Morando</b>		Date of Receipt MM / DD / YYYY 04 / 11 / 2015 <b>Transaction ID : VN8ECDDV742</b>
Mailing Address 4744 E Road Runner Pl Address Line 2		Amount of Each Receipt this Period 45.00
City Paradise Valley	State AZ	Zip Code 85253-2921
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer N/A	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 180.00	

Full Name (Last, First, Middle Initial) <b>B. Marta Morando</b>		Date of Receipt MM / DD / YYYY 05 / 11 / 2015 <b>Transaction ID : VN8ECDEHEJ1</b>
Mailing Address 4744 E Road Runner Pl Address Line 2		Amount of Each Receipt this Period 45.00
City Paradise Valley	State AZ	Zip Code 85253-2921
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer N/A	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) <b>C. Marta Morando</b>		Date of Receipt MM / DD / YYYY 06 / 11 / 2015 <b>Transaction ID : VN8ECDF3JF8</b>
Mailing Address 4744 E Road Runner Pl Address Line 2		Amount of Each Receipt this Period 45.00
City Paradise Valley	State AZ	Zip Code 85253-2921
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer N/A	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	135.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**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 553 OF 1282
	<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	

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

Full Name (Last, First, Middle Initial) <b>A. John Moreno-Escobar</b>		Date of Receipt MM / DD / YYYY 04 / 07 / 2015 <b>Transaction ID : VN8ECDDQ5Y0</b>
Mailing Address 511 47th Ave 8C		Amount of Each Receipt this Period 201.60
City Long Island City	State NY	Zip Code 11101-5722
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer COLOMBIAN EDUCATION FUND	Occupation PRESIDENT AND FOUNDER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 201.60	

Full Name (Last, First, Middle Initial) <b>B. Kevin Morse</b>		Date of Receipt MM / DD / YYYY 05 / 18 / 2015 <b>Transaction ID : VN8ECDEMFE4</b>
Mailing Address 1949 W Melrose St Unit 1		Amount of Each Receipt this Period 250.00
City Chicago	State IL	Zip Code 60657-2032
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Arnstein & Lehr LLP	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Leighton Moss</b>		Date of Receipt MM / DD / YYYY 03 / 25 / 2015 <b>Transaction ID : VN8ECDD7879</b>
Mailing Address 5000 Montrose Blvd Unit 18H		Amount of Each Receipt this Period 1000.00
City Houston	State TX	Zip Code 77006-6564
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Retired	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1451.60
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 554 OF 1282
<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

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

**A. Linda Moulton-Patterson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9185 Caladium Ave  
 City Fountain Valley State CA Zip Code 92708-1420  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Consultant  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 27 / 2015  
**Transaction ID : VN8ECDERXF4**  
 Amount of Each Receipt this Period  
 210.00  
 Contribution-IE Only Account

**B. MSP Communications**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 220 S 6th St Ste 500  
 City Minneapolis State MN Zip Code 55402-4501  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 19 / 2015  
**Transaction ID : VN8ECD80G2**  
 Amount of Each Receipt this Period  
 25000.00  
 Contribution-IE Only Account

**C. Chuck Murphy**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12100 Wilshire Blvd Ste 1820  
 City Los Angeles State CA Zip Code 90025-7136  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Murphy Research Occupation Researcher  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 26 / 2015  
**Transaction ID : VN8ECDAMMV9**  
 Amount of Each Receipt this Period  
 500.00  
 Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	25710.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 555 OF 1282
	<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	

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

**A. Evelyn Murphy**  
Full Name (Last, First, Middle Initial)  
Mailing Address 503 1/2 Monmouth Ave  
City State Zip Code  
Bradley Beach NJ 07720-1150  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Monmouth County Historical Association Director  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
50.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
01 / 29 / 2015  
**Transaction ID : VN8ECDARFV2**  
Amount of Each Receipt this Period  
50.00  
Contribution-IE Only Account

**B. Evelyn Murphy**  
Full Name (Last, First, Middle Initial)  
Mailing Address 503 1/2 Monmouth Ave  
City State Zip Code  
Bradley Beach NJ 07720-1150  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Monmouth County Historical Association Director  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
100.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
02 / 28 / 2015  
**Transaction ID : VN8ECDBPRV6**  
Amount of Each Receipt this Period  
50.00  
Contribution-IE Only Account

**C. Evelyn Murphy**  
Full Name (Last, First, Middle Initial)  
Mailing Address 503 1/2 Monmouth Ave  
City State Zip Code  
Bradley Beach NJ 07720-1150  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Monmouth County Historical Association Director  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
150.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
03 / 29 / 2015  
**Transaction ID : VN8ECDBSX1**  
Amount of Each Receipt this Period  
50.00  
Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 556 OF 1282  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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

**A. Evelyn Murphy**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 503 1/2 Monmouth Ave  
 City State Zip Code  
 Bradley Beach NJ 07720-1150  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Monmouth County Historical Association Director  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 29 / 2015  
**Transaction ID : VN8ECDE98P7**  
 Amount of Each Receipt this Period  
 50.00  
 Contribution-IE Only Account

**B. Evelyn Murphy**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 503 1/2 Monmouth Ave  
 City State Zip Code  
 Bradley Beach NJ 07720-1150  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Monmouth County Historical Association Director  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 29 / 2015  
**Transaction ID : VN8ECDERSB3**  
 Amount of Each Receipt this Period  
 50.00  
 Contribution-IE Only Account

**C. Evelyn Murphy**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 503 1/2 Monmouth Ave  
 City State Zip Code  
 Bradley Beach NJ 07720-1150  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Monmouth County Historical Association Director  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 29 / 2015  
**Transaction ID : VN8ECDFJH63**  
 Amount of Each Receipt this Period  
 50.00  
 Contribution-IE Only Account

**SUBTOTAL** of Receipts This Page (optional).....▶ 150.00  
**TOTAL** This Period (last page this line number only).....▶

**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 557 OF 1282
	<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	

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

Full Name (Last, First, Middle Initial) <b>A. Mark Murphy</b>			Date of Receipt MM / DD / YYYY 01 / 19 / 2015
Mailing Address 726 Treasure Dr			<b>Transaction ID : VN8ECDAG4K3</b>
City Pittsburg	State CA	Zip Code 94565-2974	Amount of Each Receipt this Period 117.19
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account	
Name of Employer Gump's	Occupation retail	Aggregate Year-to-Date ▼ 117.19	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Mark Murphy</b>			Date of Receipt MM / DD / YYYY 02 / 01 / 2015
Mailing Address 726 Treasure Dr			<b>Transaction ID : VN8ECDAT7T3</b>
City Pittsburg	State CA	Zip Code 94565-2974	Amount of Each Receipt this Period 40.32
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account	
Name of Employer Gump's	Occupation retail	Aggregate Year-to-Date ▼ 157.51	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Mark Murphy</b>			Date of Receipt MM / DD / YYYY 02 / 06 / 2015
Mailing Address 726 Treasure Dr			<b>Transaction ID : VN8ECDAZ001</b>
City Pittsburg	State CA	Zip Code 94565-2974	Amount of Each Receipt this Period 20.16
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account	
Name of Employer Gump's	Occupation retail	Aggregate Year-to-Date ▼ 177.67	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	177.67
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 558 OF 1282
<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

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

Full Name (Last, First, Middle Initial) <b>A. Mark Murphy</b>		Date of Receipt MM / DD / YYYY 02 / 08 / 2015 <b>Transaction ID : VN8ECDAZRM9</b>
Mailing Address 726 Treasure Dr		Amount of Each Receipt this Period 20.16
City Pittsburg	State CA	Zip Code 94565-2974
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Gump's	Occupation retail	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 197.83	

Full Name (Last, First, Middle Initial) <b>B. Mark Murphy</b>		Date of Receipt MM / DD / YYYY 02 / 16 / 2015 <b>Transaction ID : VN8ECDB96D4</b>
Mailing Address 726 Treasure Dr		Amount of Each Receipt this Period 100.16
City Pittsburg	State CA	Zip Code 94565-2974
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Gump's	Occupation retail	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 297.99	

Full Name (Last, First, Middle Initial) <b>C. Mark Murphy</b>		Date of Receipt MM / DD / YYYY 03 / 11 / 2015 <b>Transaction ID : VN8ECDC2167</b>
Mailing Address 726 Treasure Dr		Amount of Each Receipt this Period 20.16
City Pittsburg	State CA	Zip Code 94565-2974
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Gump's	Occupation retail	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 318.15	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	140.48
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 559 OF 1282
<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

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

**A. Mark Murphy**  
Full Name (Last, First, Middle Initial)

Mailing Address 726 Treasure Dr

City State Zip Code  
Pittsburg CA 94565-2974

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Gump's retail

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
387.25

Date of Receipt  
04 / 05 / 2015  
Transaction ID : VN8ECDDNQS4

Amount of Each Receipt this Period  
69.10

Contribution-IE Only Account

**B. JaneAnne Murray**  
Full Name (Last, First, Middle Initial)

Mailing Address 4013 Sheridan Ave S

City State Zip Code  
Minneapolis MN 55410-1256

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
University of Minnesota Law School Lawyer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

Date of Receipt  
03 / 12 / 2015  
Transaction ID : VN8ECDC2NG8

Amount of Each Receipt this Period  
250.00

Contribution-IE Only Account

**C. JaneAnne Murray**  
Full Name (Last, First, Middle Initial)

Mailing Address 4013 Sheridan Ave S

City State Zip Code  
Minneapolis MN 55410-1256

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
University of Minnesota Law School Lawyer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

Date of Receipt  
03 / 12 / 2015  
Transaction ID : VN8ECDC2NT7

Amount of Each Receipt this Period  
10.00

Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	329.10
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 560 OF 1282
<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

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

**A. William Murray**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3712 Barrington Bridge Pl  
City Richmond State VA Zip Code 23233-1722  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Dominion Occupation public policy  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **500.00**

Date of Receipt **04 / 07 / 2015**  
**Transaction ID : VN8ECDDQKN9**  
Amount of Each Receipt this Period **500.00**  
Contribution-IE Only Account

**B. Masato Muso**  
Full Name (Last, First, Middle Initial)  
Mailing Address 719 Hopkins Ave Unit A  
City Redwood City State CA Zip Code 94063-1271  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Hewlett Packard Occupation Strategist and marketer  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **201.60**

Date of Receipt **03 / 15 / 2015**  
**Transaction ID : VN8ECDC4D50**  
Amount of Each Receipt this Period **201.60**  
Contribution-IE Only Account

**C. Paul Naccachian**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3801 W Temple Ave  
City Pomona State CA Zip Code 91768-2557  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Cal Poly Pomona Occupation Professor  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **201.60**

Date of Receipt **03 / 19 / 2015**  
**Transaction ID : VN8ECDC9112**  
Amount of Each Receipt this Period **201.60**  
Contribution-IE Only Account

**SUBTOTAL** of Receipts This Page (optional)..... **903.20**  
**TOTAL** This Period (last page this line number only).....



**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 561 OF 1282
	<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	

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

**A. Edwin Narain**  
Full Name (Last, First, Middle Initial)

Mailing Address 1111 W Grace St

City Tampa State FL Zip Code 33607-5517

FEC ID number of contributing federal political committee. **C**

Name of Employer AT&T Occupation Area Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 201.60

Date of Receipt 02 / 21 / 2015  
**Transaction ID : VN8ECDBD450**

Amount of Each Receipt this Period 201.60

Contribution-IE Only Account

**B. Fred Naranjo**  
Full Name (Last, First, Middle Initial)

Mailing Address 424 Monti Cir

City Pleasant Hill State CA Zip Code 94523-2734

FEC ID number of contributing federal political committee. **C**

Name of Employer Scarsborgouh Insurance Agency Occupation Insurance

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 20 / 2015  
**Transaction ID : VN8ECDBRP54**

Amount of Each Receipt this Period 250.00

Contribution-IE Only Account

**C. Marilu Navarro**  
Full Name (Last, First, Middle Initial)

Mailing Address 2300 Colorado St

City Mission State TX Zip Code 78572-7404

FEC ID number of contributing federal political committee. **C**

Name of Employer Hidalgo ISD Occupation Educator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 12 / 2015  
**Transaction ID : VN8ECDDWR95**

Amount of Each Receipt this Period 500.00

Contribution-IE Only Account

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 951.60

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

**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 562 OF 1282
<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

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

**A. Paul Navratil**  
Full Name (Last, First, Middle Initial)

Mailing Address 7514 Dallas Dr

City Austin	State TX	Zip Code 78729-7732
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer The University of Texas at Austin	Occupation Scientist
---	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
50.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
01	/	19	/	2015

**Transaction ID : VN8ECDAG5M2**

Amount of Each Receipt this Period  
50.00

Contribution-IE Only Account

**B. Paul Navratil**  
Full Name (Last, First, Middle Initial)

Mailing Address 7514 Dallas Dr

City Austin	State TX	Zip Code 78729-7732
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer The University of Texas at Austin	Occupation Scientist
---	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
100.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
02	/	19	/	2015

**Transaction ID : VN8ECDBAZF2**

Amount of Each Receipt this Period  
50.00

Contribution-IE Only Account

**C. Paul Navratil**  
Full Name (Last, First, Middle Initial)

Mailing Address 7514 Dallas Dr

City Austin	State TX	Zip Code 78729-7732
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer The University of Texas at Austin	Occupation Scientist
---	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
150.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
03	/	19	/	2015

**Transaction ID : VN8ECDG8GZ2**

Amount of Each Receipt this Period  
50.00

Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 563 OF 1282
	<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	

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

Full Name (Last, First, Middle Initial) <b>A. Paul Navratil</b>			Date of Receipt MM / DD / YYYY 04 / 19 / 2015 <b>Transaction ID : VN8ECDE1C23</b>
Mailing Address 7514 Dallas Dr			Amount of Each Receipt this Period 50.00
City Austin	State TX	Zip Code 78729-7732	Contribution-IE Only Account
FEC ID number of contributing federal political committee. C			
Name of Employer The University of Texas at Austin	Occupation Scientist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 200.00	

Full Name (Last, First, Middle Initial) <b>B. Paul Navratil</b>			Date of Receipt MM / DD / YYYY 05 / 19 / 2015 <b>Transaction ID : VN8ECDEN755</b>
Mailing Address 7514 Dallas Dr			Amount of Each Receipt this Period 50.00
City Austin	State TX	Zip Code 78729-7732	Contribution-IE Only Account
FEC ID number of contributing federal political committee. C			
Name of Employer The University of Texas at Austin	Occupation Scientist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Paul Navratil</b>			Date of Receipt MM / DD / YYYY 06 / 19 / 2015 <b>Transaction ID : VN8ECDF9V97</b>
Mailing Address 7514 Dallas Dr			Amount of Each Receipt this Period 50.00
City Austin	State TX	Zip Code 78729-7732	Contribution-IE Only Account
FEC ID number of contributing federal political committee. C			
Name of Employer The University of Texas at Austin	Occupation Scientist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 564 OF 1282
<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

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

**A. Norman M Needleman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 24 Book Hill Woods Rd  
 City Essex State CT Zip Code 06426-1331  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Tower Laboratories Occupation Owner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 10 / 2015  
**Transaction ID : VN8ECDB5CW7**  
 Amount of Each Receipt this Period 500.00  
 Contribution-IE Only Account

**B. Maurice Sanders Nelson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10580 Wilshire Blvd  
 City Los Angeles State CA Zip Code 90024-4500  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer N/A Occupation Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 03 / 2015  
**Transaction ID : VN8ECDB2XM5**  
 Amount of Each Receipt this Period 1000.00  
 Contribution-IE Only Account

**C. William Nelson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 548 Market St # 20146  
 City San Francisco State CA Zip Code 94104-5401  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer WCG Occupation Public Affairs Consultant  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 01 / 27 / 2015  
**Transaction ID : VN8ECDAPP31**  
 Amount of Each Receipt this Period 1250.00  
 Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 565 OF 1282
<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

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

**A. Brian Newman**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 5406

City Columbia	State SC	Zip Code 29250-5406
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer The DeQuincey Newman Law Firm	Occupation Attorney
---	------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
201.60

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	23	/	2015

**Transaction ID : VN8ECDCBV54**

Amount of Each Receipt this Period  
201.60

Contribution-IE Only Account

**B. Craig Newmark**  
Full Name (Last, First, Middle Initial)  
Mailing Address 156 Woodland Ave

City San Francisco	State CA	Zip Code 94117-3861
-----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer craigslist, Inc.	Occupation software engineer
--------------------------------------	---------------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	20	/	2015

**Transaction ID : VN8ECDAGGT4**

Amount of Each Receipt this Period  
2500.00

Contribution-IE Only Account

**C. Preston Niblack**  
Full Name (Last, First, Middle Initial)  
Mailing Address 321 W 90th St  
Apt 7C

City New York	State NY	Zip Code 10024-1638
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Manatt, Phelps & Philips, LLP	Occupation Gov't Relations
---	-------------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
201.60

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	10	/	2015

**Transaction ID : VN8ECDABFH9**

Amount of Each Receipt this Period  
201.60

Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2903.20
<b>TOTAL</b> This Period (last page this line number only).....	

**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 566 OF 1282
	<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	

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

Full Name (Last, First, Middle Initial) <b>A. Karen Nicholas</b>		Date of Receipt MM / DD / YYYY 01 / 10 / 2015 <b>Transaction ID : VN8ECDABBN1</b>
Mailing Address Arbor Park Drive		Amount of Each Receipt this Period 35.00
City Chester	State VA	Zip Code 23831
FEC ID number of contributing federal political committee. C	Name of Employer CJW MEDICAL CENTER	Occupation Registered Nurse
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 35.00	Contribution-IE Only Account

Full Name (Last, First, Middle Initial) <b>B. Karen Nicholas</b>		Date of Receipt MM / DD / YYYY 02 / 10 / 2015 <b>Transaction ID : VN8ECDB33P3</b>
Mailing Address Arbor Park Drive		Amount of Each Receipt this Period 35.00
City Chester	State VA	Zip Code 23831
FEC ID number of contributing federal political committee. C	Name of Employer CJW MEDICAL CENTER	Occupation Registered Nurse
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 70.00	Contribution-IE Only Account

Full Name (Last, First, Middle Initial) <b>C. Karen Nicholas</b>		Date of Receipt MM / DD / YYYY 03 / 10 / 2015 <b>Transaction ID : VN8ECD0PQ9</b>
Mailing Address Arbor Park Drive		Amount of Each Receipt this Period 35.00
City Chester	State VA	Zip Code 23831
FEC ID number of contributing federal political committee. C	Name of Employer CJW MEDICAL CENTER	Occupation Registered Nurse
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 105.00	Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	105.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 567 OF 1282
	<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	

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

**A. Karen Nicholas**  
Full Name (Last, First, Middle Initial)  
Mailing Address Arbor Park Drive  
City Chester State VA Zip Code 23831  
FEC ID number of contributing federal political committee. **C**  
Name of Employer CJW MEDICAL CENTER Occupation Registered Nurse  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 140.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
04 / 10 / 2015  
**Transaction ID : VN8ECDSB10**  
Amount of Each Receipt this Period 35.00  
Contribution-IE Only Account

**B. Karen Nicholas**  
Full Name (Last, First, Middle Initial)  
Mailing Address Arbor Park Drive  
City Chester State VA Zip Code 23831  
FEC ID number of contributing federal political committee. **C**  
Name of Employer CJW MEDICAL CENTER Occupation Registered Nurse  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 175.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
05 / 10 / 2015  
**Transaction ID : VN8ECDEGY89**  
Amount of Each Receipt this Period 35.00  
Contribution-IE Only Account

**C. Karen Nicholas**  
Full Name (Last, First, Middle Initial)  
Mailing Address Arbor Park Drive  
City Chester State VA Zip Code 23831  
FEC ID number of contributing federal political committee. **C**  
Name of Employer CJW MEDICAL CENTER Occupation Registered Nurse  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
06 / 10 / 2015  
**Transaction ID : VN8ECDF3JZ4**  
Amount of Each Receipt this Period 35.00  
Contribution-IE Only Account

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 105.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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 568 OF 1282
<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

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

**A. Christopher Nicklo**  
Full Name (Last, First, Middle Initial)

Mailing Address 5915 Taft Ave

City Oakland State CA Zip Code 94618-1740

FEC ID number of contributing federal political committee. **C**

Name of Employer Gap, Inc. Occupation Marketing

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 04 / 2015  
**Transaction ID : VN8ECDAXJ22**

Amount of Each Receipt this Period 250.00

Contribution-IE Only Account

**B. Richard Nolan**  
Full Name (Last, First, Middle Initial)

Mailing Address 451 Heritage Dr

City Pompano Beach State FL Zip Code 33060-7777

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 12 / 2015  
**Transaction ID : VN8ECDDWY22**

Amount of Each Receipt this Period 1000.00

Contribution-IE Only Account

**C. Non Federal Political Education Fund of the BCTD**  
Full Name (Last, First, Middle Initial)

Mailing Address 815 16th St NW Ste 600

City Washington State DC Zip Code 20006-4101

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 15000.00

Date of Receipt 03 / 17 / 2015  
**Transaction ID : VN8ECDD7752**

Amount of Each Receipt this Period 15000.00

Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	16250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**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 569 OF 1282
<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

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

**A. Kathleen None**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 148 Tennessee Ave NE  
 City Washington State DC Zip Code 20002-6426  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Corridor Partners, LLC Occupation Consultant  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 09 / 2015  
**Transaction ID : VN8ECDDRS95**  
 Amount of Each Receipt this Period  
 1000.00  
 Contribution-IE Only Account

**B. Rai None**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4817 Kahala Ave  
 City Honolulu State HI Zip Code 96816-5231  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Turbin Chu Occupation Attorney  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 07 / 2015  
**Transaction ID : VN8ECDDQA05**  
 Amount of Each Receipt this Period  
 1000.00  
 Contribution-IE Only Account

**C. Northeast Recovery Network LLC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2 1/2 Taylor Dr  
 City West Caldwell State NJ Zip Code 07006-6902  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 27 / 2015  
**Transaction ID : VN8ECDDRRJ4**  
 Amount of Each Receipt this Period  
 1500.00  
 Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	▶	3500.00
<b>TOTAL</b> This Period (last page this line number only).....	▶	

**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 570 OF 1282
	<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	

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

**A. Jenny Norton**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1318 E Commodore PI  
City Tempe State AZ Zip Code 85283-2107  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Ramsey Social Justice Foundation Occupation Clergy  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 50.00

Date of Receipt **01 / 01 / 2015**  
**Transaction ID : VN8ECDCNH78**  
Amount of Each Receipt this Period 50.00  
Contribution-IE Only Account

**B. Jenny Norton**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1318 E Commodore PI  
City Tempe State AZ Zip Code 85283-2107  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Ramsey Social Justice Foundation Occupation Clergy  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 100.00

Date of Receipt **02 / 01 / 2015**  
**Transaction ID : VN8ECDATE37**  
Amount of Each Receipt this Period 50.00  
Contribution-IE Only Account

**C. Jenny Norton**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1318 E Commodore PI  
City Tempe State AZ Zip Code 85283-2107  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Ramsey Social Justice Foundation Occupation Clergy  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 150.00

Date of Receipt **03 / 01 / 2015**  
**Transaction ID : VN8ECDBQHA5**  
Amount of Each Receipt this Period 50.00  
Contribution-IE Only Account

**SUBTOTAL** of Receipts This Page (optional).....▶ 150.00  
**TOTAL** This Period (last page this line number only).....▶

**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 571 OF 1282
<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

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

**A. Jenny Norton**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1318 E Commodore Pl  
City Tempe State AZ Zip Code 85283-2107  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Ramsey Social Justice Foundation Occupation Clergy  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **200.00**

Date of Receipt **04 / 01 / 2015**  
**Transaction ID : VN8ECDDEDA9**  
Amount of Each Receipt this Period **50.00**  
Contribution-IE Only Account

**B. Jenny Norton**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1318 E Commodore Pl  
City Tempe State AZ Zip Code 85283-2107  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Ramsey Social Justice Foundation Occupation Clergy  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **250.00**

Date of Receipt **05 / 01 / 2015**  
**Transaction ID : VN8ECDEBG62**  
Amount of Each Receipt this Period **50.00**  
Contribution-IE Only Account

**C. Julia Norton**  
Full Name (Last, First, Middle Initial)  
Mailing Address 28022 El Portal Dr  
City Hayward State CA Zip Code 94542-2512  
FEC ID number of contributing federal political committee. **C**  
Name of Employer retired Occupation Professor  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **30.00**

Date of Receipt **01 / 08 / 2015**  
**Transaction ID : VN8ECDA9Y45**  
Amount of Each Receipt this Period **30.00**  
Contribution-IE Only Account

**SUBTOTAL** of Receipts This Page (optional)..... **130.00**  
**TOTAL** This Period (last page this line number only).....

**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 572 OF 1282
<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

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

**A. Julia Norton**  
Full Name (Last, First, Middle Initial)

Mailing Address 28022 El Portal Dr

City Hayward	State CA	Zip Code 94542-2512
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer retired	Occupation Professor
-----------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
60.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	08	/	2015

**Transaction ID : VN8ECDAXW4**

Amount of Each Receipt this Period  

30.00
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Contribution-IE Only Account

**B. Julia Norton**  
Full Name (Last, First, Middle Initial)

Mailing Address 28022 El Portal Dr

City Hayward	State CA	Zip Code 94542-2512
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer retired	Occupation Professor
-----------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
90.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	08	/	2015

**Transaction ID : VN8ECDBWKN4**

Amount of Each Receipt this Period  

30.00
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Contribution-IE Only Account

**C. Julia Norton**  
Full Name (Last, First, Middle Initial)

Mailing Address 28022 El Portal Dr

City Hayward	State CA	Zip Code 94542-2512
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer retired	Occupation Professor
-----------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
120.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	08	/	2015

**Transaction ID : VN8ECDDQZB5**

Amount of Each Receipt this Period  

30.00
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Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	90.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 573 OF 1282
<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

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

**A. Julia Norton**  
Full Name (Last, First, Middle Initial)  
Mailing Address 28022 El Portal Dr  
City Hayward State CA Zip Code 94542-2512  
FEC ID number of contributing federal political committee. **C**  
Name of Employer retired Occupation Professor  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 245.31

Date of Receipt **04 / 12 / 2015**  
**Transaction ID : VN8ECDDW122**  
Amount of Each Receipt this Period 125.31  
Contribution-IE Only Account

**B. Julia Norton**  
Full Name (Last, First, Middle Initial)  
Mailing Address 28022 El Portal Dr  
City Hayward State CA Zip Code 94542-2512  
FEC ID number of contributing federal political committee. **C**  
Name of Employer retired Occupation Professor  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 275.31

Date of Receipt **05 / 08 / 2015**  
**Transaction ID : VN8ECDEGE35**  
Amount of Each Receipt this Period 30.00  
Contribution-IE Only Account

**C. Julia Norton**  
Full Name (Last, First, Middle Initial)  
Mailing Address 28022 El Portal Dr  
City Hayward State CA Zip Code 94542-2512  
FEC ID number of contributing federal political committee. **C**  
Name of Employer retired Occupation Professor  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 305.31

Date of Receipt **06 / 08 / 2015**  
**Transaction ID : VN8ECDFOM67**  
Amount of Each Receipt this Period 30.00  
Contribution-IE Only Account

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 185.31  
**TOTAL** This Period (last page this line number only)..... ▶

**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 574 OF 1282
	<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**

**A. Jack Noseworthy**  
Full Name (Last, First, Middle Initial)  
Mailing Address 245 5th Ave  
Rm 1001  
City New York State NY Zip Code 10016-8736  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Occupation Actor  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **201.60**

Date of Receipt **01 / 15 / 2015**  
**Transaction ID : VN8ECDADSM0**  
Amount of Each Receipt this Period **201.60**  
Contribution-IE Only Account

**B. Joy Nurmi**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4412 Winding Oak Dr  
City Olney State MD Zip Code 20832-1855  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Montgomery County Occupation Senior Advisor to the County Executive  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **201.60**

Date of Receipt **04 / 11 / 2015**  
**Transaction ID : VN8ECDDV335**  
Amount of Each Receipt this Period **201.60**  
Contribution-IE Only Account

**C. Debby Nye**  
Full Name (Last, First, Middle Initial)  
Mailing Address 11727 Amber Cir  
City Bentonville State AR Zip Code 72712-8601  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Kutak Rock LLC Occupation Lawyer  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **250.00**

Date of Receipt **04 / 12 / 2015**  
**Transaction ID : VN8ECDDWJ19**  
Amount of Each Receipt this Period **250.00**  
Contribution-IE Only Account

**SUBTOTAL** of Receipts This Page (optional)..... **653.20**  
**TOTAL** This Period (last page this line number only).....

**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 575 OF 1282
<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

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

**A. Dan O'Brien**  
Full Name (Last, First, Middle Initial)

Mailing Address 1634 6th St NW  
Apt 2

City Washington State DC Zip Code 20001-2484

FEC ID number of contributing federal political committee. **C**

Name of Employer NAFCU Occupation Director of Political Affairs

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
201.60

Date of Receipt  
MM / DD / YYYY  
04 / 04 / 2015  
**Transaction ID : VN8ECDDNGN7**

Amount of Each Receipt this Period  
201.60

Contribution-IE Only Account

**B. Sean O'Kane**  
Full Name (Last, First, Middle Initial)

Mailing Address 450 S Henry Ave

City San Jose State CA Zip Code 95117-1627

FEC ID number of contributing federal political committee. **C**

Name of Employer Cadence Design Systems Occupation Marketing Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
20.16

Date of Receipt  
MM / DD / YYYY  
03 / 09 / 2015  
**Transaction ID : VN8ECDBYD60**

Amount of Each Receipt this Period  
20.16

Contribution-IE Only Account

**C. Sean O'Kane**  
Full Name (Last, First, Middle Initial)

Mailing Address 450 S Henry Ave

City San Jose State CA Zip Code 95117-1627

FEC ID number of contributing federal political committee. **C**

Name of Employer Cadence Design Systems Occupation Marketing Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
320.16

Date of Receipt  
MM / DD / YYYY  
03 / 20 / 2015  
**Transaction ID : VN8ECDC9VV1**

Amount of Each Receipt this Period  
300.00

Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	521.76
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 576 OF 1282
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input checked="" 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 (Last, First, Middle Initial) <b>A. Obermayer Rebmann Maxwell &amp; Hippel LLP</b>		Date of Receipt
Mailing Address 1 Penn Ctr FI 19		<input type="text" value="03"/> / <input type="text" value="27"/> / <input type="text" value="2015"/>
City Philadelphia	State PA	Zip Code 19103-1821
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : VN8ECDDRR69</b>
Name of Employer		Amount of Each Receipt this Period
Occupation		<input type="text" value="5000.00"/>
Receipt For:	Aggregate Year-to-Date ▼	Contribution-IE Only Account
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="5000.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Kenneth Ohr</b>		Date of Receipt
Mailing Address 3623 Nutmeg Dr		<input type="text" value="04"/> / <input type="text" value="10"/> / <input type="text" value="2015"/>
City Columbus	State GA	Zip Code 31909
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : VN8ECDDTG26</b>
Name of Employer none		Amount of Each Receipt this Period
Occupation retired		<input type="text" value="250.00"/>
Receipt For:	Aggregate Year-to-Date ▼	Contribution-IE Only Account
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="250.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Michael A. Olivas</b>		Date of Receipt
Mailing Address 2522 Talina Way		<input type="text" value="03"/> / <input type="text" value="19"/> / <input type="text" value="2015"/>
City Houston	State TX	Zip Code 77080-3807
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : VN8ECDD80E6</b>
Name of Employer University of Houston		Amount of Each Receipt this Period
Occupation Professor		<input type="text" value="201.60"/>
Receipt For:	Aggregate Year-to-Date ▼	Contribution-IE Only Account
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="201.60"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="5451.60"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>



**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 577 OF 1282
	<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**

**A. William O'Neill III**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4216 N Illinois Ave  
 City Peoria Heights State IL Zip Code 61616-7531  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Retired Occupation Retired  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt **04 / 11 / 2015**  
**Transaction ID : VN8ECDDVH35**  
 Amount of Each Receipt this Period **1000.00**  
 Contribution-IE Only Account

**B. Paul Opperman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 400 E 58th St  
 City New York State NY Zip Code 10022  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer OppermanWeiss, Llc. Occupation Creative Director/Advertising  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **01 / 07 / 2015**  
**Transaction ID : VN8ECDA9FS9**  
 Amount of Each Receipt this Period **250.00**  
 Contribution-IE Only Account

**c. Optim Group**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 894 Ave Munoz Rivera Ste 202  
 City Rio Piedras State PR Zip Code 00927-4399  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **5000.00**

Date of Receipt **03 / 13 / 2015**  
**Transaction ID : VN8ECDC9N64**  
 Amount of Each Receipt this Period **5000.00**  
 Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>6250.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 578 OF 1282
<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

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

Full Name (Last, First, Middle Initial) <b>A. Jeannette Orsino</b>		Date of Receipt MM / DD / YYYY 04 / 12 / 2015 <b>Transaction ID : VN8ECDDW2J9</b>
Mailing Address 10 Hancock St		Amount of Each Receipt this Period 250.00
City Boston	State MA	Zip Code 02114-4101
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Massachusetts Association of Regional	Occupation Executive Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Ebubekir Orsun</b>		Date of Receipt MM / DD / YYYY 01 / 26 / 2015 <b>Transaction ID : VN8ECDAYV92</b>
Mailing Address 11320 Campo Del Oso Ave NE		Amount of Each Receipt this Period 250.00
City Albuquerque	State NM	Zip Code 87123-1270
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Albuquerque School of Excellence	Occupation Assistant Principal	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Curtis Osborne</b>		Date of Receipt MM / DD / YYYY 03 / 27 / 2015 <b>Transaction ID : VN8ECDDRTN1</b>
Mailing Address 8601 Getalong Rd		Amount of Each Receipt this Period 250.00
City Charlotte	State NC	Zip Code 28213-4999
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Osborne Law Firm PC	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 579 OF 1282
	<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	

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

Full Name (Last, First, Middle Initial) <b>A. Leighton Kim Oshima</b>		Date of Receipt MM / DD / YYYY 04 / 15 / 2015 <b>Transaction ID : VN8ECDFW311</b>
Mailing Address 2443 Halekoa Dr		Amount of Each Receipt this Period 500.00
City Honolulu	State HI	Zip Code 96821-1039
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Self	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Jo Ousterhout</b>		Date of Receipt MM / DD / YYYY 02 / 07 / 2015 <b>Transaction ID : VN8ECDAZF70</b>
Mailing Address 2003 Kalorama Rd NW		Amount of Each Receipt this Period 201.60
City Washington	State DC	Zip Code 20009-1409
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer None	Occupation None	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 201.60	

Full Name (Last, First, Middle Initial) <b>C. Jonathan Padilla</b>		Date of Receipt MM / DD / YYYY 03 / 01 / 2015 <b>Transaction ID : VN8ECDBQMT8</b>
Mailing Address 3242 San Rivas Dr		Amount of Each Receipt this Period 201.60
City San Jose	State CA	Zip Code 95148-2036
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer San Jose Silicon Valley Chamber of Com	Occupation Director of Public Policy	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 201.60	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	903.20
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 580 OF 1282
	<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	

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

**A. Jonathan Padilla**  
Full Name (Last, First, Middle Initial)

Mailing Address 3242 San Rivas Dr

City San Jose State CA Zip Code 95148-2036

FEC ID number of contributing federal political committee. **C**

Name of Employer San Jose Silicon Valley Chamber of Com Occupation Director of Public Policy

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 451.60

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
03 / 19 / 2015

**Transaction ID : VN8ECDD8164**

Amount of Each Receipt this Period  
250.00

Contribution-IE Only Account

**B. Michael Paese**  
Full Name (Last, First, Middle Initial)

Mailing Address 1630 19th St NW Apt B

City Washington State DC Zip Code 20009-7601

FEC ID number of contributing federal political committee. **C**

Name of Employer Goldman Sachs Occupation Managing Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
04 / 07 / 2015

**Transaction ID : VN8ECDDQ6M3**

Amount of Each Receipt this Period  
2500.00

Contribution-IE Only Account

**C. Vincent A Panvini**  
Full Name (Last, First, Middle Initial)

Mailing Address 801 N Pitt St Apt 703

City Alexandria State VA Zip Code 22314-1790

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
01 / 13 / 2015

**Transaction ID : VN8ECDAD431**

Amount of Each Receipt this Period  
500.00

Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 581 OF 1282
<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

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

**A. Vincent A Parvini**  
Full Name (Last, First, Middle Initial)

Mailing Address 801 N Pitt St  
Apt 703

City Alexandria State VA Zip Code 22314-1790

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
625.00

Date of Receipt  
01 / 14 / 2015  
**Transaction ID : VN8ECDAFTV5**

Amount of Each Receipt this Period  
125.00

Contribution-IE Only Account

**B. Ken Park**  
Full Name (Last, First, Middle Initial)

Mailing Address 19281 Envoy Ave

City Corona State CA Zip Code 92881-3840

FEC ID number of contributing federal political committee. **C**

Name of Employer Active Realty Group Occupation Realtor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
201.60

Date of Receipt  
03 / 07 / 2015  
**Transaction ID : VN8ECDBW0D0**

Amount of Each Receipt this Period  
201.60

Contribution-IE Only Account

**C. Aaron Parker**  
Full Name (Last, First, Middle Initial)

Mailing Address 3142 Market Dr

City Orangeburg State SC Zip Code 29115

FEC ID number of contributing federal political committee. **C**

Name of Employer DynCorp Intl Occupation Movement Control Coordinator

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
03 / 19 / 2015  
**Transaction ID : VN8ECDFYX95**

Amount of Each Receipt this Period  
250.00

Earmarked; IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	576.60
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 582 OF 1282
<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

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

**A. Elliot Parks**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 99-193 Aiea Heights Dr  
 Ste 200  
 City Aiea State HI Zip Code 96701-3900  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Hawaii Biotech Inc Occupation Administration  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 24 / 2015  
**Transaction ID : VN8ECDCEVM7**  
 Amount of Each Receipt this Period  
 500.00  
 Contribution-IE Only Account

**B. Carrin F Patman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 711 Louisiana St  
 Ste 2300  
 City Houston State TX Zip Code 77002-2770  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Bracewell & Giuliani LLP Occupation Attorney  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 09 / 2015  
**Transaction ID : VN8ECDBX201**  
 Amount of Each Receipt this Period  
 2500.00  
 Contribution-IE Only Account

**C. Carrin F Patman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 711 Louisiana St  
 Ste 2300  
 City Houston State TX Zip Code 77002-2770  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Bracewell & Giuliani LLP Occupation Attorney  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 27 / 2015  
**Transaction ID : VN8ECDDRS04**  
 Amount of Each Receipt this Period  
 2500.00  
 Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 583 OF 1282
	<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	

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

Full Name (Last, First, Middle Initial) <b>A. Carrin F Patman</b>		Date of Receipt MM / DD / YYYY 04 / 06 / 2015 <b>Transaction ID : VN8ECDDQ2K6</b>
Mailing Address 711 Louisiana St Ste 2300		Amount of Each Receipt this Period 15000.00
City Houston State TX Zip Code 77002-2770	FEC ID number of contributing federal political committee. C	Contribution-IE Only Account
Name of Employer Bracewell & Giuliani LLP	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 20000.00	

Full Name (Last, First, Middle Initial) <b>B. Kathy Patrick</b>		Date of Receipt MM / DD / YYYY 04 / 12 / 2015 <b>Transaction ID : VN8ECDDWEJ4</b>
Mailing Address 1100 Louisiana St Ste 5300		Amount of Each Receipt this Period 1000.00
City Houston State TX Zip Code 77002-5215	FEC ID number of contributing federal political committee. C	Contribution-IE Only Account
Name of Employer Gibbs & Bruns LLP	Occupation Lawyer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. Marcia R Patrick</b>		Date of Receipt MM / DD / YYYY 03 / 17 / 2015 <b>Transaction ID : VN8ECDD7853</b>
Mailing Address 1302 Boise St		Amount of Each Receipt this Period 500.00
City Tacoma State WA Zip Code 98466	FEC ID number of contributing federal political committee. C	Contribution-IE Only Account
Name of Employer Multicare Health System	Occupation Nurse	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	16500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 584 OF 1282
<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

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

**A. Paula Brooks Committee**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 545 E Town St  
 City Columbus State OH Zip Code 43215-4801  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 14 / 2015  
**Transaction ID : VN8ECDAFB9**  
 Amount of Each Receipt this Period  
 500.00  
 Contribution-IE Only Account

**B. Hugh C Peacock**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 830 Hartford Ave  
 City San Jose State CA Zip Code 95125-2239  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Gov't Relations Specialist  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 19 / 2015  
**Transaction ID : VN8ECDD80Z0**  
 Amount of Each Receipt this Period  
 500.00  
 Contribution-IE Only Account

**C. Edward Peavy**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 77 Far Hills Dr  
 City Avon State CT Zip Code 06001-2877  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Mission Control Consultant  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 201.60

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 11 / 2015  
**Transaction ID : VN8ECDB46P8**  
 Amount of Each Receipt this Period  
 201.60  
 Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1201.60
<b>TOTAL</b> This Period (last page this line number only).....▶	



**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 585 OF 1282
	<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	

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

Full Name (Last, First, Middle Initial) <b>A. Alfredo Pedroza</b>		Date of Receipt MM / DD / YYYY 03 / 07 / 2015 <b>Transaction ID : VN8ECDBW5N5</b>
Mailing Address 1043 Hampshire St		Amount of Each Receipt this Period 500.00
City San Francisco State CA Zip Code 94110-3425	FEC ID number of contributing federal political committee. <b>C</b>	Contribution-IE Only Account
Name of Employer Wells Fargo Occupation Manager	Aggregate Year-to-Date ▼ 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Alfredo Pedroza</b>		Date of Receipt MM / DD / YYYY 04 / 07 / 2015 <b>Transaction ID : VN8ECDDQN97</b>
Mailing Address 1043 Hampshire St		Amount of Each Receipt this Period 2000.00
City San Francisco State CA Zip Code 94110-3425	FEC ID number of contributing federal political committee. <b>C</b>	Contribution-IE Only Account
Name of Employer Wells Fargo Occupation Manager	Aggregate Year-to-Date ▼ 2500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Alfredo Pedroza</b>		Date of Receipt MM / DD / YYYY 04 / 08 / 2015 <b>Transaction ID : VN8ECDDR7A6</b>
Mailing Address 1043 Hampshire St		Amount of Each Receipt this Period 107.16
City San Francisco State CA Zip Code 94110-3425	FEC ID number of contributing federal political committee. <b>C</b>	Contribution-IE Only Account
Name of Employer Wells Fargo Occupation Manager	Aggregate Year-to-Date ▼ 2607.16	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2607.16
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 586 OF 1282
<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

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

Full Name (Last, First, Middle Initial)  
**A. Edip Pektas**

Mailing Address 6140 W Gunnison St  
# 2

City Chicago State IL Zip Code 60630-2949

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
01 / 16 / 2015  
**Transaction ID : VN8ECDAE635**

Amount of Each Receipt this Period  
250.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)  
**B. Christine Paule Pelosi**

Mailing Address 31 Hinckley Walk

City San Francisco State CA Zip Code 94111-2303

FEC ID number of contributing federal political committee. **C**

Name of Employer author Occupation self

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
02 / 05 / 2015  
**Transaction ID : VN8ECDAY731**

Amount of Each Receipt this Period  
250.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)  
**C. Christine Paule Pelosi**

Mailing Address 31 Hinckley Walk

City San Francisco State CA Zip Code 94111-2303

FEC ID number of contributing federal political committee. **C**

Name of Employer author Occupation self

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
270.16

Date of Receipt  
03 / 18 / 2015  
**Transaction ID : VN8ECD8052**

Amount of Each Receipt this Period  
20.16

Contribution-IE Only Account

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 520.16

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

**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 587 OF 1282
	<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	

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

**A. Joe Pena**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1401 Bay Rd  
Apt 408  
City Miami Beach State FL Zip Code 33139-3782  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Miami Dade College Occupation Director  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
02 / 09 / 2015  
**Transaction ID : VN8ECDB0MT6**  
Amount of Each Receipt this Period  
250.00  
Contribution-IE Only Account

**B. Klarissa Pena**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6525 Sunset Gardens Rd SW  
City Albuquerque State NM Zip Code 87121-3244  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Youth Development Inc Occupation Director  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 244.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
04 / 27 / 2015  
**Transaction ID : VN8ECDEH2X2**  
Amount of Each Receipt this Period  
244.00  
Contribution-IE Only Account

**C. Carol Pensky**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4821 W St NW  
City Washington State DC Zip Code 20007-1519  
FEC ID number of contributing federal political committee. **C**  
Name of Employer na Occupation volunteer  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 201.60

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
02 / 03 / 2015  
**Transaction ID : VN8ECDAWAY8**  
Amount of Each Receipt this Period  
201.60  
Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	695.60
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 588 OF 1282
<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

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

**A. Liliana T. Perez**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2905 Glenhurst Ave  
 City Los Angeles State CA Zip Code 90039  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Speaker Joana Perez Occupation Special Assistant  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **04 / 12 / 2015**  
**Transaction ID : VN8ECDDWBB2**  
 Amount of Each Receipt this Period **250.00**  
 Contribution-IE Only Account

**B. Priscilla Perkins**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1885 Carpenter Dr  
 City Troy State MI Zip Code 48098-4366  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Lighthouse of Oakland County Occupation Development Officer  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **01 / 27 / 2015**  
**Transaction ID : VN8ECDAPGW5**  
 Amount of Each Receipt this Period **250.00**  
 Contribution-IE Only Account

**C. Bette Pesikoff**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1715 North Blvd  
 City Houston State TX Zip Code 77098-5413  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Attorney  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **201.60**

Date of Receipt **03 / 01 / 2015**  
**Transaction ID : VN8ECDBQKJ2**  
 Amount of Each Receipt this Period **201.60**  
 Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>701.60</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**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 589 OF 1282
<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

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

Full Name (Last, First, Middle Initial) <b>A. Jeanette Peter</b>		Date of Receipt MM / DD / YYYY 01 / 27 / 2015 <b>Transaction ID : VN8ECDAPYA3</b>
Mailing Address 2917 Via Rivera		Amount of Each Receipt this Period 500.00
City Palos Verdes Estates	State CA	Zip Code 90274-2876
FEC ID number of contributing federal political committee. C		
Name of Employer retired	Occupation Nurse Anesthtstist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	Contribution-IE Only Account

Full Name (Last, First, Middle Initial) <b>B. Jeanette Peter</b>		Date of Receipt MM / DD / YYYY 03 / 22 / 2015 <b>Transaction ID : VN8ECDCAXT7</b>
Mailing Address 2917 Via Rivera		Amount of Each Receipt this Period 20.16
City Palos Verdes Estates	State CA	Zip Code 90274-2876
FEC ID number of contributing federal political committee. C		
Name of Employer retired	Occupation Nurse Anesthtstist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.16	Contribution-IE Only Account

Full Name (Last, First, Middle Initial) <b>C. Jeanette Peter</b>		Date of Receipt MM / DD / YYYY 04 / 23 / 2015 <b>Transaction ID : VN8ECDE55C9</b>
Mailing Address 2917 Via Rivera		Amount of Each Receipt this Period 10.00
City Palos Verdes Estates	State CA	Zip Code 90274-2876
FEC ID number of contributing federal political committee. C		
Name of Employer retired	Occupation Nurse Anesthtstist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 530.16	Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	530.16
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 590 OF 1282
	<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	

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

**A. Cleora Pezman**  
Full Name (Last, First, Middle Initial)  
Mailing Address 817 S 24th St  
City Quincy State IL Zip Code 62301-6186  
FEC ID number of contributing federal political committee. **C**  
Name of Employer N/A Occupation Retired  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **100.00**

Date of Receipt **01 / 14 / 2015**  
**Transaction ID : VN8ECDAFP6**  
Amount of Each Receipt this Period **100.00**  
Contribution-IE Only Account

**B. Cleora Pezman**  
Full Name (Last, First, Middle Initial)  
Mailing Address 817 S 24th St  
City Quincy State IL Zip Code 62301-6186  
FEC ID number of contributing federal political committee. **C**  
Name of Employer N/A Occupation Retired  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **250.00**

Date of Receipt **02 / 10 / 2015**  
**Transaction ID : VN8ECDB5CH0**  
Amount of Each Receipt this Period **150.00**  
Contribution-IE Only Account

**C. DANG PHAM**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3012 Oliver Dr  
City San Jose State CA Zip Code 95135-1536  
FEC ID number of contributing federal political committee. **C**  
Name of Employer VA Transportation Inc. Occupation Vice President  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **201.60**

Date of Receipt **03 / 12 / 2015**  
**Transaction ID : VN8ECD2M76**  
Amount of Each Receipt this Period **201.60**  
Contribution-IE Only Account

**SUBTOTAL** of Receipts This Page (optional)..... **451.60**  
**TOTAL** This Period (last page this line number only).....

**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 591 OF 1282
<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

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

**A. Sam Phillips**  
Full Name (Last, First, Middle Initial)  
Mailing Address 15760 Linda Ave  
City Los Gatos State CA Zip Code 95032-3718  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Wells Fargo Bank Occupation Private Banker  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt **02 / 04 / 2015**  
**Transaction ID : VN8ECDAWSW3**  
Amount of Each Receipt this Period 250.00  
Contribution-IE Only Account

**B. William Pickens**  
Full Name (Last, First, Middle Initial)  
Mailing Address 29092 N View Ln  
City Escondido State CA Zip Code 92026  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Retired Occupation retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 65.00

Date of Receipt **01 / 30 / 2015**  
**Transaction ID : VN8ECDASEE5**  
Amount of Each Receipt this Period 65.00  
Contribution-IE Only Account

**C. William Pickens**  
Full Name (Last, First, Middle Initial)  
Mailing Address 29092 N View Ln  
City Escondido State CA Zip Code 92026  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Retired Occupation retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 145.00

Date of Receipt **02 / 10 / 2015**  
**Transaction ID : VN8ECDB3NB6**  
Amount of Each Receipt this Period 40.00  
Contribution-IE Only Account

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 355.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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 592 OF 1282
	<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	

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

Full Name (Last, First, Middle Initial) <b>A. William Pickens</b>			Date of Receipt MM / DD / YYYY 02 / 10 / 2015 <b>Transaction ID : VN8ECDB3NQ9</b>
Mailing Address 29092 N View Ln			Amount of Each Receipt this Period 40.00
City Escondido	State CA	Zip Code 92026	
FEC ID number of contributing federal political committee. C			Contribution-IE Only Account
Name of Employer Retired	Occupation retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 145.00		

Full Name (Last, First, Middle Initial) <b>B. William Pickens</b>			Date of Receipt MM / DD / YYYY 02 / 12 / 2015 <b>Transaction ID : VN8ECDB54X7</b>
Mailing Address 29092 N View Ln			Amount of Each Receipt this Period 100.00
City Escondido	State CA	Zip Code 92026	
FEC ID number of contributing federal political committee. C			Contribution-IE Only Account
Name of Employer Retired	Occupation retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 245.00		

Full Name (Last, First, Middle Initial) <b>C. William Pickens</b>			Date of Receipt MM / DD / YYYY 03 / 05 / 2015 <b>Transaction ID : VN8ECDBTYW8</b>
Mailing Address 29092 N View Ln			Amount of Each Receipt this Period 20.16
City Escondido	State CA	Zip Code 92026	
FEC ID number of contributing federal political committee. C			Contribution-IE Only Account
Name of Employer Retired	Occupation retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 265.16		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	160.16
<b>TOTAL</b> This Period (last page this line number only).....▶	



**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 593 OF 1282
<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

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

**A. William Pickens**  
Full Name (Last, First, Middle Initial)  
Mailing Address 29092 N View Ln  
City Escondido State CA Zip Code 92026  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Retired Occupation retired  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **285.32**

Date of Receipt **03 / 16 / 2015**  
**Transaction ID : VN8ECDC6DQ7**  
Amount of Each Receipt this Period **20.16**  
Contribution-IE Only Account

**B. Aaron J Pierce**  
Full Name (Last, First, Middle Initial)  
Mailing Address 12643 Route 438  
City Irving State NY Zip Code 14081-9312  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Occupation Philanthropist  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **10000.00**

Date of Receipt **04 / 15 / 2015**  
**Transaction ID : VN8ECDFW268**  
Amount of Each Receipt this Period **10000.00**  
Contribution-IE Only Account

**C. Laurinus Pierre**  
Full Name (Last, First, Middle Initial)  
Mailing Address 12901 Biscayne Bay Dr  
City North Miami State FL Zip Code 33181-2256  
FEC ID number of contributing federal political committee. **C**  
Name of Employer GMHETC Occupation Doctor  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **2500.00**

Date of Receipt **01 / 27 / 2015**  
**Transaction ID : VN8ECDAN7A5**  
Amount of Each Receipt this Period **2500.00**  
Contribution-IE Only Account

**SUBTOTAL** of Receipts This Page (optional)..... **12520.16**  
**TOTAL** This Period (last page this line number only).....

**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 594 OF 1282
<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

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

**A. Victor Pina**  
Full Name (Last, First, Middle Initial)  
Mailing Address 12150 SW 92nd Ave  
City Miami State FL Zip Code 33176-5109  
FEC ID number of contributing federal political committee. **C**  
Name of Employer DMA Occupation Physician  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **1000.00**

Date of Receipt **02 / 13 / 2015**  
**Transaction ID : VN8ECDB7CW1**  
Amount of Each Receipt this Period **1000.00**  
Contribution-IE Only Account

**B. Janis W. Pinnelli**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 50038  
City Austin State TX Zip Code 78763-0038  
FEC ID number of contributing federal political committee. **C**  
Name of Employer J. Pinnelli Company Occupation Accountant  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **2500.00**

Date of Receipt **02 / 20 / 2015**  
**Transaction ID : VN8ECDBQVE8**  
Amount of Each Receipt this Period **2500.00**  
Contribution-IE Only Account

**C. Shervin Pishevar**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1266 Washington St  
City San Francisco State CA Zip Code 94108-1018  
FEC ID number of contributing federal political committee. **C**  
Name of Employer SherpaVentures Occupation Venture Capital  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **5000.00**

Date of Receipt **02 / 18 / 2015**  
**Transaction ID : VN8ECDBAAV0**  
Amount of Each Receipt this Period **5000.00**  
Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>8500.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**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 595 OF 1282
<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

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

**A. James R Pittman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 634 Clifton Ct  
 City Fort Smith State AR Zip Code 72903-1615  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Not Provided Occupation Not Provided  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **01 / 12 / 2015**  
**Transaction ID : VN8ECDAD9W0**  
 Amount of Each Receipt this Period **500.00**  
 Contribution-IE Only Account

**B. Haley I Plourde-Cole**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 234 Mott St Apt 2CD  
 City New York State NY Zip Code 10012-4123  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Quinn Emanuel Occupation Attorney  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **201.60**

Date of Receipt **01 / 08 / 2015**  
**Transaction ID : VN8ECDAA8Y2**  
 Amount of Each Receipt this Period **201.60**  
 Contribution-IE Only Account

**C. Benedict Plumley**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 28 Ford St  
 City San Francisco State CA Zip Code 94114-2012  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pangea Foundation Occupation President & CEO  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt **02 / 20 / 2015**  
**Transaction ID : VN8ECDBQTW6**  
 Amount of Each Receipt this Period **1000.00**  
 Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1701.60</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**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 596 OF 1282
<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

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

Full Name (Last, First, Middle Initial) <b>A. Tony Podesta</b>		Date of Receipt MM / DD / YYYY 03 / 27 / 2015 <b>Transaction ID : VN8ECDD95A3</b>
Mailing Address 1001 G St NW Ste 1000W		Amount of Each Receipt this Period 5000.00
City Washington	State DC	Zip Code 20001-4522
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer The Podesta Group	Occupation Chairman	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) <b>B. Bob Poe</b>		Date of Receipt MM / DD / YYYY 01 / 19 / 2015 <b>Transaction ID : VN8ECDAGF71</b>
Mailing Address 150 E Robinson St Unit 3502		Amount of Each Receipt this Period 5000.00
City Orlando	State FL	Zip Code 32801-4364
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer BOB POE	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) <b>C. Virginia Poe</b>		Date of Receipt MM / DD / YYYY 01 / 21 / 2015 <b>Transaction ID : VN8ECDAHCY5</b>
Mailing Address PO Box 3371		Amount of Each Receipt this Period 1000.00
City Orlando	State FL	Zip Code 32802-3371
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Suite18	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	11000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 597 OF 1282
<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

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

Full Name (Last, First, Middle Initial) <b>A. John Poggi</b>		Date of Receipt MM / DD / YYYY 02 / 26 / 2015 <b>Transaction ID : VN8ECDBNBV9</b>
Mailing Address 1521 4tj Street		Amount of Each Receipt this Period 35.00
City Bellingham	State WA	Zip Code 98225
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer none	Occupation retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 35.00	

Full Name (Last, First, Middle Initial) <b>B. John Poggi</b>		Date of Receipt MM / DD / YYYY 04 / 07 / 2015 <b>Transaction ID : VN8ECDF1173</b>
Mailing Address 1521 4tj Street		Amount of Each Receipt this Period 1000.00
City Bellingham	State WA	Zip Code 98225
FEC ID number of contributing federal political committee. C		Earmarked; IE Only Account
Name of Employer none	Occupation retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1035.00	

Full Name (Last, First, Middle Initial) <b>C. Joan Pollitt</b>		Date of Receipt MM / DD / YYYY 01 / 28 / 2015 <b>Transaction ID : VN8ECDAQEA8</b>
Mailing Address 2614 Tamiami Trl N # 524		Amount of Each Receipt this Period 35.00
City Naples	State FL	Zip Code 34103-4409
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer N/A	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 35.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1070.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 598 OF 1282
	<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	

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

**A. Joan Pollitt**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2614 Tamiami Trl N # 524  
City Naples State FL Zip Code 34103-4409  
FEC ID number of contributing federal political committee. **C**  
Name of Employer N/A Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 70.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
02 / 28 / 2015  
**Transaction ID : VN8ECDBPYV9**  
Amount of Each Receipt this Period 35.00  
Contribution-IE Only Account

**B. Joan Pollitt**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2614 Tamiami Trl N # 524  
City Naples State FL Zip Code 34103-4409  
FEC ID number of contributing federal political committee. **C**  
Name of Employer N/A Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 105.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
03 / 28 / 2015  
**Transaction ID : VN8ECDDANX5**  
Amount of Each Receipt this Period 35.00  
Contribution-IE Only Account

**C. Joan Pollitt**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2614 Tamiami Trl N # 524  
City Naples State FL Zip Code 34103-4409  
FEC ID number of contributing federal political committee. **C**  
Name of Employer N/A Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 140.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
04 / 28 / 2015  
**Transaction ID : VN8ECDE8M43**  
Amount of Each Receipt this Period 35.00  
Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	105.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 599 OF 1282
	<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	

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

Full Name (Last, First, Middle Initial) <b>A. Joan Pollitt</b>		Date of Receipt MM / DD / YYYY 05 / 28 / 2015 <b>Transaction ID : VN8ECDERQ36</b>
Mailing Address 2614 Tamiami Trl N # 524		Amount of Each Receipt this Period 35.00
City Naples	State FL	Zip Code 34103-4409
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer N/A	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 175.00	

Full Name (Last, First, Middle Initial) <b>B. Joan Pollitt</b>		Date of Receipt MM / DD / YYYY 06 / 28 / 2015 <b>Transaction ID : VN8ECDFGPC3</b>
Mailing Address 2614 Tamiami Trl N # 524		Amount of Each Receipt this Period 35.00
City Naples	State FL	Zip Code 34103-4409
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer N/A	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) <b>C. Polly Low for Rosemead</b>		Date of Receipt MM / DD / YYYY 03 / 27 / 2015 <b>Transaction ID : VN8ECDERX06</b>
Mailing Address 1039 La Presa Ave		Amount of Each Receipt this Period 201.60
City Rosemead	State CA	Zip Code 91770-3721
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 201.60	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	271.60
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 600 OF 1282
	<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	

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

**A. Stan Ponte**  
Full Name (Last, First, Middle Initial)  
Mailing Address 77 Park Ave  
Apt 14E  
City New York State NY Zip Code 10016-2556  
FEC ID number of contributing federal political committee. **C**  
Name of Employer: Sotehbys International Realty Occupation: Licensed associate broker  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **201.60**

Date of Receipt: **01 / 12 / 2015**  
**Transaction ID : VN8ECDAC2G1**  
Amount of Each Receipt this Period: **201.60**  
Contribution-IE Only Account

**B. Keith Poole**  
Full Name (Last, First, Middle Initial)  
Mailing Address 103 Thornhill Cir  
City Athens State GA Zip Code 30607-1737  
FEC ID number of contributing federal political committee. **C**  
Name of Employer: University of Georgia Occupation: Professor  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **100.00**

Date of Receipt: **01 / 15 / 2015**  
**Transaction ID : VN8ECDAE386**  
Amount of Each Receipt this Period: **100.00**  
Contribution-IE Only Account

**C. Keith Poole**  
Full Name (Last, First, Middle Initial)  
Mailing Address 103 Thornhill Cir  
City Athens State GA Zip Code 30607-1737  
FEC ID number of contributing federal political committee. **C**  
Name of Employer: University of Georgia Occupation: Professor  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **300.00**

Date of Receipt: **03 / 05 / 2015**  
**Transaction ID : VN8ECDBTZM8**  
Amount of Each Receipt this Period: **100.00**  
Contribution-IE Only Account

**SUBTOTAL** of Receipts This Page (optional)..... **401.60**  
**TOTAL** This Period (last page this line number only).....



**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 601 OF 1282
<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

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

Full Name (Last, First, Middle Initial) <b>A. Keith Poole</b>		Date of Receipt MM / DD / YYYY 03 / 05 / 2015 <b>Transaction ID : VN8ECDBTZQ1</b>
Mailing Address 103 Thornhill Cir		Amount of Each Receipt this Period 100.00
City Athens	State GA	Zip Code 30607-1737
FEC ID number of contributing federal political committee. C		
Name of Employer University of Georgia	Occupation Professor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	Contribution-IE Only Account

Full Name (Last, First, Middle Initial) <b>B. Trevor Poremba</b>		Date of Receipt MM / DD / YYYY 04 / 10 / 2015 <b>Transaction ID : VN8ECDDTQK6</b>
Mailing Address 1054 Venice Dr		Amount of Each Receipt this Period 250.00
City Bryan	State TX	Zip Code 77808-7592
FEC ID number of contributing federal political committee. C		
Name of Employer Texas A&M University System	Occupation Legal Assistant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	Contribution-IE Only Account

Full Name (Last, First, Middle Initial) <b>C. Trevor Poremba</b>		Date of Receipt MM / DD / YYYY 05 / 28 / 2015 <b>Transaction ID : VN8ECDERRX3</b>
Mailing Address 1054 Venice Dr		Amount of Each Receipt this Period 20.16
City Bryan	State TX	Zip Code 77808-7592
FEC ID number of contributing federal political committee. C		
Name of Employer Texas A&M University System	Occupation Legal Assistant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.16	Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	370.16
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 602 OF 1282
<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

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

**A. Trevor Poremba**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1054 Venice Dr  
City Bryan State TX Zip Code 77808-7592  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Texas A&M University System Occupation Legal Assistant  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **290.32**

Date of Receipt **06 / 28 / 2015**  
**Transaction ID : VN8ECDFGK36**  
Amount of Each Receipt this Period **20.16**  
Contribution-IE Only Account

**B. Steve Pougnet**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2655 S Columbine St  
City Denver State CO Zip Code 80210-6441  
FEC ID number of contributing federal political committee. **C**  
Name of Employer City of Palm Springs Occupation Mayor  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **1000.00**

Date of Receipt **01 / 30 / 2015**  
**Transaction ID : VN8ECDASF72**  
Amount of Each Receipt this Period **1000.00**  
Contribution-IE Only Account

**C. Margarita Prentice**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6245 S Langston Rd  
City Seattle State WA Zip Code 98178-3563  
FEC ID number of contributing federal political committee. **C**  
Name of Employer retired Occupation n/a  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **250.00**

Date of Receipt **04 / 12 / 2015**  
**Transaction ID : VN8ECDDWYG3**  
Amount of Each Receipt this Period **250.00**  
Contribution-IE Only Account

**SUBTOTAL** of Receipts This Page (optional)..... **1270.16**  
**TOTAL** This Period (last page this line number only).....

**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 603 OF 1282
	<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	

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

Full Name (Last, First, Middle Initial)  
**A. Alicia Prevost**

Mailing Address 9928 Julliard Dr

City State Zip Code  
Bethesda MD 20817-1740

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Environmental Defense Fund Senior Adviser

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
201.60

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
01 / 30 / 2015  
**Transaction ID : VN8ECDAS2X8**

Amount of Each Receipt this Period  
201.60

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)  
**B. David J Prezant**

Mailing Address 9 Half Moon Isle

City State Zip Code  
Jersey City NJ 07305-5408

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
NYC Fire Dept. Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
04 / 10 / 2015  
**Transaction ID : VN8ECDE4555**

Amount of Each Receipt this Period  
500.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)  
**C. Priorities USA Action**

Mailing Address 1718 M St NW  
# 204

City State Zip Code  
Washington DC 20036-4504

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
150000.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
06 / 17 / 2015  
**Transaction ID : VN8ECDFB0F3**

Amount of Each Receipt this Period  
150000.00

List Rental-Fair Market Value; IE Only Account

**SUBTOTAL** of Receipts This Page (optional).....▶ 150701.60

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

**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 604 OF 1282
	<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	

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

**A. Carla Probus**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2017 N Bay Rd  
City Miami Beach State FL Zip Code 33140-4536  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Retired Occupation House wife  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 250.00

Date of Receipt 02 / 15 / 2015  
**Transaction ID : VN8ECDB87C1**  
Amount of Each Receipt this Period 250.00  
Contribution-IE Only Account

**B. Prolapse Inc.**  
Full Name (Last, First, Middle Initial)  
Mailing Address Calle Flor Gerena #4  
City Humacao State PR Zip Code 00792  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 4000.00

Date of Receipt 03 / 13 / 2015  
**Transaction ID : VN8ECDC9N30**  
Amount of Each Receipt this Period 4000.00  
Contribution-IE Only Account

**C. Charlene M Prounis**  
Full Name (Last, First, Middle Initial)  
Mailing Address 50 Andover Ct  
City Manhasset State NY Zip Code 11030-1002  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Flashpoint Occupation Advertising Executive  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 250.00

Date of Receipt 02 / 20 / 2015  
**Transaction ID : VN8ECDBQTK5**  
Amount of Each Receipt this Period 250.00  
Contribution-IE Only Account

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 4500.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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 605 OF 1282
	<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	

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

Full Name (Last, First, Middle Initial)  
**A. Laurence Pulgram**

Mailing Address 11 Magdalena Ct  
FI 12

City Mill Valley State CA Zip Code 94941-1223

FEC ID number of contributing federal political committee. **C**

Name of Employer Fenwick & West Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
04 / 10 / 2015  
**Transaction ID : VN8ECDDTQZ1**

Amount of Each Receipt this Period  
500.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)  
**B. Gloria Pulido**

Mailing Address 16617 Amberwood Way

City Cerritos State CA Zip Code 90703

FEC ID number of contributing federal political committee. **C**

Name of Employer State of California Occupation Director of Scheduling

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
201.60

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
03 / 15 / 2015  
**Transaction ID : VN8ECDC4NF7**

Amount of Each Receipt this Period  
201.60

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)  
**c. Jane G Pulling**

Mailing Address PO Box 478

City Pinopolis State SC Zip Code 29469-0478

FEC ID number of contributing federal political committee. **C**

Name of Employer retired Occupation school superintendent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
201.60

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
03 / 23 / 2015  
**Transaction ID : VN8ECD5W5**

Amount of Each Receipt this Period  
201.60

Contribution-IE Only Account

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 903.20

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

**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 606 OF 1282
<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

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

**A. Quality Plumbing LLC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1020 Laura St  
 City Elizabeth State NJ Zip Code 07201-1506  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 13 / 2015  
**Transaction ID : VN8ECDC9950**  
 Amount of Each Receipt this Period  
 750.00  
 Contribution-IE Only Account

**B. Roxanne Qualls**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 100 E Central Pkwy Ste 410  
 City Cincinnati State OH Zip Code 45202-7251  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Xavier University Administrator  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 50.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 27 / 2015  
**Transaction ID : VN8ECDAPJA9**  
 Amount of Each Receipt this Period  
 50.00  
 Contribution-IE Only Account

**C. Roxanne Qualls**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 100 E Central Pkwy Ste 410  
 City Cincinnati State OH Zip Code 45202-7251  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Xavier University Administrator  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 100.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 27 / 2015  
**Transaction ID : VN8ECDBNW29**  
 Amount of Each Receipt this Period  
 50.00  
 Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	850.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 607 OF 1282
<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

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

**A. Roxanne Qualls**  
Full Name (Last, First, Middle Initial)  
Mailing Address 100 E Central Pkwy  
Ste 410  
City Cincinnati State OH Zip Code 45202-7251  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Xavier University Occupation Administrator  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 150.00

Date of Receipt 03 / 27 / 2015  
**Transaction ID : VN8ECDD9BM5**  
Amount of Each Receipt this Period 50.00  
Contribution-IE Only Account

**B. Roxanne Qualls**  
Full Name (Last, First, Middle Initial)  
Mailing Address 100 E Central Pkwy  
Ste 410  
City Cincinnati State OH Zip Code 45202-7251  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Xavier University Occupation Administrator  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 200.00

Date of Receipt 04 / 27 / 2015  
**Transaction ID : VN8ECDE88A5**  
Amount of Each Receipt this Period 50.00  
Contribution-IE Only Account

**C. Roxanne Qualls**  
Full Name (Last, First, Middle Initial)  
Mailing Address 100 E Central Pkwy  
Ste 410  
City Cincinnati State OH Zip Code 45202-7251  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Xavier University Occupation Administrator  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 27 / 2015  
**Transaction ID : VN8ECDERJN8**  
Amount of Each Receipt this Period 50.00  
Contribution-IE Only Account

**SUBTOTAL** of Receipts This Page (optional).....▶ 150.00  
**TOTAL** This Period (last page this line number only).....▶

**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 608 OF 1282
	<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	

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

Full Name (Last, First, Middle Initial) <b>A. Roxanne Qualls</b>		Date of Receipt MM / DD / YYYY 06 / 27 / 2015 <b>Transaction ID : VN8ECDFF227</b>
Mailing Address 100 E Central Pkwy Ste 410		Amount of Each Receipt this Period 50.00
City Cincinnati State OH Zip Code 45202-7251	FEC ID number of contributing federal political committee. C	Contribution-IE Only Account
Name of Employer Xavier University Occupation Administrator	Aggregate Year-to-Date 300.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Rebecca Quammen</b>		Date of Receipt MM / DD / YYYY 03 / 31 / 2015 <b>Transaction ID : VN8ECDDE1D7</b>
Mailing Address 151 Southhall Ln Ste 150		Amount of Each Receipt this Period 500.00
City Maitland State FL Zip Code 32751-7115	FEC ID number of contributing federal political committee. C	Contribution-IE Only Account
Name of Employer Quammen Health Care Consultants Occupation CEO Hesthcare Consulting	Aggregate Year-to-Date 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Rafael Velez LLC</b>		Date of Receipt MM / DD / YYYY 03 / 13 / 2015 <b>Transaction ID : VN8ECD9N56</b>
Mailing Address 250 Ave Munoz Rivera Ste 324		Amount of Each Receipt this Period 10000.00
City San Juan State PR Zip Code 00918-1821	FEC ID number of contributing federal political committee. C	Contribution-IE Only Account
Name of Employer Occupation	Aggregate Year-to-Date 10000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	10550.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**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 609 OF 1282
<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

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

**A. Melahat Rafiei**  
Full Name (Last, First, Middle Initial)

Mailing Address 235 E Broadway  
Ste 624

City Long Beach State CA Zip Code 90802-4845

FEC ID number of contributing federal political committee. **C**

Name of Employer Suf Occupation Consultant

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
201.15

Date of Receipt  
03 / 30 / 2015  
**Transaction ID : VN8ECDDBR91**

Amount of Each Receipt this Period  
201.15

Contribution-IE Only Account

**B. David Ralston**  
Full Name (Last, First, Middle Initial)

Mailing Address 140 Rutledge St

City San Francisco State CA Zip Code 94110-5342

FEC ID number of contributing federal political committee. **C**

Name of Employer Gilead Sciences Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
100.00

Date of Receipt  
01 / 28 / 2015  
**Transaction ID : VN8ECDAQ7V7**

Amount of Each Receipt this Period  
100.00

Contribution-IE Only Account

**C. David Ralston**  
Full Name (Last, First, Middle Initial)

Mailing Address 140 Rutledge St

City San Francisco State CA Zip Code 94110-5342

FEC ID number of contributing federal political committee. **C**

Name of Employer Gilead Sciences Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
200.00

Date of Receipt  
02 / 28 / 2015  
**Transaction ID : VN8ECDBPJK0**

Amount of Each Receipt this Period  
100.00

Contribution-IE Only Account

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 401.15

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

**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 610 OF 1282
<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

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

Full Name (Last, First, Middle Initial) <b>A. David Ralston</b>		Date of Receipt MM / DD / YYYY 03 / 28 / 2015 <b>Transaction ID : VN8ECDDAKA1</b>
Mailing Address 140 Rutledge St		Amount of Each Receipt this Period 100.00
City San Francisco	State CA	Zip Code 94110-5342
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Gilead Sciences	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B. David Ralston</b>		Date of Receipt MM / DD / YYYY 04 / 29 / 2015 <b>Transaction ID : VN8ECDE9625</b>
Mailing Address 140 Rutledge St		Amount of Each Receipt this Period 100.00
City San Francisco	State CA	Zip Code 94110-5342
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Gilead Sciences	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) <b>C. Wade Randlett</b>		Date of Receipt MM / DD / YYYY 03 / 20 / 2015 <b>Transaction ID : VN8ECDFORV0</b>
Mailing Address 381 Bush St Ste 300		Amount of Each Receipt this Period 2500.00
City San Francisco	State CA	Zip Code 94104-2810
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Randlett Renewables	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2700.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 611 OF 1282
	<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	

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

Full Name (Last, First, Middle Initial) <b>A. Ahmir Rashid</b>		Date of Receipt MM / DD / YYYY 03 / 09 / 2015 <b>Transaction ID : VN8ECD0BV8</b>
Mailing Address 1776 Palmetto Ct		Amount of Each Receipt this Period 500.00
City Bloomfield Hills	State MI	Zip Code 48302-1743
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Self	Occupation Self	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Julie Ratner</b>		Date of Receipt MM / DD / YYYY 02 / 20 / 2015 <b>Transaction ID : VN8ECDBQV65</b>
Mailing Address 95 Ely Brook To Hands CR Rd		Amount of Each Receipt this Period 1000.00
City East Hampton	State NY	Zip Code 11937-3707
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Self	Occupation President, Not for profit	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. John A Rava</b>		Date of Receipt MM / DD / YYYY 03 / 19 / 2015 <b>Transaction ID : VN8ECDCAAX1</b>
Mailing Address 7129 Washington Ave		Amount of Each Receipt this Period 200.00
City Saint Louis	State MO	Zip Code 63130-4313
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Rava Consulting Services, LLC	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1700.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 612 OF 1282
<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

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

**A. John A Rava**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7129 Washington Ave  
 City Saint Louis State MO Zip Code 63130-4313  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Rava Consulting Services, LLC Occupation Attorney  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 04 / 06 / 2015  
**Transaction ID : VN8ECDDPRS4**  
 Amount of Each Receipt this Period 10.00  
 Contribution-IE Only Account

**B. Anne Jordan Rawley**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 119 47th Ave N  
 City Saint Petersburg State FL Zip Code 33703-3905  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Retired Occupation Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 28 / 2015  
**Transaction ID : VN8ECDBQ1G7**  
 Amount of Each Receipt this Period 500.00  
 Contribution-IE Only Account

**C. Ray Powell for Land Commissioner**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 27654  
 City Albuquerque State NM Zip Code 87125-7654  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 201.60

Date of Receipt 04 / 27 / 2015  
**Transaction ID : VN8ECDEH2N9**  
 Amount of Each Receipt this Period 201.60  
 Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	711.60
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 613 OF 1282
<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

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

Full Name (Last, First, Middle Initial) <b>A. Parjana Razavi</b>		Date of Receipt MM / DD / YYYY 01 / 14 / 2015 <b>Transaction ID : VN8ECDAFVG9</b>
Mailing Address 75-6104 Kaanee Pl		Amount of Each Receipt this Period 500.00
City Kailua Kona	State HI	Zip Code 96740-7957
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Not employed	Occupation Not employed	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Arthur Redmon</b>		Date of Receipt MM / DD / YYYY 02 / 11 / 2015 <b>Transaction ID : VN8ECDB6Q22</b>
Mailing Address 5335 Laguna Park Dr		Amount of Each Receipt this Period 250.00
City Elk Grove	State CA	Zip Code 95758-5705
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Retired	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Roberto Redondo</b>		Date of Receipt MM / DD / YYYY 01 / 07 / 2015 <b>Transaction ID : VN8ECDA9H70</b>
Mailing Address 196 6th Ave Apt 1A		Amount of Each Receipt this Period 201.60
City New York	State NY	Zip Code 10013-1235
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Credit Suisse	Occupation banker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 201.60	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	951.60
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 614 OF 1282
<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

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

**A. Donald Reed**  
Full Name (Last, First, Middle Initial)  
Mailing Address 184 Worthington Cir  
City Saint Louis State MO Zip Code 63128-2789  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Retired Occupation Retired  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 250.00

Date of Receipt 04 / 12 / 2015  
**Transaction ID : VN8ECDDWTC4**  
Amount of Each Receipt this Period 250.00  
Contribution-IE Only Account

**B. Gregory Reed**  
Full Name (Last, First, Middle Initial)  
Mailing Address 201 W 21st St Apt 4G  
City New York State NY Zip Code 10011-3134  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Moody's Occupation Financial Analyst  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 201.60

Date of Receipt 01 / 14 / 2015  
**Transaction ID : VN8ECDADNM3**  
Amount of Each Receipt this Period 201.60  
Contribution-IE Only Account

**C. Carl R Reiner**  
Full Name (Last, First, Middle Initial)  
Mailing Address 714 N Rodeo Dr  
City Beverly Hills State CA Zip Code 90210-3210  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Occupation Writer  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 300.00

Date of Receipt 02 / 19 / 2015  
**Transaction ID : VN8ECDBCTP2**  
Amount of Each Receipt this Period 300.00  
Contribution-IE Only Account

**SUBTOTAL** of Receipts This Page (optional)..... **751.60**  
**TOTAL** This Period (last page this line number only).....

**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 615 OF 1282
<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

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

Full Name (Last, First, Middle Initial) <b>A. Jon Reinish</b>		Date of Receipt MM / DD / YYYY 01 / 08 / 2015 <b>Transaction ID : VN8ECDAAHE4</b>
Mailing Address 251 Clinton St # 3		Amount of Each Receipt this Period 201.60
City Brooklyn	State NY	Zip Code 11201-6146
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer SKDKnickerbocker	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 201.60	

Full Name (Last, First, Middle Initial) <b>B. Robyn Reiss</b>		Date of Receipt MM / DD / YYYY 01 / 22 / 2015 <b>Transaction ID : VN8ECDAHFG1</b>
Mailing Address 3217 Los Prados St		Amount of Each Receipt this Period 250.00
City San Mateo	State CA	Zip Code 94403-2015
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer self	Occupation self	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Alan Remson</b>		Date of Receipt MM / DD / YYYY 01 / 22 / 2015 <b>Transaction ID : VN8ECDAHG8</b>
Mailing Address 900 N Taylor St Apt 507		Amount of Each Receipt this Period 20.16
City Arlington	State VA	Zip Code 22203
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Retired	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 20.16	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	471.76
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 616 OF 1282
<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

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

Full Name (Last, First, Middle Initial) <b>A. Alan Remson</b>		Date of Receipt MM / DD / YYYY 02 / 22 / 2015 <b>Transaction ID : VN8ECDBDK27</b>
Mailing Address 900 N Taylor St Apt 507		Amount of Each Receipt this Period 403.20
City Arlington	State VA	Zip Code 22203
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Retired	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 423.36	

Full Name (Last, First, Middle Initial) <b>B. Alan Remson</b>		Date of Receipt MM / DD / YYYY 03 / 13 / 2015 <b>Transaction ID : VN8ECDC3PM8</b>
Mailing Address 900 N Taylor St Apt 507		Amount of Each Receipt this Period 20.16
City Arlington	State VA	Zip Code 22203
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Retired	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 443.52	

Full Name (Last, First, Middle Initial) <b>C. Alan Remson</b>		Date of Receipt MM / DD / YYYY 04 / 10 / 2015 <b>Transaction ID : VN8ECDE4D53</b>
Mailing Address 900 N Taylor St Apt 507		Amount of Each Receipt this Period 221.76
City Arlington	State VA	Zip Code 22203
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Retired	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 665.28	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	645.12
<b>TOTAL</b> This Period (last page this line number only).....▶	



**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 617 OF 1282
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input checked="" type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input checked="" type="checkbox"/> 17	

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

**A. Republic Urban Properties LLC**

Full Name (Last, First, Middle Initial)  
Mailing Address 84 W Santa Clara St  
Ste 600

City San Jose State CA Zip Code 95113-1808

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
03 / 19 / 2015

**Transaction ID : VN8ECDD80P9**

Amount of Each Receipt this Period  
1000.00

Contribution-IE Only Account

**B. Gerard Restaino**

Full Name (Last, First, Middle Initial)  
Mailing Address 1346 The Hideout

City Lake Ariel State PA Zip Code 18436-9535

FEC ID number of contributing federal political committee. **C**

Name of Employer self Occupation arbitrator

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
100.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
01 / 09 / 2015

**Transaction ID : VN8ECDAB5F1**

Amount of Each Receipt this Period  
100.00

Contribution-IE Only Account

**C. Gerard Restaino**

Full Name (Last, First, Middle Initial)  
Mailing Address 1346 The Hideout

City Lake Ariel State PA Zip Code 18436-9535

FEC ID number of contributing federal political committee. **C**

Name of Employer self Occupation arbitrator

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
200.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
01 / 16 / 2015

**Transaction ID : VN8ECDAFMS7**

Amount of Each Receipt this Period  
100.00

Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1200.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 618 OF 1282
<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

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

**A. Gerard Restaino**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1346 The Hideout

City Lake Ariel	State PA	Zip Code 18436-9535
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FEC ID number of contributing federal political committee. **C**

Name of Employer self	Occupation arbitrator
--------------------------	--------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	01	/	2015

**Transaction ID : VN8ECDB2P94**

Amount of Each Receipt this Period  
100.00

Contribution-IE Only Account

**B. Gerard Restaino**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1346 The Hideout

City Lake Ariel	State PA	Zip Code 18436-9535
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer self	Occupation arbitrator
--------------------------	--------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	04	/	2015

**Transaction ID : VN8ECDAHX03**

Amount of Each Receipt this Period  
100.00

Contribution-IE Only Account

**C. Gerard Restaino**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1346 The Hideout

City Lake Ariel	State PA	Zip Code 18436-9535
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FEC ID number of contributing federal political committee. **C**

Name of Employer self	Occupation arbitrator
--------------------------	--------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	09	/	2015

**Transaction ID : VN8ECDB0PD9**

Amount of Each Receipt this Period  
100.00

Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 619 OF 1282
<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

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

Full Name (Last, First, Middle Initial) <b>A. Gerard Restaino</b>		Date of Receipt MM / DD / YYYY 02 / 10 / 2015 <b>Transaction ID : VN8ECDB32N5</b>
Mailing Address 1346 The Hideout		Amount of Each Receipt this Period 40.00
City Lake Ariel	State PA	Zip Code 18436-9535
FEC ID number of contributing federal political committee. C	Name of Employer self	Occupation arbitrator
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 540.00	
		Contribution-IE Only Account

Full Name (Last, First, Middle Initial) <b>B. Gerard Restaino</b>		Date of Receipt MM / DD / YYYY 02 / 25 / 2015 <b>Transaction ID : VN8ECDBMCQ2</b>
Mailing Address 1346 The Hideout		Amount of Each Receipt this Period 100.00
City Lake Ariel	State PA	Zip Code 18436-9535
FEC ID number of contributing federal political committee. C	Name of Employer self	Occupation arbitrator
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 640.00	
		Contribution-IE Only Account

Full Name (Last, First, Middle Initial) <b>C. Gerard Restaino</b>		Date of Receipt MM / DD / YYYY 03 / 23 / 2015 <b>Transaction ID : VN8ECDCBHX2</b>
Mailing Address 1346 The Hideout		Amount of Each Receipt this Period 50.00
City Lake Ariel	State PA	Zip Code 18436-9535
FEC ID number of contributing federal political committee. C	Name of Employer self	Occupation arbitrator
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 690.00	
		Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	190.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 620 OF 1282
	<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	

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

**A. Gerard Restaino**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1346 The Hideout  
 City Lake Ariel State PA Zip Code 18436-9535  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer self Occupation arbitrator  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **790.00**

Date of Receipt **04 / 07 / 2015**  
**Transaction ID : VN8ECD1181**  
 Amount of Each Receipt this Period **100.00**  
 Earmarked; IE Only Account

**B. Joyce Rey**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 501 S Beverly Dr FI 3  
 City Beverly Hills State CA Zip Code 90212-4520  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Coldwell Banker Previews International Occupation Real Estate Agent  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **02 / 02 / 2015**  
**Transaction ID : VN8ECDATX12**  
 Amount of Each Receipt this Period **500.00**  
 Contribution-IE Only Account

**C. Joyce Rey**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 501 S Beverly Dr FI 3  
 City Beverly Hills State CA Zip Code 90212-4520  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Coldwell Banker Previews International Occupation Real Estate Agent  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **3000.00**

Date of Receipt **04 / 13 / 2015**  
**Transaction ID : VN8ECDDY8W8**  
 Amount of Each Receipt this Period **2500.00**  
 Contribution-IE Only Account

**SUBTOTAL** of Receipts This Page (optional)..... **3100.00**  
**TOTAL** This Period (last page this line number only).....

**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 621 OF 1282
<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

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

Full Name (Last, First, Middle Initial) <b>A. Angel Reyes</b>		Date of Receipt MM / DD / YYYY 01 / 29 / 2015 <b>Transaction ID : VN8ECDARV03</b>
Mailing Address 5950 Berkshire Ln Ste 410		Amount of Each Receipt this Period 5000.00
City Dallas	State TX	Zip Code 75225-5861
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Self	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) <b>B. Rose Reyes</b>		Date of Receipt MM / DD / YYYY 02 / 19 / 2015 <b>Transaction ID : VN8ECDDB791</b>
Mailing Address 6007 Eureka Dr		Amount of Each Receipt this Period 500.00
City Austin	State TX	Zip Code 78745-2962
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Giant Noise	Occupation Public Relations executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Alison Reynolds</b>		Date of Receipt MM / DD / YYYY 01 / 29 / 2015 <b>Transaction ID : VN8ECDARES3</b>
Mailing Address 5001 Upton St NW		Amount of Each Receipt this Period 201.60
City Washington	State DC	Zip Code 20016-1951
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Non profit fundraising	Occupation npkua.org	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 201.60	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5701.60
<b>TOTAL</b> This Period (last page this line number only).....	

**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 622 OF 1282
	<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	

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

**A. Daniel Reynolds**  
Full Name (Last, First, Middle Initial)  
Mailing Address 50 Murray St  
Apt 1420  
City New York State NY Zip Code 10007-2268  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Cleary Gottlieb Steen & Hamilton LLP Occupation Attorney  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **201.60**

Date of Receipt **03 / 08 / 2015**  
**Transaction ID : VN8ECDBWY44**  
Amount of Each Receipt this Period **201.60**  
Contribution-IE Only Account

**B. Gregory Reynolds**  
Full Name (Last, First, Middle Initial)  
Mailing Address 350 W 42nd St  
51G  
City New York State NY Zip Code 10036-6945  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Hadley Reynolds, LLC Occupation Recruiter  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **221.76**

Date of Receipt **01 / 14 / 2015**  
**Transaction ID : VN8ECDADE09**  
Amount of Each Receipt this Period **221.76**  
Contribution-IE Only Account

**C. Marjorie Reynolds**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8005 Chicago Ave  
City Lubbock State TX Zip Code 79424  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Retired Occupation Retired  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **35.00**

Date of Receipt **01 / 13 / 2015**  
**Transaction ID : VN8ECDAD660**  
Amount of Each Receipt this Period **35.00**  
Contribution-IE Only Account

**SUBTOTAL** of Receipts This Page (optional)..... **458.36**  
**TOTAL** This Period (last page this line number only).....

**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 623 OF 1282
<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

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

**A. Marjorie Reynolds**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8005 Chicago Ave

City Lubbock	State TX	Zip Code 79424
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FEC ID number of contributing federal political committee. **C**

Name of Employer Retired	Occupation Retired
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
85.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	20	/	2015

**Transaction ID : VN8ECDAGHB6**

Amount of Each Receipt this Period  
50.00

Contribution-IE Only Account

**B. Marjorie Reynolds**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8005 Chicago Ave

City Lubbock	State TX	Zip Code 79424
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired	Occupation Retired
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
135.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	26	/	2015

**Transaction ID : VN8ECDAMRA4**

Amount of Each Receipt this Period  
50.00

Contribution-IE Only Account

**C. Marjorie Reynolds**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8005 Chicago Ave

City Lubbock	State TX	Zip Code 79424
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FEC ID number of contributing federal political committee. **C**

Name of Employer Retired	Occupation Retired
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
170.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	18	/	2015

**Transaction ID : VN8ECD7XG2**

Amount of Each Receipt this Period  
35.00

Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	▶	135.00
<b>TOTAL</b> This Period (last page this line number only).....	▶	

**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 624 OF 1282
<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

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

Full Name (Last, First, Middle Initial) <b>A. Marjorie Reynolds</b>		Date of Receipt MM / DD / YYYY 03 / 29 / 2015 <b>Transaction ID : VN8ECDB9E9</b>
Mailing Address 8005 Chicago Ave		Amount of Each Receipt this Period 100.00
City Lubbock	State TX	Zip Code 79424
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Retired	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

Full Name (Last, First, Middle Initial) <b>B. Sylvia Reynolds</b>		Date of Receipt MM / DD / YYYY 04 / 11 / 2015 <b>Transaction ID : VN8ECDDVF30</b>
Mailing Address 14 Heron Dr		Amount of Each Receipt this Period 2000.00
City Mill Valley	State CA	Zip Code 94941-3271
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer N/A	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) <b>C. Jeffrey Rhodes</b>		Date of Receipt MM / DD / YYYY 02 / 22 / 2015 <b>Transaction ID : VN8ECDBG62</b>
Mailing Address 1707 W Beach St		Amount of Each Receipt this Period 201.60
City Tampa	State FL	Zip Code 33607-3023
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Ray Williams Funeral Home	Occupation Co-Owner/Funeral Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 201.60	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2301.60
<b>TOTAL</b> This Period (last page this line number only).....▶	



**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 625 OF 1282
<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

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

Full Name (Last, First, Middle Initial) <b>A. Robbie Rich</b>		Date of Receipt
Mailing Address 5408 Duvall Dr		<input type="text" value="01"/> / <input type="text" value="28"/> / <input type="text" value="2015"/>
City	State	Zip Code
Bethesda	MD	20816
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
self	self	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="201.60"/>	
		Transaction ID : VN8ECDAQD80
		Amount of Each Receipt this Period
		<input type="text" value="201.60"/>
		Contribution-IE Only Account

Full Name (Last, First, Middle Initial) <b>B. Richard Raymond Campaign</b>		Date of Receipt
Mailing Address PO Box 450349		<input type="text" value="03"/> / <input type="text" value="01"/> / <input type="text" value="2015"/>
City	State	Zip Code
Laredo	TX	78045-0008
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="2500.00"/>	
		Transaction ID : VN8ECDCOJD3
		Amount of Each Receipt this Period
		<input type="text" value="2500.00"/>
		Contribution-IE Only Account

Full Name (Last, First, Middle Initial) <b>C. Cyd Richards</b>		Date of Receipt
Mailing Address 2068 Military Tpke		<input type="text" value="01"/> / <input type="text" value="13"/> / <input type="text" value="2015"/>
City	State	Zip Code
Plattsburgh	NY	12901-7380
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Nova Bus	Logistics Planner	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="20.16"/>	
		Transaction ID : VN8ECDACPJ1
		Amount of Each Receipt this Period
		<input type="text" value="20.16"/>
		Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="2721.76"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 626 OF 1282
<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

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

**A. Cyd Richards**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2068 Military Tpke

City Plattsburgh	State NY	Zip Code 12901-7380
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Nova Bus	Occupation Logistics Planner
------------------------------	---------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
30.16

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	25	/	2015

**Transaction ID : VN8ECDB1N35**

Amount of Each Receipt this Period  

20.16
-------

Contribution-IE Only Account

**B. Cyd Richards**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2068 Military Tpke

City Plattsburgh	State NY	Zip Code 12901-7380
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Nova Bus	Occupation Logistics Planner
------------------------------	---------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
50.32

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	13	/	2015

**Transaction ID : VN8ECDB76W0**

Amount of Each Receipt this Period  

20.16
-------

Contribution-IE Only Account

**C. Cyd Richards**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2068 Military Tpke

City Plattsburgh	State NY	Zip Code 12901-7380
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Nova Bus	Occupation Logistics Planner
------------------------------	---------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
70.48

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	13	/	2015

**Transaction ID : VN8ECDC38Q3**

Amount of Each Receipt this Period  

20.16
-------

Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	50.32
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 627 OF 1282
	<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	

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

Full Name (Last, First, Middle Initial)  
**A. Cyd Richards**

Mailing Address 2068 Military Tpke

City State Zip Code  
Plattsburgh NY 12901-7380

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Nova Bus Logistics Planner

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
90.64

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 21 / 2015  
**Transaction ID : VN8ECDCA917**

Amount of Each Receipt this Period  
 20.16

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)  
**B. Cyd Richards**

Mailing Address 2068 Military Tpke

City State Zip Code  
Plattsburgh NY 12901-7380

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Nova Bus Logistics Planner

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
125.64

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 23 / 2015  
**Transaction ID : VN8ECDCBPK5**

Amount of Each Receipt this Period  
 35.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)  
**C. Cyd Richards**

Mailing Address 2068 Military Tpke

City State Zip Code  
Plattsburgh NY 12901-7380

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Nova Bus Logistics Planner

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
135.64

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2015  
**Transaction ID : VN8ECDFOY43**

Amount of Each Receipt this Period  
 10.00

Earmarked; IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	65.16
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 628 OF 1282
<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

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

**A. Cyd Richards**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2068 Military Tpke

City Plattsburgh	State NY	Zip Code 12901-7380
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Nova Bus	Occupation Logistics Planner
------------------------------	---------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
149.64

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 08 / 2015  
**Transaction ID : VN8ECDDR695**

Amount of Each Receipt this Period  
 14.00

Contribution-IE Only Account

**B. Cyd Richards**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2068 Military Tpke

City Plattsburgh	State NY	Zip Code 12901-7380
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Nova Bus	Occupation Logistics Planner
------------------------------	---------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
169.80

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 13 / 2015  
**Transaction ID : VN8ECDDXF11**

Amount of Each Receipt this Period  
 20.16

Contribution-IE Only Account

**C. Cyd Richards**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2068 Military Tpke

City Plattsburgh	State NY	Zip Code 12901-7380
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Nova Bus	Occupation Logistics Planner
------------------------------	---------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
189.96

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 13 / 2015  
**Transaction ID : VN8ECDEJKT2**

Amount of Each Receipt this Period  
 20.16

Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	54.32
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 629 OF 1282
<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

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

**A. Cyd Richards**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2068 Military Tpke  
City Plattsburgh State NY Zip Code 12901-7380  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Nova Bus Occupation Logistics Planner  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **210.12**

Date of Receipt **06 / 13 / 2015**  
**Transaction ID : VN8ECDF44V1**  
Amount of Each Receipt this Period **20.16**  
Contribution-IE Only Account

**B. Laura Ricketts**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1615 W Rosehill Dr  
City Chicago State IL Zip Code 60660-4017  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Occupation Businesswoman  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **2500.00**

Date of Receipt **03 / 30 / 2015**  
**Transaction ID : VN8ECDDC4R5**  
Amount of Each Receipt this Period **2500.00**  
Contribution-IE Only Account

**C. Colleen Riley**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1716 Humboldt St  
City Manhattan State KS Zip Code 66502-4141  
FEC ID number of contributing federal political committee. **C**  
Name of Employer DOD Occupation Social Worker  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **250.00**

Date of Receipt **03 / 18 / 2015**  
**Transaction ID : VN8ECDC7NK0**  
Amount of Each Receipt this Period **250.00**  
Contribution-IE Only Account

**SUBTOTAL** of Receipts This Page (optional)..... **2770.16**  
**TOTAL** This Period (last page this line number only).....

**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 630 OF 1282
	<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 (Last, First, Middle Initial) <b>A. David Ringlee</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 10 / 2015 <b>Transaction ID : VN8ECDDSAF8</b>
Mailing Address 10214 36th St NW		Amount of Each Receipt this Period 500.00
City Gig Harbor State WA Zip Code 98335-5890	FEC ID number of contributing federal political committee. <b>C</b>	Contribution-IE Only Account
Name of Employer Multicare Occupation Project Manager	Aggregate Year-to-Date ▼ 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Emma L Risoli</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 01 / 13 / 2015 <b>Transaction ID : VN8ECDACNK6</b>
Mailing Address 18222 N 99th Dr		Amount of Each Receipt this Period 20.16
City Sun City State AZ Zip Code 85373	FEC ID number of contributing federal political committee. <b>C</b>	Contribution-IE Only Account
Name of Employer retired Occupation retired	Aggregate Year-to-Date ▼ 20.16	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Emma L Risoli</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 01 / 20 / 2015 <b>Transaction ID : VN8ECDAGNQ0</b>
Mailing Address 18222 N 99th Dr		Amount of Each Receipt this Period 20.16
City Sun City State AZ Zip Code 85373	FEC ID number of contributing federal political committee. <b>C</b>	Contribution-IE Only Account
Name of Employer retired Occupation retired	Aggregate Year-to-Date ▼ 40.32	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	540.32
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 631 OF 1282
<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

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

Full Name (Last, First, Middle Initial) <b>A. Emma L Risoli</b>		Date of Receipt MM / DD / YYYY 01 / 27 / 2015 <b>Transaction ID : VN8ECDAPMB0</b>
Mailing Address 18222 N 99th Dr		Amount of Each Receipt this Period 20.16
City Sun City	State AZ	Zip Code 85373
FEC ID number of contributing federal political committee. C	Contribution-IE Only Account	
Name of Employer retired	Occupation retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 60.48	

Full Name (Last, First, Middle Initial) <b>B. Emma L Risoli</b>		Date of Receipt MM / DD / YYYY 01 / 31 / 2015 <b>Transaction ID : VN8ECDAT3D1</b>
Mailing Address 18222 N 99th Dr		Amount of Each Receipt this Period 20.16
City Sun City	State AZ	Zip Code 85373
FEC ID number of contributing federal political committee. C	Contribution-IE Only Account	
Name of Employer retired	Occupation retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 80.64	

Full Name (Last, First, Middle Initial) <b>C. Emma L Risoli</b>		Date of Receipt MM / DD / YYYY 02 / 11 / 2015 <b>Transaction ID : VN8ECDB4CB4</b>
Mailing Address 18222 N 99th Dr		Amount of Each Receipt this Period 20.16
City Sun City	State AZ	Zip Code 85373
FEC ID number of contributing federal political committee. C	Contribution-IE Only Account	
Name of Employer retired	Occupation retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 100.80	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	60.48
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 632 OF 1282
<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

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

Full Name (Last, First, Middle Initial) <b>A. Emma L Risoli</b>		Date of Receipt
Mailing Address 18222 N 99th Dr		<input type="text" value="02"/> / <input type="text" value="13"/> / <input type="text" value="2015"/>
City Sun City	State AZ	Zip Code 85373
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : VN8ECDB6VE6</b>
Name of Employer retired		Occupation retired
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="141.12"/>	Amount of Each Receipt this Period <input type="text" value="20.16"/>
		Contribution-IE Only Account

Full Name (Last, First, Middle Initial) <b>B. Emma L Risoli</b>		Date of Receipt
Mailing Address 18222 N 99th Dr		<input type="text" value="02"/> / <input type="text" value="13"/> / <input type="text" value="2015"/>
City Sun City	State AZ	Zip Code 85373
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : VN8ECDB7AN3</b>
Name of Employer retired		Occupation retired
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="141.12"/>	Amount of Each Receipt this Period <input type="text" value="20.16"/>
		Contribution-IE Only Account

Full Name (Last, First, Middle Initial) <b>C. Emma L Risoli</b>		Date of Receipt
Mailing Address 18222 N 99th Dr		<input type="text" value="02"/> / <input type="text" value="18"/> / <input type="text" value="2015"/>
City Sun City	State AZ	Zip Code 85373
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : VN8ECDBC6E6</b>
Name of Employer retired		Occupation retired
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="166.12"/>	Amount of Each Receipt this Period <input type="text" value="25.00"/>
		Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="65.32"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 633 OF 1282  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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

Full Name (Last, First, Middle Initial)  
**A. Emma L Risoli**

Mailing Address 18222 N 99th Dr

City State Zip Code  
Sun City AZ 85373

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
retired retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
186.28

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
02 / 19 / 2015  
**Transaction ID : VN8ECDBAYK0**

Amount of Each Receipt this Period  
20.16

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)  
**B. Emma L Risoli**

Mailing Address 18222 N 99th Dr

City State Zip Code  
Sun City AZ 85373

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
retired retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
206.44

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
03 / 06 / 2015  
**Transaction ID : VN8ECDBV6V6**

Amount of Each Receipt this Period  
20.16

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)  
**C. Emma L Risoli**

Mailing Address 18222 N 99th Dr

City State Zip Code  
Sun City AZ 85373

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
retired retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
216.44

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
03 / 24 / 2015  
**Transaction ID : VN8ECDCEQT5**

Amount of Each Receipt this Period  
10.00

Contribution-IE Only Account

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 50.32

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

**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 634 OF 1282
	<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	

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

**A. Emma L Risoli**  
Full Name (Last, First, Middle Initial)  
Mailing Address 18222 N 99th Dr

City Sun City	State AZ	Zip Code 85373
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer retired	Occupation retired
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
256.76

Date of Receipt  
03 / 31 / 2015  
**Transaction ID : VN8ECDDDR70**

Amount of Each Receipt this Period  
20.16

Contribution-IE Only Account

**B. Emma L Risoli**  
Full Name (Last, First, Middle Initial)  
Mailing Address 18222 N 99th Dr

City Sun City	State AZ	Zip Code 85373
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer retired	Occupation retired
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
256.76

Date of Receipt  
03 / 31 / 2015  
**Transaction ID : VN8ECDDDRF3**

Amount of Each Receipt this Period  
20.16

Contribution-IE Only Account

**C. David Rison**  
Full Name (Last, First, Middle Initial)  
Mailing Address 105 Caveson Dr

City Summerville	State SC	Zip Code 29483-4906
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer retired	Occupation retired
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
201.60

Date of Receipt  
03 / 05 / 2015  
**Transaction ID : VN8ECDBTNT4**

Amount of Each Receipt this Period  
201.60

Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	241.92
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 635 OF 1282
<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

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

Full Name (Last, First, Middle Initial)  
**A. Chris Rivers**

Mailing Address 257 W 86th St  
# 9D

City New York State NY Zip Code 10024-3105

FEC ID number of contributing federal political committee. **C**

Name of Employer Rivers Investments LLC Occupation Self Employed

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
04 / 07 / 2015  
Transaction ID : VN8ECDDQPR9

Amount of Each Receipt this Period  
500.00

Contribution-IE Only Account

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

Mailing Address 50 Public Sq  
Ste 1600

City Cleveland State OH Zip Code 44113-2295

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
03 / 11 / 2015  
Transaction ID : VN8ECDC4XV7

Amount of Each Receipt this Period  
5000.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)  
**c. Shaunagh G Robbins**

Mailing Address 1024 Noio St

City Honolulu State HI Zip Code 96816-5117

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation CFO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
03 / 30 / 2015  
Transaction ID : VN8ECDDCCN7

Amount of Each Receipt this Period  
1000.00

Contribution-IE Only Account

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 6500.00

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

**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 636 OF 1282
<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

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

**A. Scott Roberts**  
Full Name (Last, First, Middle Initial)

Mailing Address 3101 Above Stratford Pl

City Austin State TX Zip Code 78746-4600

FEC ID number of contributing federal political committee. **C**

Name of Employer The Salt Lick Occupation Owner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
989.80

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 03 / 2015

**Transaction ID : VN8ECDFAHM9**

Amount of Each Receipt this Period  
989.80

Beverages for Event Inkind; IE Only Account

**B. Jennet Robinson Alterman**  
Full Name (Last, First, Middle Initial)

Mailing Address 160 Queen St

City Charleston State SC Zip Code 29401-1949

FEC ID number of contributing federal political committee. **C**

Name of Employer self employed Occupation consultant

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
201.60

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 06 / 2015

**Transaction ID : VN8ECDBV7E7**

Amount of Each Receipt this Period  
201.60

Contribution-IE Only Account

**C. Carla Rodgers**  
Full Name (Last, First, Middle Initial)

Mailing Address 908 Carroll Rd

City Wynnewood State PA Zip Code 19096-4001

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 15 / 2015

**Transaction ID : VN8ECDADV49**

Amount of Each Receipt this Period  
250.00

Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1441.40
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 637 OF 1282
<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

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

Full Name (Last, First, Middle Initial) <b>A. Janice Rodgers</b>		Date of Receipt MM / DD / YYYY 01 / 25 / 2015 <b>Transaction ID : VN8ECDB1QR5</b>
Mailing Address 2100 N Lincoln Park W Apt 12CN		Amount of Each Receipt this Period 250.00
City Chicago	State IL	Zip Code 60614
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Quarles & Brady LLP	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Janice Rodgers</b>		Date of Receipt MM / DD / YYYY 03 / 28 / 2015 <b>Transaction ID : VN8ECDDAPY5</b>
Mailing Address 2100 N Lincoln Park W Apt 12CN		Amount of Each Receipt this Period 500.00
City Chicago	State IL	Zip Code 60614-0995
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Quarles & Brady LLP	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Fideicomiso Aitieri Rodriguez</b>		Date of Receipt MM / DD / YYYY 03 / 13 / 2015 <b>Transaction ID : VN8ECDC9N48</b>
Mailing Address PO Box 8387		Amount of Each Receipt this Period 1000.00
City Humacao	State PR	Zip Code 00792-8387
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer University of Puerto Rico	Occupation Professor of Medicine	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1750.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 638 OF 1282
<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

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

**A. Geronimo Rodriguez**  
Full Name (Last, First, Middle Initial)  
Mailing Address 905 Philco Dr  
City Austin State TX Zip Code 78745-1831  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Seton Healthcare Family Occupation Vice President  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 22 / 2015  
**Transaction ID : VN8ECDBDGR5**  
Amount of Each Receipt this Period 500.00  
Contribution-IE Only Account

**B. Geronimo Rodriguez**  
Full Name (Last, First, Middle Initial)  
Mailing Address 905 Philco Dr  
City Austin State TX Zip Code 78745-1831  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Seton Healthcare Family Occupation Vice President  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1054.40

Date of Receipt 04 / 03 / 2015  
**Transaction ID : VN8ECDFE5Y5**  
Amount of Each Receipt this Period 554.40  
Event Catering Inkind; IE Only Account

**C. Jennifer Rodriguez**  
Full Name (Last, First, Middle Initial)  
Mailing Address 902 Bloomfield St  
City Hoboken State NJ Zip Code 07030-5141  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Sichenzia Ross Friedman Ference LLP Occupation Attorney  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 201.60

Date of Receipt 04 / 09 / 2015  
**Transaction ID : VN8ECDDRSW5**  
Amount of Each Receipt this Period 201.60  
Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1256.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 639 OF 1282
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input checked="" type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input checked="" type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Sophia Rodriguez</b>		Date of Receipt MM / DD / YYYY 03 / 17 / 2015 <b>Transaction ID : VN8ECDD77N8</b>
Mailing Address 1125 W Bank Rd Apt 101		Amount of Each Receipt this Period 120.00
City Celina	State OH	Zip Code 45822-2485
FEC ID number of contributing federal political committee. C	Name of Employer COLDWATER EX VILL SD	Occupation Classroom Teacher
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 120.00	Contribution-IE Only Account

Full Name (Last, First, Middle Initial) <b>B. Sophia Rodriguez</b>		Date of Receipt MM / DD / YYYY 05 / 04 / 2015 <b>Transaction ID : VN8ECDEH3F4</b>
Mailing Address 1125 W Bank Rd Apt 101		Amount of Each Receipt this Period 150.00
City Celina	State OH	Zip Code 45822-2485
FEC ID number of contributing federal political committee. C	Name of Employer COLDWATER EX VILL SD	Occupation Classroom Teacher
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	Contribution-IE Only Account

Full Name (Last, First, Middle Initial) <b>C. Debra Roepke</b>		Date of Receipt MM / DD / YYYY 01 / 25 / 2015 <b>Transaction ID : VN8ECDB27S8</b>
Mailing Address 616 Tivoli Psge		Amount of Each Receipt this Period 25.00
City Alexandria	State VA	Zip Code 22314-1900
FEC ID number of contributing federal political committee. C	Name of Employer NRECA	Occupation Manager
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 25.00	Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	295.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 640 OF 1282
<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

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

Full Name (Last, First, Middle Initial) <b>A. Debra Roepke</b>		Date of Receipt MM / DD / YYYY 04 / 10 / 2015 <b>Transaction ID : VN8ECDDS925</b>
Mailing Address 616 Tivoli Psge		Amount of Each Receipt this Period 201.60
City Alexandria	State VA	Zip Code 22314-1900
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer NRECA	Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 226.60	

Full Name (Last, First, Middle Initial) <b>B. June Rogers</b>		Date of Receipt MM / DD / YYYY 04 / 10 / 2015 <b>Transaction ID : VN8ECDDTCY8</b>
Mailing Address 6 Fairway PI		Amount of Each Receipt this Period 50.00
City Pleasant Hill	State CA	Zip Code 94523
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer IBEWLocal Union 302	Occupation Bookkeeper	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 50.00	

Full Name (Last, First, Middle Initial) <b>C. June Rogers</b>		Date of Receipt MM / DD / YYYY 04 / 12 / 2015 <b>Transaction ID : VN8ECDDW4M1</b>
Mailing Address 6 Fairway PI		Amount of Each Receipt this Period 192.80
City Pleasant Hill	State CA	Zip Code 94523
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer IBEWLocal Union 302	Occupation Bookkeeper	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 242.80	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	444.40
<b>TOTAL</b> This Period (last page this line number only).....▶	



**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 641 OF 1282
<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

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

**A. Ronne Rogin**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2816 47th St E  
City Palmetto State FL Zip Code 34221  
FEC ID number of contributing federal political committee. **C**  
Name of Employer N/A Occupation Retired  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **500.00**

Date of Receipt **03 / 19 / 2015**  
**Transaction ID : VN8ECDD7ZK3**  
Amount of Each Receipt this Period **500.00**  
Contribution-IE Only Account

**B. Norma Iris Rosado**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1323 W Farms Rd Apt 1E  
City Bronx State NY Zip Code 10459-1631  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Bronx Pro Group Occupation Resident Services Unit  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **20.16**

Date of Receipt **01 / 07 / 2015**  
**Transaction ID : VN8ECDA9CS3**  
Amount of Each Receipt this Period **20.16**  
Contribution-IE Only Account

**C. Norma Iris Rosado**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1323 W Farms Rd Apt 1E  
City Bronx State NY Zip Code 10459-1631  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Bronx Pro Group Occupation Resident Services Unit  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **40.32**

Date of Receipt **01 / 27 / 2015**  
**Transaction ID : VN8ECDAN764**  
Amount of Each Receipt this Period **20.16**  
Contribution-IE Only Account

**SUBTOTAL** of Receipts This Page (optional)..... **540.32**  
**TOTAL** This Period (last page this line number only).....

**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 642 OF 1282
<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

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

Full Name (Last, First, Middle Initial) <b>A. Norma Iris Rosado</b>		Date of Receipt MM / DD / YYYY 02 / 07 / 2015 <b>Transaction ID : VN8ECDAZEP6</b>
Mailing Address 1323 W Farms Rd Apt 1E		Amount of Each Receipt this Period 20.16
City Bronx	State NY	Zip Code 10459-1631
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Bronx Pro Group	Occupation Resident Services Unit	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 60.48	

Full Name (Last, First, Middle Initial) <b>B. Norma Iris Rosado</b>		Date of Receipt MM / DD / YYYY 02 / 27 / 2015 <b>Transaction ID : VN8ECDBP490</b>
Mailing Address 1323 W Farms Rd Apt 1E		Amount of Each Receipt this Period 20.16
City Bronx	State NY	Zip Code 10459-1631
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Bronx Pro Group	Occupation Resident Services Unit	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 80.64	

Full Name (Last, First, Middle Initial) <b>C. Norma Iris Rosado</b>		Date of Receipt MM / DD / YYYY 03 / 07 / 2015 <b>Transaction ID : VN8ECDBVZ97</b>
Mailing Address 1323 W Farms Rd Apt 1E		Amount of Each Receipt this Period 20.16
City Bronx	State NY	Zip Code 10459-1631
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Bronx Pro Group	Occupation Resident Services Unit	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 100.80	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	60.48
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 643 OF 1282
<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

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

Full Name (Last, First, Middle Initial) <b>A. Norma Iris Rosado</b>		Date of Receipt
Mailing Address 1323 W Farms Rd Apt 1E		<input type="text" value="03"/> / <input type="text" value="27"/> / <input type="text" value="2015"/>
City Bronx	State NY	Zip Code 10459-1631
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : VN8ECDD9B56</b>
Name of Employer Bronx Pro Group		Occupation Resident Services Unit
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="120.96"/>	Amount of Each Receipt this Period <input type="text" value="20.16"/>
		Contribution-IE Only Account

Full Name (Last, First, Middle Initial) <b>B. Norma Iris Rosado</b>		Date of Receipt
Mailing Address 1323 W Farms Rd Apt 1E		<input type="text" value="04"/> / <input type="text" value="07"/> / <input type="text" value="2015"/>
City Bronx	State NY	Zip Code 10459-1631
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : VN8ECDDQ850</b>
Name of Employer Bronx Pro Group		Occupation Resident Services Unit
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="141.12"/>	Amount of Each Receipt this Period <input type="text" value="20.16"/>
		Contribution-IE Only Account

Full Name (Last, First, Middle Initial) <b>C. Norma Iris Rosado</b>		Date of Receipt
Mailing Address 1323 W Farms Rd Apt 1E		<input type="text" value="04"/> / <input type="text" value="27"/> / <input type="text" value="2015"/>
City Bronx	State NY	Zip Code 10459-1631
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : VN8ECDE89D0</b>
Name of Employer Bronx Pro Group		Occupation Resident Services Unit
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="161.28"/>	Amount of Each Receipt this Period <input type="text" value="20.16"/>
		Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="60.48"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 644 OF 1282
	<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	

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

Full Name (Last, First, Middle Initial) <b>A. Norma Iris Rosado</b>		Date of Receipt MM / DD / YYYY 05 / 07 / 2015 <b>Transaction ID : VN8ECDEEE38</b>
Mailing Address 1323 W Farms Rd Apt 1E		Amount of Each Receipt this Period 20.16
City Bronx	State NY	Zip Code 10459-1631
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Bronx Pro Group	Occupation Resident Services Unit	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 181.44	

Full Name (Last, First, Middle Initial) <b>B. Norma Iris Rosado</b>		Date of Receipt MM / DD / YYYY 05 / 27 / 2015 <b>Transaction ID : VN8ECDERJY9</b>
Mailing Address 1323 W Farms Rd Apt 1E		Amount of Each Receipt this Period 20.16
City Bronx	State NY	Zip Code 10459-1631
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Bronx Pro Group	Occupation Resident Services Unit	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 201.60	

Full Name (Last, First, Middle Initial) <b>C. Norma Iris Rosado</b>		Date of Receipt MM / DD / YYYY 06 / 07 / 2015 <b>Transaction ID : VN8ECDEZ456</b>
Mailing Address 1323 W Farms Rd Apt 1E		Amount of Each Receipt this Period 20.16
City Bronx	State NY	Zip Code 10459-1631
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Bronx Pro Group	Occupation Resident Services Unit	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 221.76	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	60.48
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 645 OF 1282
	<input type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14
	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16
	<input checked="" type="checkbox"/> 17	

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

**A. Norma Iris Rosado**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1323 W Farms Rd  
 Apt 1E  
 City Bronx State NY Zip Code 10459-1631  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Bronx Pro Group Occupation Resident Services Unit  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 241.92

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 27 / 2015  
**Transaction ID : VN8ECDFEM27**  
 Amount of Each Receipt this Period  
 20.16  
 Contribution-IE Only Account

**B. Angel Rosario**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 382 Adams St  
 Apt 103  
 City Oakland State CA Zip Code 94610-3148  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SSA Occupation Tele-Service  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 20 / 2015  
**Transaction ID : VN8ECDC9VP1**  
 Amount of Each Receipt this Period  
 250.00  
 Contribution-IE Only Account

**C. Hilary Rosen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4835 Hutchins PI NW  
 City Washington State DC Zip Code 20007-1529  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SKDK Occupation political consultant  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 07 / 2015  
**Transaction ID : VN8ECDDQDB8**  
 Amount of Each Receipt this Period  
 3000.00  
 Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3270.16
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 646 OF 1282
<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

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

**A. Susan H Rosen**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1988 Amber Dr  
City Newtown State PA Zip Code 18940-9427  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Occupation Jewelry Store Owner  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **500.00**

Date of Receipt **03 / 13 / 2015**  
**Transaction ID : VN8ECDC9F45**  
Amount of Each Receipt this Period **500.00**  
Contribution-IE Only Account

**B. Martha Rosenbaum**  
Full Name (Last, First, Middle Initial)  
Mailing Address 9140 Vendome Dr  
City Bethesda State MD Zip Code 20817-4021  
FEC ID number of contributing federal political committee. **C**  
Name of Employer N/A Occupation Homemaker  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **5000.00**

Date of Receipt **02 / 26 / 2015**  
**Transaction ID : VN8ECDBMZE2**  
Amount of Each Receipt this Period **5000.00**  
Contribution-IE Only Account

**C. David Rosenof**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6308 NW 65th Ter  
City Parkland State FL Zip Code 33067-1549  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Big Dog Construction Occupation General Contractor  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **250.00**

Date of Receipt **01 / 22 / 2015**  
**Transaction ID : VN8ECDAHXX6**  
Amount of Each Receipt this Period **250.00**  
Contribution-IE Only Account

**SUBTOTAL** of Receipts This Page (optional)..... **5750.00**  
**TOTAL** This Period (last page this line number only).....

**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 647 OF 1282
	<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	

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

Full Name (Last, First, Middle Initial) <b>A. Brian Rosenstein</b>		Date of Receipt MM / DD / YYYY 02 / 07 / 2015 <b>Transaction ID : VN8ECDAZP49</b>
Mailing Address 140 S Crescent Dr Apt A		Amount of Each Receipt this Period 100.00
City Beverly Hills	State CA	Zip Code 90212-3137
FEC ID number of contributing federal political committee. C	Contribution-IE Only Account	
Name of Employer Keiler Holdings	Occupation Investor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.16	

Full Name (Last, First, Middle Initial) <b>B. Brian Rosenstein</b>		Date of Receipt MM / DD / YYYY 02 / 07 / 2015 <b>Transaction ID : VN8ECDAZR45</b>
Mailing Address 140 S Crescent Dr Apt A		Amount of Each Receipt this Period 225.16
City Beverly Hills	State CA	Zip Code 90212-3137
FEC ID number of contributing federal political committee. C	Contribution-IE Only Account	
Name of Employer Keiler Holdings	Occupation Investor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.16	

Full Name (Last, First, Middle Initial) <b>C. Brian Rosenstein</b>		Date of Receipt MM / DD / YYYY 02 / 20 / 2015 <b>Transaction ID : VN8ECDBCM6</b>
Mailing Address 140 S Crescent Dr Apt A		Amount of Each Receipt this Period 190.32
City Beverly Hills	State CA	Zip Code 90212-3137
FEC ID number of contributing federal political committee. C	Contribution-IE Only Account	
Name of Employer Keiler Holdings	Occupation Investor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1515.48	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	515.48
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 648 OF 1282
<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

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

**A. Brian Rosenstein**  
Full Name (Last, First, Middle Initial)

Mailing Address 140 S Crescent Dr  
Apt A

City Beverly Hills State CA Zip Code 90212-3137

FEC ID number of contributing federal political committee. **C**

Name of Employer Keiler Holdings Occupation Investor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1515.48

Date of Receipt  
02 / 20 / 2015  
**Transaction ID : VN8ECDBC MN1**

Amount of Each Receipt this Period  
1000.00

Contribution-IE Only Account

**B. Peter D. Rosenstein**  
Full Name (Last, First, Middle Initial)

Mailing Address 1545 18th St NW  
Unit 405

City Washington State DC Zip Code 20036-1391

FEC ID number of contributing federal political committee. **C**

Name of Employer AAOP Occupation Admin

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
20.16

Date of Receipt  
01 / 21 / 2015  
**Transaction ID : VN8ECDAH8S6**

Amount of Each Receipt this Period  
20.16

Contribution-IE Only Account

**C. Peter D. Rosenstein**  
Full Name (Last, First, Middle Initial)

Mailing Address 1545 18th St NW  
Unit 405

City Washington State DC Zip Code 20036-1391

FEC ID number of contributing federal political committee. **C**

Name of Employer AAOP Occupation Admin

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
221.76

Date of Receipt  
01 / 22 / 2015  
**Transaction ID : VN8ECDAHMS2**

Amount of Each Receipt this Period  
201.60

Contribution-IE Only Account

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1221.76

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



**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 649 OF 1282
<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

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

Full Name (Last, First, Middle Initial) <b>A. Peter D. Rosenstein</b>		Date of Receipt MM / DD / YYYY 02 / 13 / 2015 <b>Transaction ID : VN8ECDB6V55</b>
Mailing Address 1545 18th St NW Unit 405		Amount of Each Receipt this Period 201.60
City Washington	State DC	Zip Code 20036-1391
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer AAOP	Occupation Admin	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 423.36	

Full Name (Last, First, Middle Initial) <b>B. Linda Rosensweig</b>		Date of Receipt MM / DD / YYYY 02 / 05 / 2015 <b>Transaction ID : VN8ECDAY3C7</b>
Mailing Address 116 Carthage Rd		Amount of Each Receipt this Period 1000.00
City Scarsdale	State NY	Zip Code 10583-7202
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer self	Occupation tennis pro	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. Lesley Rosenthal</b>		Date of Receipt MM / DD / YYYY 04 / 12 / 2015 <b>Transaction ID : VN8ECDDWDP5</b>
Mailing Address 8 Magnolia Rd		Amount of Each Receipt this Period 250.00
City Scarsdale	State NY	Zip Code 10583-7444
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Lincoln Center for the Performing Arts	Occupation attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1451.60
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 650 OF 1282
	<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	

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

Full Name (Last, First, Middle Initial) <b>A. Casey Chapman Ross</b>		Date of Receipt MM / DD / YYYY 04 / 03 / 2015 <b>Transaction ID : VN8ECDFBGS4</b>
Mailing Address 1202 Folts Ave		Amount of Each Receipt this Period 400.00
City Austin State TX Zip Code 78704-2118	FEC ID number of contributing federal political committee. C	Event Photography Inkind; IE Only Account
Name of Employer Casey Chapman Ross Photography Occupation Owner	Aggregate Year-to-Date 400.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Reginald Ross</b>		Date of Receipt MM / DD / YYYY 03 / 10 / 2015 <b>Transaction ID : VN8ECDC15A9</b>
Mailing Address 24 Belmont Cir		Amount of Each Receipt this Period 500.00
City Trenton State NJ Zip Code 08618-4454	FEC ID number of contributing federal political committee. C	Contribution-IE Only Account
Name of Employer JCC Occupation Economist	Aggregate Year-to-Date 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Tracy C. Ross</b>		Date of Receipt MM / DD / YYYY 03 / 13 / 2015 <b>Transaction ID : VN8ECDC9975</b>
Mailing Address 22 Todd Ridge Rd		Amount of Each Receipt this Period 1500.00
City Titusville State NJ Zip Code 08560-1419	FEC ID number of contributing federal political committee. C	Contribution-IE Only Account
Name of Employer Not employed Occupation Not employed	Aggregate Year-to-Date 1500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2400.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 651 OF 1282
<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

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

**A. Heather L Rossi**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1721 Embassy Cir  
City Livermore State CA Zip Code 94550-0832  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Sunshine Saloon Occupation co-owner/mngr/consult  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 50.00

Date of Receipt 02 / 26 / 2015  
**Transaction ID : VN8ECDBN410**  
Amount of Each Receipt this Period 50.00  
Contribution-IE Only Account

**B. Heather L Rossi**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1721 Embassy Cir  
City Livermore State CA Zip Code 94550-0832  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Sunshine Saloon Occupation co-owner/mngr/consult  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 100.00

Date of Receipt 03 / 05 / 2015  
**Transaction ID : VN8ECDBTNY6**  
Amount of Each Receipt this Period 50.00  
Contribution-IE Only Account

**C. Heather L Rossi**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1721 Embassy Cir  
City Livermore State CA Zip Code 94550-0832  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Sunshine Saloon Occupation co-owner/mngr/consult  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 200.00

Date of Receipt 03 / 11 / 2015  
**Transaction ID : VN8ECDC23B0**  
Amount of Each Receipt this Period 100.00  
Contribution-IE Only Account

**SUBTOTAL** of Receipts This Page (optional).....▶ 200.00  
**TOTAL** This Period (last page this line number only).....▶

**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 652 OF 1282
<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

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

**A. Heather L Rossi**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1721 Embassy Cir  
City Livermore State CA Zip Code 94550-0832  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Sunshine Saloon Occupation co-owner/mngr/consult  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 270.00

Date of Receipt 03 / 16 / 2015  
**Transaction ID : VN8ECDC5SS9**  
Amount of Each Receipt this Period 35.00  
Contribution-IE Only Account

**B. Heather L Rossi**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1721 Embassy Cir  
City Livermore State CA Zip Code 94550-0832  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Sunshine Saloon Occupation co-owner/mngr/consult  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 270.00

Date of Receipt 03 / 16 / 2015  
**Transaction ID : VN8ECDC5YX1**  
Amount of Each Receipt this Period 35.00  
Contribution-IE Only Account

**C. Heather L Rossi**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1721 Embassy Cir  
City Livermore State CA Zip Code 94550-0832  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Sunshine Saloon Occupation co-owner/mngr/consult  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 290.16

Date of Receipt 03 / 31 / 2015  
**Transaction ID : VN8ECDDDPZ4**  
Amount of Each Receipt this Period 20.16  
Contribution-IE Only Account

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 90.16  
**TOTAL** This Period (last page this line number only)..... ▶

**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 653 OF 1282
	<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	

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

Full Name (Last, First, Middle Initial) <b>A. Alicia Roth</b>		Date of Receipt MM / DD / YYYY 04 / 10 / 2015 <b>Transaction ID : VN8ECDDSF92</b>
Mailing Address 57 Dalewood Way		Amount of Each Receipt this Period 250.00
City San Francisco	State CA	Zip Code 94127-1605
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer self	Occupation interior design/personal chef	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Susan J. Rowland</b>		Date of Receipt MM / DD / YYYY 04 / 10 / 2015 <b>Transaction ID : VN8ECDDTFP3</b>
Mailing Address 1234 Edgewood Ave		Amount of Each Receipt this Period 80.00
City Chesapeake	State VA	Zip Code 23324-1711
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Commonwealth of va	Occupation Chief of staff	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 80.00	

Full Name (Last, First, Middle Initial) <b>C. Susan J. Rowland</b>		Date of Receipt MM / DD / YYYY 04 / 23 / 2015 <b>Transaction ID : VN8ECDE3Y60</b>
Mailing Address 1234 Edgewood Ave		Amount of Each Receipt this Period 188.16
City Chesapeake	State VA	Zip Code 23324-1711
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Commonwealth of va	Occupation Chief of staff	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 268.16	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	518.16
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 654 OF 1282
<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

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

**A. Melissa Roy**  
Full Name (Last, First, Middle Initial)

Mailing Address 631 N Carolina Ave SE  
Apt 1

City Washington State DC Zip Code 20003-4438

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Consultant

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
201.60

Date of Receipt  
01 / 28 / 2015  
Transaction ID : VN8ECDAQZW5

Amount of Each Receipt this Period  
201.60

Contribution-IE Only Account

**B. Guy Rozenstrich**  
Full Name (Last, First, Middle Initial)

Mailing Address 21 8th Ave

City New York State NY Zip Code 10014

FEC ID number of contributing federal political committee. **C**

Name of Employer Phoenix Roze Occupation Jeweler

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
201.60

Date of Receipt  
01 / 13 / 2015  
Transaction ID : VN8ECDAD423

Amount of Each Receipt this Period  
201.60

Contribution-IE Only Account

**C. Karla Shepard Rubinger**  
Full Name (Last, First, Middle Initial)

Mailing Address 15 Breckenridge Rd

City Chappaqua State NY Zip Code 10514-2903

FEC ID number of contributing federal political committee. **C**

Name of Employer Mary Ann Liebert Inc. Occupation biomedical publishing

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
01 / 18 / 2015  
Transaction ID : VN8ECDAG1Z9

Amount of Each Receipt this Period  
1000.00

Contribution-IE Only Account

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1403.20

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

**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 655 OF 1282
<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

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

Full Name (Last, First, Middle Initial) <b>A. James Ruby</b>		Date of Receipt MM / DD / YYYY 01 / 27 / 2015 <b>Transaction ID : VN8ECDAN697</b>
Mailing Address 706 Mississippi Ave		Amount of Each Receipt this Period 35.00
City El Paso	State TX	Zip Code 79902-2418
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Socorro Independent School District	Occupation Substitute Teacher	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 35.00	

Full Name (Last, First, Middle Initial) <b>B. James Ruby</b>		Date of Receipt MM / DD / YYYY 02 / 27 / 2015 <b>Transaction ID : VN8ECDBP1P6</b>
Mailing Address 706 Mississippi Ave		Amount of Each Receipt this Period 35.00
City El Paso	State TX	Zip Code 79902-2418
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Socorro Independent School District	Occupation Substitute Teacher	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 70.00	

Full Name (Last, First, Middle Initial) <b>C. James Ruby</b>		Date of Receipt MM / DD / YYYY 03 / 27 / 2015 <b>Transaction ID : VN8ECDD9CA9</b>
Mailing Address 706 Mississippi Ave		Amount of Each Receipt this Period 35.00
City El Paso	State TX	Zip Code 79902-2418
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Socorro Independent School District	Occupation Substitute Teacher	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 105.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	105.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 656 OF 1282
<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

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

**A. James Ruby**  
Full Name (Last, First, Middle Initial)  
Mailing Address 706 Mississippi Ave  
City El Paso State TX Zip Code 79902-2418  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Socorro Independent School District Occupation Substitute Teacher  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **140.00**

Date of Receipt **04 / 27 / 2015**  
**Transaction ID : VN8ECDE88G1**  
Amount of Each Receipt this Period **35.00**  
Contribution-IE Only Account

**B. James Ruby**  
Full Name (Last, First, Middle Initial)  
Mailing Address 706 Mississippi Ave  
City El Paso State TX Zip Code 79902-2418  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Socorro Independent School District Occupation Substitute Teacher  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **175.00**

Date of Receipt **05 / 27 / 2015**  
**Transaction ID : VN8ECDERJ93**  
Amount of Each Receipt this Period **35.00**  
Contribution-IE Only Account

**C. James Ruby**  
Full Name (Last, First, Middle Initial)  
Mailing Address 706 Mississippi Ave  
City El Paso State TX Zip Code 79902-2418  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Socorro Independent School District Occupation Substitute Teacher  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **210.00**

Date of Receipt **06 / 27 / 2015**  
**Transaction ID : VN8ECDFF1S5**  
Amount of Each Receipt this Period **35.00**  
Contribution-IE Only Account

**SUBTOTAL** of Receipts This Page (optional)..... **105.00**  
**TOTAL** This Period (last page this line number only).....



**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 657 OF 1282
<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

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

Full Name (Last, First, Middle Initial) <b>A. Tara Rudman</b>		Date of Receipt MM / DD / YYYY 04 / 07 / 2015 <b>Transaction ID : VN8ECDEYZC2</b>
Mailing Address 1700 Pacific Ave Ste 4700		Amount of Each Receipt this Period 25000.00
City Dallas	State TX	Zip Code 75201-7325
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer The Rudman Partnership	Occupation Principal/CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 25000.00	

Full Name (Last, First, Middle Initial) <b>B. Ronald Ruebusch</b>		Date of Receipt MM / DD / YYYY 02 / 10 / 2015 <b>Transaction ID : VN8ECDB5NB1</b>
Mailing Address 20546 Sevilla Ln		Amount of Each Receipt this Period 250.00
City Saratoga	State CA	Zip Code 95070-4822
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Alngo Technologies	Occupation Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Scott Ruffo</b>		Date of Receipt MM / DD / YYYY 04 / 12 / 2015 <b>Transaction ID : VN8ECDDWYA6</b>
Mailing Address 144 Greenway		Amount of Each Receipt this Period 250.00
City Allendale	State NJ	Zip Code 07401-1328
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Mulkey Cardiology Consultants PC	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	25500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 658 OF 1282
<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

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

**A. JAMES RUSHING**  
Full Name (Last, First, Middle Initial)

Mailing Address 256 W 10th St  
3A

City New York State NY Zip Code 10014-6520

FEC ID number of contributing federal political committee. **C**

Name of Employer UNDEFINED Occupation UNDEFINED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
201.60

Date of Receipt  
01 / 12 / 2015  
Transaction ID : VN8ECDAC5C6

Amount of Each Receipt this Period  
201.60

Contribution-IE Only Account

**B. Tracy Russ**  
Full Name (Last, First, Middle Initial)

Mailing Address 1500 Pinecrest Ave

City Charlotte State NC Zip Code 28205-6254

FEC ID number of contributing federal political committee. **C**

Name of Employer SOLID Occupation Consultant

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
03 / 19 / 2015  
Transaction ID : VN8ECD91S1

Amount of Each Receipt this Period  
1000.00

Contribution-IE Only Account

**C. Tanya Russell**  
Full Name (Last, First, Middle Initial)

Mailing Address 16 Philipse Pl

City Yonkers State NY Zip Code 10701-1904

FEC ID number of contributing federal political committee. **C**

Name of Employer IRS Occupation Tax Examiner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
100.00

Date of Receipt  
01 / 20 / 2015  
Transaction ID : VN8ECDAGS99

Amount of Each Receipt this Period  
100.00

Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1301.60
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 659 OF 1282
<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

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

**A. Tanya Russell**  
Full Name (Last, First, Middle Initial)  
Mailing Address 16 Philipse Pl  
City Yonkers State NY Zip Code 10701-1904  
FEC ID number of contributing federal political committee. **C**  
Name of Employer IRS Occupation Tax Examiner  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 200.00

Date of Receipt  
03 / 11 / 2015  
**Transaction ID : VN8ECDC1ZX3**  
Amount of Each Receipt this Period 100.00  
Contribution-IE Only Account

**B. Tanya Russell**  
Full Name (Last, First, Middle Initial)  
Mailing Address 16 Philipse Pl  
City Yonkers State NY Zip Code 10701-1904  
FEC ID number of contributing federal political committee. **C**  
Name of Employer IRS Occupation Tax Examiner  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
03 / 27 / 2015  
**Transaction ID : VN8ECDD9443**  
Amount of Each Receipt this Period 10.00  
Contribution-IE Only Account

**C. Tanya Russell**  
Full Name (Last, First, Middle Initial)  
Mailing Address 16 Philipse Pl  
City Yonkers State NY Zip Code 10701-1904  
FEC ID number of contributing federal political committee. **C**  
Name of Employer IRS Occupation Tax Examiner  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 310.00

Date of Receipt  
05 / 07 / 2015  
**Transaction ID : VN8ECDEECP5**  
Amount of Each Receipt this Period 100.00  
Contribution-IE Only Account

**SUBTOTAL** of Receipts This Page (optional).....▶ 210.00  
**TOTAL** This Period (last page this line number only).....▶

**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 660 OF 1282
<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

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

Full Name (Last, First, Middle Initial) <b>A. Virginia Rustique</b>		Date of Receipt
Mailing Address 2800 41st St SW		<input type="text" value="01"/> / <input type="text" value="11"/> / <input type="text" value="2015"/>
City	State	Zip Code
Lehigh Acres	FL	33976-4701
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	<b>Transaction ID : VN8ECDAH4B6</b>
Nike Foundation	Director	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="250.00"/>	<input type="text" value="250.00"/>
		Contribution-IE Only Account

Full Name (Last, First, Middle Initial) <b>B. Virginia Rustique</b>		Date of Receipt
Mailing Address 2800 41st St SW		<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2015"/>
City	State	Zip Code
Lehigh Acres	FL	33976-4701
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	<b>Transaction ID : VN8ECDF0XH3</b>
Nike Foundation	Director	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="270.66"/>	<input type="text" value="20.66"/>
		Earmarked; IE Only Account

Full Name (Last, First, Middle Initial) <b>C. Rutan Mechanical LLC</b>		Date of Receipt
Mailing Address 246 Malcolm Ave		<input type="text" value="03"/> / <input type="text" value="13"/> / <input type="text" value="2015"/>
City	State	Zip Code
Garfield	NJ	07026-1124
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	<b>Transaction ID : VN8ECDC9991</b>
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1000.00"/>	<input type="text" value="1000.00"/>
		Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="1270.66"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**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 661 OF 1282
<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

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

Full Name (Last, First, Middle Initial)  
**A. Kelly Ryan**

Mailing Address **PO Box 2802**

City **Rancho Santa Fe** State **CA** Zip Code **92067-2802**

FEC ID number of contributing federal political committee. **C**

Name of Employer **independant** Occupation **consultant**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt **04 / 19 / 2015**

**Transaction ID : VN8ECDE19Q2**

Amount of Each Receipt this Period **1000.00**

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)  
**B. Tom Sacks-Wilner**

Mailing Address **4 Meadowside Ct**

City **Medford** State **NJ** Zip Code **08055-9348**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Retired** Occupation **Retired**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **36.46**

Date of Receipt **01 / 23 / 2015**

**Transaction ID : VN8ECDAJ6Y9**

Amount of Each Receipt this Period **20.16**

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)  
**C. Tom Sacks-Wilner**

Mailing Address **4 Meadowside Ct**

City **Medford** State **NJ** Zip Code **08055-9348**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Retired** Occupation **Retired**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **36.46**

Date of Receipt **01 / 23 / 2015**

**Transaction ID : VN8ECDAJ7G1**

Amount of Each Receipt this Period **16.30**

Contribution-IE Only Account

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **1036.46**

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

**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 662 OF 1282
	<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	

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

Full Name (Last, First, Middle Initial) <b>A. Tom Sacks-Wilner</b>			Date of Receipt MM / DD / YYYY 02 / 10 / 2015 <b>Transaction ID : VN8ECDB32Z2</b>
Mailing Address 4 Meadowside Ct			Amount of Each Receipt this Period 51.00
City Medford	State NJ	Zip Code 08055-9348	Contribution-IE Only Account
FEC ID number of contributing federal political committee. C			
Name of Employer Retired	Occupation Retired	Aggregate Year-to-Date ▼ 87.46	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Tom Sacks-Wilner</b>			Date of Receipt MM / DD / YYYY 02 / 22 / 2015 <b>Transaction ID : VN8ECDBDH24</b>
Mailing Address 4 Meadowside Ct			Amount of Each Receipt this Period 31.16
City Medford	State NJ	Zip Code 08055-9348	Contribution-IE Only Account
FEC ID number of contributing federal political committee. C			
Name of Employer Retired	Occupation Retired	Aggregate Year-to-Date ▼ 118.62	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Tom Sacks-Wilner</b>			Date of Receipt MM / DD / YYYY 04 / 01 / 2015 <b>Transaction ID : VN8ECDDEA11</b>
Mailing Address 4 Meadowside Ct			Amount of Each Receipt this Period 20.16
City Medford	State NJ	Zip Code 08055-9348	Contribution-IE Only Account
FEC ID number of contributing federal political committee. C			
Name of Employer Retired	Occupation Retired	Aggregate Year-to-Date ▼ 138.78	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	102.32
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 663 OF 1282
<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

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

**A. Tom Sacks-Wilner**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4 Meadowside Ct  
City Medford State NJ Zip Code 08055-9348  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Retired Occupation Retired  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **163.78**

Date of Receipt **04 / 07 / 2015**  
**Transaction ID : VN8ECDDQFG0**  
Amount of Each Receipt this Period **25.00**  
Contribution-IE Only Account

**B. Tom Sacks-Wilner**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4 Meadowside Ct  
City Medford State NJ Zip Code 08055-9348  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Retired Occupation Retired  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **365.38**

Date of Receipt **04 / 08 / 2015**  
**Transaction ID : VN8ECDDR450**  
Amount of Each Receipt this Period **201.60**  
Contribution-IE Only Account

**C. Tom Sacks-Wilner**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4 Meadowside Ct  
City Medford State NJ Zip Code 08055-9348  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Retired Occupation Retired  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **385.38**

Date of Receipt **04 / 10 / 2015**  
**Transaction ID : VN8ECDDTEP0**  
Amount of Each Receipt this Period **20.00**  
Contribution-IE Only Account

**SUBTOTAL** of Receipts This Page (optional)..... **246.60**  
**TOTAL** This Period (last page this line number only).....

**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 664 OF 1282
<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

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

Full Name (Last, First, Middle Initial)  
**A. Patsy Saiki**

Mailing Address 909 Kapiolani Blvd  
Apt 3503

City Honolulu State HI Zip Code 96814-2155

FEC ID number of contributing federal political committee. **C**

Name of Employer First American Title Co. Inc Occupation Management

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
04 / 05 / 2015  
**Transaction ID : VN8ECDDNMV4**

Amount of Each Receipt this Period  
500.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)  
**B. Carl Salas**

Mailing Address 270 S 13th St

City San Jose State CA Zip Code 95112-2143

FEC ID number of contributing federal political committee. **C**

Name of Employer Salas O'Brien Occupation Engineering

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
02 / 23 / 2015  
**Transaction ID : VN8ECDBE5T5**

Amount of Each Receipt this Period  
5000.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)  
**C. Raphael Salerno**

Mailing Address 921 Elizabeth Ave

City Elizabeth State NJ Zip Code 07201-2991

FEC ID number of contributing federal political committee. **C**

Name of Employer Mar Acquisition Group LLC Occupation Member

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
03 / 13 / 2015  
**Transaction ID : VN8ECDC9983**

Amount of Each Receipt this Period  
1500.00

Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	7000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**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 665 OF 1282
<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

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

Full Name (Last, First, Middle Initial) <b>A. Janet Salter</b>		Date of Receipt MM / DD / YYYY 01 / 14 / 2015 <b>Transaction ID : VN8ECDAFTN8</b>
Mailing Address 804 N Linden Dr		Amount of Each Receipt this Period 1000.00
City Beverly Hills	State CA	Zip Code 90210-3008
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Beverly Hills Courier	Occupation Cartoonist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. Gregory Salvaggio</b>		Date of Receipt MM / DD / YYYY 03 / 19 / 2015 <b>Transaction ID : VN8ECDC8H18</b>
Mailing Address 1334 Potomac School Rd		Amount of Each Receipt this Period 500.00
City McLean	State VA	Zip Code 22101-2331
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer GMK Partners	Occupation Principal	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Patrick Salvi</b>		Date of Receipt MM / DD / YYYY 03 / 25 / 2015 <b>Transaction ID : VN8ECDD76A9</b>
Mailing Address 501 N Clinton St Apt 3301		Amount of Each Receipt this Period 250.00
City Chicago	State IL	Zip Code 60654-8891
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Salvi, Schostok & Pritchard P.C.	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 666 OF 1282
<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

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

**A. Senthil Sambandam**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2416 E Stone Dr  
 Apt 1000F  
 City Kingsport State TN Zip Code 37660  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Eastman Chemical Occupation Engineer  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **04 / 08 / 2015**  
**Transaction ID : VN8ECDDQK2**  
 Amount of Each Receipt this Period **500.00**  
 Contribution-IE Only Account

**B. Dorothy A. Sanchez**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5615 Danny Kaye Dr  
 City San Antonio State TX Zip Code 78240-2316  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer N/A Occupation Retired  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **300.00**

Date of Receipt **03 / 17 / 2015**  
**Transaction ID : VN8ECD8BT3**  
 Amount of Each Receipt this Period **300.00**  
 Contribution-IE Only Account

**C. Frank Sanchez**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1875 Connecticut Ave NW  
 City Washington State DC Zip Code 20009-5728  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Renaissance Steel Occupation Consultant  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **5000.00**

Date of Receipt **03 / 21 / 2015**  
**Transaction ID : VN8ECDCAF93**  
 Amount of Each Receipt this Period **5000.00**  
 Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>5800.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**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 667 OF 1282
	<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	

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

Full Name (Last, First, Middle Initial) <b>A. Ahmet Sandikcilar</b>		Date of Receipt MM / DD / YYYY 01 / 26 / 2015 <b>Transaction ID : VN8ECDAYTH2</b>
Mailing Address 5959 Dearborn St Apt 301		Amount of Each Receipt this Period 350.00
City Mission State KS Zip Code 66202-3355	FEC ID number of contributing federal political committee. C	Contribution-IE Only Account
Name of Employer Not employed Occupation Not employed	Aggregate Year-to-Date 350.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Billie Sands</b>		Date of Receipt MM / DD / YYYY 01 / 08 / 2015 <b>Transaction ID : VN8ECDA9HY2</b>
Mailing Address 1919 Alameda De Las Pulgas Apt 72		Amount of Each Receipt this Period 50.00
City San Mateo State CA Zip Code 94403-1200	FEC ID number of contributing federal political committee. C	Contribution-IE Only Account
Name of Employer Retired Occupation Professor Emerita	Aggregate Year-to-Date 50.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Billie Sands</b>		Date of Receipt MM / DD / YYYY 02 / 17 / 2015 <b>Transaction ID : VN8ECDB9Z20</b>
Mailing Address 1919 Alameda De Las Pulgas Apt 72		Amount of Each Receipt this Period 100.00
City San Mateo State CA Zip Code 94403-1200	FEC ID number of contributing federal political committee. C	Contribution-IE Only Account
Name of Employer Retired Occupation Professor Emerita	Aggregate Year-to-Date 315.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 668 OF 1282
<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

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

Full Name (Last, First, Middle Initial) <b>A. Billie Sands</b>		Date of Receipt
Mailing Address 1919 Alameda De Las Pulgas Apt 72		<input type="text" value="02"/> / <input type="text" value="17"/> / <input type="text" value="2015"/>
City San Mateo	State CA	Zip Code 94403-1200
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : VN8ECDB9ZC9</b>
Name of Employer Retired		Amount of Each Receipt this Period
Occupation Professor Emerita		<input type="text" value="165.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	Contribution-IE Only Account
<input type="text" value="315.00"/>		

Full Name (Last, First, Middle Initial) <b>B. Billie Sands</b>		Date of Receipt
Mailing Address 1919 Alameda De Las Pulgas Apt 72		<input type="text" value="03"/> / <input type="text" value="06"/> / <input type="text" value="2015"/>
City San Mateo	State CA	Zip Code 94403-1200
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : VN8ECDBVQX8</b>
Name of Employer Retired		Amount of Each Receipt this Period
Occupation Professor Emerita		<input type="text" value="22.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	Contribution-IE Only Account
<input type="text" value="337.00"/>		

Full Name (Last, First, Middle Initial) <b>C. Valerie Santos</b>		Date of Receipt
Mailing Address 1222 4th St NW Apt 2		<input type="text" value="01"/> / <input type="text" value="07"/> / <input type="text" value="2015"/>
City Washington	State DC	Zip Code 20001-4881
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : VN8ECDA9EP3</b>
Name of Employer The World Bank		Amount of Each Receipt this Period
Occupation Senior Urban Advisor		<input type="text" value="201.60"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	Contribution-IE Only Account
<input type="text" value="201.60"/>		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="388.60"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 669 OF 1282
<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

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

**A. Pamela Sapetto**  
Full Name (Last, First, Middle Initial)

Mailing Address 18662 MacArthur Blvd  
Ste 200

City Irvine State CA Zip Code 92612-1285

FEC ID number of contributing federal political committee. **C**

Name of Employer Sapetto Real Estate Solutions Inc Occupation Consultant

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
201.60

Date of Receipt  
03 / 25 / 2015  
**Transaction ID : VN8ECDD8385**

Amount of Each Receipt this Period  
201.60

Contribution-IE Only Account

**B. Randi Sarokoff**  
Full Name (Last, First, Middle Initial)

Mailing Address 623 Elm St

City Maywood State NJ Zip Code 07607-2005

FEC ID number of contributing federal political committee. **C**

Name of Employer Bernards Township Board of Education Occupation Doctoral Level Behavior Analyst

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
403.20

Date of Receipt  
01 / 08 / 2015  
**Transaction ID : VN8ECDAACV5**

Amount of Each Receipt this Period  
403.20

Contribution-IE Only Account

**c. Dr Sue Savary**  
Full Name (Last, First, Middle Initial)

Mailing Address 118 Marine Ave

City Newport Beach State CA Zip Code 92662-1202

FEC ID number of contributing federal political committee. **C**

Name of Employer USC Occupation Retired Professor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
02 / 20 / 2015  
**Transaction ID : VN8ECDBCJH4**

Amount of Each Receipt this Period  
250.00

Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	854.80
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 670 OF 1282
	<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	

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

**A. Dr Sue Savary**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 118 Marine Ave  
 City Newport Beach State CA Zip Code 92662-1202  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer USC Occupation Retired Professor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.16

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 17 / 2015  
**Transaction ID : VN8ECDC7790**  
 Amount of Each Receipt this Period  
 20.16  
 Contribution-IE Only Account

**B. Jonathan Saw**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 791 Greenwich St Apt 4  
 City New York State NY Zip Code 10014-1868  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Jonathan Saw and Associates, LLC Occupation Consultant  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 201.60

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 13 / 2015  
**Transaction ID : VN8ECDAD348**  
 Amount of Each Receipt this Period  
 201.60  
 Contribution-IE Only Account

**C. Lynn Sawyer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7182 Melody Ln  
 City La Mesa State CA Zip Code 91942-1401  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Verites Occupation Independent Contractor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 171.19

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 04 / 2015  
**Transaction ID : VN8ECDA7801**  
 Amount of Each Receipt this Period  
 171.19  
 Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	392.95
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 671 OF 1282
<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

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

**A. Lynn Sawyer**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7182 Melody Ln  
City La Mesa State CA Zip Code 91942-1401  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Verites Occupation Independent Contractor  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **176.19**

Date of Receipt **01 / 22 / 2015**  
**Transaction ID : VN8ECDAHFE5**  
Amount of Each Receipt this Period **5.00**  
Contribution-IE Only Account

**B. Lynn Sawyer**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7182 Melody Ln  
City La Mesa State CA Zip Code 91942-1401  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Verites Occupation Independent Contractor  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **334.19**

Date of Receipt **04 / 23 / 2015**  
**Transaction ID : VN8ECDE46C3**  
Amount of Each Receipt this Period **158.00**  
Contribution-IE Only Account

**C. David Scalabrini**  
Full Name (Last, First, Middle Initial)  
Mailing Address 25401 151st PI SE  
City Kent State WA Zip Code 98042  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Freeman Occupation Sr. National Account Director  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **45.00**

Date of Receipt **01 / 27 / 2015**  
**Transaction ID : VN8ECDAN578**  
Amount of Each Receipt this Period **45.00**  
Contribution-IE Only Account

**SUBTOTAL** of Receipts This Page (optional)..... **208.00**  
**TOTAL** This Period (last page this line number only).....

**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 672 OF 1282
<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

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

**A. David Scalabrini**  
Full Name (Last, First, Middle Initial)  
Mailing Address 25401 151st PI SE

City Kent	State WA	Zip Code 98042
--------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Freeman	Occupation Sr. National Account Director
-----------------------------	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
90.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	27	/	2015

**Transaction ID : VN8ECDBP1G9**

Amount of Each Receipt this Period  
45.00

Contribution-IE Only Account

**B. David Scalabrini**  
Full Name (Last, First, Middle Initial)  
Mailing Address 25401 151st PI SE

City Kent	State WA	Zip Code 98042
--------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Freeman	Occupation Sr. National Account Director
-----------------------------	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
135.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	27	/	2015

**Transaction ID : VN8ECDD9850**

Amount of Each Receipt this Period  
45.00

Contribution-IE Only Account

**C. David Scalabrini**  
Full Name (Last, First, Middle Initial)  
Mailing Address 25401 151st PI SE

City Kent	State WA	Zip Code 98042
--------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Freeman	Occupation Sr. National Account Director
-----------------------------	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
180.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	27	/	2015

**Transaction ID : VN8ECDE6HD1**

Amount of Each Receipt this Period  
45.00

Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	135.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**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 673 OF 1282
<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

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

Full Name (Last, First, Middle Initial) <b>A. David Scalabrini</b>		Date of Receipt MM / DD / YYYY 05 / 27 / 2015 <b>Transaction ID : VN8ECDEQQJ6</b>
Mailing Address 25401 151st PI SE		Amount of Each Receipt this Period 45.00
City Kent	State WA	Zip Code 98042
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Freeman	Occupation Sr. National Account Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) <b>B. David Scalabrini</b>		Date of Receipt MM / DD / YYYY 06 / 27 / 2015 <b>Transaction ID : VN8ECDFE5S5</b>
Mailing Address 25401 151st PI SE		Amount of Each Receipt this Period 45.00
City Kent	State WA	Zip Code 98042
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Freeman	Occupation Sr. National Account Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

Full Name (Last, First, Middle Initial) <b>C. Linda Scaparotti</b>		Date of Receipt MM / DD / YYYY 02 / 18 / 2015 <b>Transaction ID : VN8ECDBAPA3</b>
Mailing Address 1615 Grand View Dr		Amount of Each Receipt this Period 250.00
City Berkeley	State CA	Zip Code 94705-1637
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Law Offices of Linda M. Scaparotti	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	340.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 674 OF 1282
<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

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

**A. Rebecca Schwartz**  
Full Name (Last, First, Middle Initial)  
Mailing Address 512 Davey Glen Rd  
City Belmont State CA Zip Code 94002-2136  
FEC ID number of contributing federal political committee. **C**  
Name of Employer CBJ Occupation Membership Director  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **20.00**

Date of Receipt **01 / 21 / 2015**  
**Transaction ID : VN8ECAQ9D0**  
Amount of Each Receipt this Period **20.00**  
Contribution-IE Only Account

**B. Rebecca Schwartz**  
Full Name (Last, First, Middle Initial)  
Mailing Address 512 Davey Glen Rd  
City Belmont State CA Zip Code 94002-2136  
FEC ID number of contributing federal political committee. **C**  
Name of Employer CBJ Occupation Membership Director  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **221.60**

Date of Receipt **03 / 01 / 2015**  
**Transaction ID : VN8ECDBQF44**  
Amount of Each Receipt this Period **201.60**  
Contribution-IE Only Account

**C. Richard Schechter**  
Full Name (Last, First, Middle Initial)  
Mailing Address 12765 Forest Hill Blvd Ste 1307  
City Wellington State FL Zip Code 33414-4781  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Bainbridge Companies Occupation Real Estate Developer  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **5000.00**

Date of Receipt **01 / 14 / 2015**  
**Transaction ID : VN8ECDAFTJ4**  
Amount of Each Receipt this Period **5000.00**  
Contribution-IE Only Account

**SUBTOTAL** of Receipts This Page (optional)..... **5221.60**  
**TOTAL** This Period (last page this line number only).....

**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 675 OF 1282
<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

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

Full Name (Last, First, Middle Initial) <b>A. Peter Schelfhault</b>		Date of Receipt MM / DD / YYYY 02 / 12 / 2015 <b>Transaction ID : VN8ECDB5P49</b>
Mailing Address 46 Southfield Ave Ste 210		Amount of Each Receipt this Period 20.16
City Stamford	State CT	Zip Code 06902-7225
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Creative Partners LLC	Occupation Advertising	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 20.16	

Full Name (Last, First, Middle Initial) <b>B. Peter Schelfhault</b>		Date of Receipt MM / DD / YYYY 02 / 14 / 2015 <b>Transaction ID : VN8ECDB7X12</b>
Mailing Address 46 Southfield Ave Ste 210		Amount of Each Receipt this Period 979.84
City Stamford	State CT	Zip Code 06902-7225
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Creative Partners LLC	Occupation Advertising	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. Juliette J Schick</b>		Date of Receipt MM / DD / YYYY 03 / 21 / 2015 <b>Transaction ID : VN8ECDCA909</b>
Mailing Address 7077 Applewood Dr		Amount of Each Receipt this Period 250.00
City Madison	State WI	Zip Code 53719-4949
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer retired	Occupation manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 676 OF 1282
<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

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

Full Name (Last, First, Middle Initial) <b>A. Juliette J Schick</b>		Date of Receipt MM / DD / YYYY 03 / 25 / 2015 <b>Transaction ID : VN8ECDD81Z1</b>
Mailing Address 7077 Applewood Dr		Amount of Each Receipt this Period 50.00
City Madison	State WI	Zip Code 53719-4949
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer retired	Occupation manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B. Juliette J Schick</b>		Date of Receipt MM / DD / YYYY 04 / 03 / 2015 <b>Transaction ID : VN8ECDDMFS0</b>
Mailing Address 7077 Applewood Dr		Amount of Each Receipt this Period 182.96
City Madison	State WI	Zip Code 53719-4949
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer retired	Occupation manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 482.96	

Full Name (Last, First, Middle Initial) <b>C. Janis Boyarsky Schiff</b>		Date of Receipt MM / DD / YYYY 01 / 14 / 2015 <b>Transaction ID : VN8ECDAFVF1</b>
Mailing Address 1413 P St NW Apt 202		Amount of Each Receipt this Period 500.00
City Washington	State DC	Zip Code 20005-2063
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Holland & Knight LLP	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	732.96
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 677 OF 1282
	<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	

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

Full Name (Last, First, Middle Initial) <b>A. Michael Schiffer</b>		Date of Receipt MM / DD / YYYY 03 / 11 / 2015 <b>Transaction ID : VN8ECDC28B0</b>
Mailing Address 5514 Sherier PI NW		Amount of Each Receipt this Period 201.60
City Washington	State DC	Zip Code 20016-2564
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer US Senate	Occupation Staff	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 201.60	

Full Name (Last, First, Middle Initial) <b>B. Edith Schmidt</b>		Date of Receipt MM / DD / YYYY 03 / 11 / 2015 <b>Transaction ID : VN8ECDC1G86</b>
Mailing Address 9811 W Charleston Blvd Ste 2		Amount of Each Receipt this Period 349.16
City Las Vegas	State NV	Zip Code 89117-7519
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Retired	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 349.16	

Full Name (Last, First, Middle Initial) <b>C. Karen Schmidt</b>		Date of Receipt MM / DD / YYYY 01 / 31 / 2015 <b>Transaction ID : VN8ECDAT450</b>
Mailing Address 14500 Rainbow Lake Rd		Amount of Each Receipt this Period 59.00
City Shade	State OH	Zip Code 45776-9620
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Retired	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 59.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	609.76
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 678 OF 1282
	<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	

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

**A. Karen Schmidt**  
Full Name (Last, First, Middle Initial)  
Mailing Address 14500 Rainbow Lake Rd  
City Shade State OH Zip Code 45776-9620  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Retired Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 157.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
02 / 24 / 2015  
**Transaction ID : VN8ECDBKST5**  
Amount of Each Receipt this Period  
98.00  
Contribution-IE Only Account

**B. Karen Schmidt**  
Full Name (Last, First, Middle Initial)  
Mailing Address 14500 Rainbow Lake Rd  
City Shade State OH Zip Code 45776-9620  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Retired Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 257.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
04 / 10 / 2015  
**Transaction ID : VN8ECDDTGV3**  
Amount of Each Receipt this Period  
100.00  
Contribution-IE Only Account

**C. Karen Schmidt**  
Full Name (Last, First, Middle Initial)  
Mailing Address 14500 Rainbow Lake Rd  
City Shade State OH Zip Code 45776-9620  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Retired Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 322.16

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
04 / 23 / 2015  
**Transaction ID : VN8ECDE47J3**  
Amount of Each Receipt this Period  
65.16  
Contribution-IE Only Account

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 263.16  
**TOTAL** This Period (last page this line number only)..... ▶

**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 679 OF 1282
	<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	

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

Full Name (Last, First, Middle Initial) <b>A. Roman Schneeberger</b>		Date of Receipt MM / DD / YYYY 01 / 16 / 2015 <b>Transaction ID : VN8ECDAE8Z0</b>
Mailing Address 1504 Bay Rd Apt 1410		Amount of Each Receipt this Period 20.00
City Miami Beach	State FL	Zip Code 33139-3274
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer TCPOS	Occupation Marketing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 20.00	

Full Name (Last, First, Middle Initial) <b>B. Roman Schneeberger</b>		Date of Receipt MM / DD / YYYY 02 / 11 / 2015 <b>Transaction ID : VN8ECDB4FD5</b>
Mailing Address 1504 Bay Rd Apt 1410		Amount of Each Receipt this Period 100.00
City Miami Beach	State FL	Zip Code 33139-3274
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer TCPOS	Occupation Marketing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 155.00	

Full Name (Last, First, Middle Initial) <b>C. Roman Schneeberger</b>		Date of Receipt MM / DD / YYYY 02 / 11 / 2015 <b>Transaction ID : VN8ECDB4GB2</b>
Mailing Address 1504 Bay Rd Apt 1410		Amount of Each Receipt this Period 35.00
City Miami Beach	State FL	Zip Code 33139-3274
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer TCPOS	Occupation Marketing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 155.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	155.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 680 OF 1282
	<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	

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

Full Name (Last, First, Middle Initial) <b>A. Roman Schneeberger</b>		Date of Receipt MM / DD / YYYY 02 / 16 / 2015 <b>Transaction ID : VN8ECDB8KR0</b>
Mailing Address 1504 Bay Rd Apt 1410		Amount of Each Receipt this Period 20.00
City Miami Beach	State FL	Zip Code 33139-3274
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer TCPOS	Occupation Marketing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 175.00	

Full Name (Last, First, Middle Initial) <b>B. Roman Schneeberger</b>		Date of Receipt MM / DD / YYYY 02 / 26 / 2015 <b>Transaction ID : VN8ECDBMMF7</b>
Mailing Address 1504 Bay Rd Apt 1410		Amount of Each Receipt this Period 35.00
City Miami Beach	State FL	Zip Code 33139-3274
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer TCPOS	Occupation Marketing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) <b>C. Roman Schneeberger</b>		Date of Receipt MM / DD / YYYY 03 / 16 / 2015 <b>Transaction ID : VN8ECDC4ZD0</b>
Mailing Address 1504 Bay Rd Apt 1410		Amount of Each Receipt this Period 20.00
City Miami Beach	State FL	Zip Code 33139-3274
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer TCPOS	Occupation Marketing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**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 681 OF 1282
	<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	

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

Full Name (Last, First, Middle Initial) <b>A. Roman Schneeberger</b>		Date of Receipt MM / DD / YYYY 04 / 16 / 2015 <b>Transaction ID : VN8ECDE06T2</b>
Mailing Address 1504 Bay Rd Apt 1410		Amount of Each Receipt this Period 250.00
City Miami Beach	State FL	Zip Code 33139-3274
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer TCPOS	Occupation Marketing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Andrew Schneider</b>		Date of Receipt MM / DD / YYYY 03 / 10 / 2015 <b>Transaction ID : VN8ECDC17Y1</b>
Mailing Address 5104 24th St N		Amount of Each Receipt this Period 201.60
City Arlington	State VA	Zip Code 22207-2646
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer College of William & Mary	Occupation Alumni Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 201.60	

Full Name (Last, First, Middle Initial) <b>C. Pauline Schneider</b>		Date of Receipt MM / DD / YYYY 03 / 05 / 2015 <b>Transaction ID : VN8ECDBTWJ7</b>
Mailing Address 5900 16th St NW		Amount of Each Receipt this Period 250.00
City Washington	State DC	Zip Code 20011-2862
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Ballard Spahr LLP	Occupation attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	471.60
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 682 OF 1282
<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

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

Full Name (Last, First, Middle Initial) <b>A. Pauline Schneider</b>		Date of Receipt MM / DD / YYYY 03 / 08 / 2015 <b>Transaction ID : VN8ECDBWJQ7</b>
Mailing Address 5900 16th St NW		Amount of Each Receipt this Period 250.00
City Washington	State DC	Zip Code 20011-2862
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Ballard Spahr LLP	Occupation attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Jane Scholz</b>		Date of Receipt MM / DD / YYYY 01 / 15 / 2015 <b>Transaction ID : VN8ECDAE8F3</b>
Mailing Address 800 25th St NW Apt 302		Amount of Each Receipt this Period 35.00
City Washington	State DC	Zip Code 20037-2208
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer jscholz302@gmail.com	Occupation jscholz302@gmail.com	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 35.00	

Full Name (Last, First, Middle Initial) <b>C. Jane Scholz</b>		Date of Receipt MM / DD / YYYY 02 / 15 / 2015 <b>Transaction ID : VN8ECDB8AK2</b>
Mailing Address 800 25th St NW Apt 302		Amount of Each Receipt this Period 35.00
City Washington	State DC	Zip Code 20037-2208
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer jscholz302@gmail.com	Occupation jscholz302@gmail.com	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 70.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	320.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 683 OF 1282
<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

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

Full Name (Last, First, Middle Initial) <b>A. Jane Scholz</b>		Date of Receipt MM / DD / YYYY 03 / 15 / 2015 <b>Transaction ID : VN8ECDC4BF5</b>
Mailing Address 800 25th St NW Apt 302		Amount of Each Receipt this Period 35.00
City Washington	State DC	Zip Code 20037-2208
FEC ID number of contributing federal political committee. C		
Name of Employer jschol302@gmail.com	Occupation jschol302@gmail.com	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 105.00	Contribution-IE Only Account

Full Name (Last, First, Middle Initial) <b>B. Jane Scholz</b>		Date of Receipt MM / DD / YYYY 04 / 15 / 2015 <b>Transaction ID : VN8ECDDZE57</b>
Mailing Address 800 25th St NW Apt 302		Amount of Each Receipt this Period 35.00
City Washington	State DC	Zip Code 20037-2208
FEC ID number of contributing federal political committee. C		
Name of Employer jschol302@gmail.com	Occupation jschol302@gmail.com	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 140.00	Contribution-IE Only Account

Full Name (Last, First, Middle Initial) <b>C. Jane Scholz</b>		Date of Receipt MM / DD / YYYY 05 / 15 / 2015 <b>Transaction ID : VN8ECDEK6P1</b>
Mailing Address 800 25th St NW Apt 302		Amount of Each Receipt this Period 35.00
City Washington	State DC	Zip Code 20037-2208
FEC ID number of contributing federal political committee. C		
Name of Employer jschol302@gmail.com	Occupation jschol302@gmail.com	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 175.00	Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	105.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 684 OF 1282
<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

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

**A. Jane Scholz**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 25th St NW  
Apt 302

City Washington State DC Zip Code 20037-2208

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
jscholz302@gmail.com jscholz302@gmail.com

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  
MM / DD / YYYY  
06 / 15 / 2015  
**Transaction ID : VN8ECDF7Y05**

Amount of Each Receipt this Period  
35.00

Contribution-IE Only Account

**B. Sally Schreiber**  
Full Name (Last, First, Middle Initial)

Mailing Address 2737 Purdue Ave

City Dallas State TX Zip Code 75225-7910

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Munsch Hardt Kopf & Harr, P.C. Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
02 / 07 / 2015  
**Transaction ID : VN8ECDAZK19**

Amount of Each Receipt this Period  
250.00

Contribution-IE Only Account

**C. America Schroh**  
Full Name (Last, First, Middle Initial)

Mailing Address 17610 NE 7th Ct

City Miami State FL Zip Code 33162

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
201.60

Date of Receipt  
MM / DD / YYYY  
03 / 02 / 2015  
**Transaction ID : VN8ECDBQP89**

Amount of Each Receipt this Period  
201.60

Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	486.60
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 685 OF 1282
	<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	

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

Full Name (Last, First, Middle Initial) <b>A. Lynn Schulman</b>		Date of Receipt MM / DD / YYYY 01 / 12 / 2015 <b>Transaction ID : VN8ECDAC2D8</b>
Mailing Address 10440 Queens Blvd Apt 19E		Amount of Each Receipt this Period 403.20
City Forest Hills	State NY	Zip Code 11375
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Woodhull Medical Center	Occupation Hospital Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 403.20	

Full Name (Last, First, Middle Initial) <b>B. Carol Schumacher</b>		Date of Receipt MM / DD / YYYY 03 / 19 / 2015 <b>Transaction ID : VN8ECD8HA0</b>
Mailing Address 1125 Merrill St		Amount of Each Receipt this Period 201.60
City Menlo Park	State CA	Zip Code 94025-4303
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Mid-Peninsula Animal Hospital	Occupation Principal	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 201.60	

Full Name (Last, First, Middle Initial) <b>C. Rebecca Schumacher</b>		Date of Receipt MM / DD / YYYY 01 / 23 / 2015 <b>Transaction ID : VN8ECDAJ1Z7</b>
Mailing Address 25 Rico Way		Amount of Each Receipt this Period 500.00
City San Francisco	State CA	Zip Code 94123-1218
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Sotheby's International Realty	Occupation Realtor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1104.80
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 686 OF 1282
<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

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

Full Name (Last, First, Middle Initial)  
**A. Nancy Schwartz sternoff**

Mailing Address 1 Grand Army Plz

City State Zip Code  
Brooklyn NY 11238-5611

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
self-employed consultants

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
04 / 12 / 2015  
**Transaction ID : VN8ECDDWEF0**

Amount of Each Receipt this Period  
500.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)  
**B. Jodi Schwartz**

Mailing Address 18 Leonard St  
Ph F

City State Zip Code  
New York NY 10013-2998

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Wachtell Lipton Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
02 / 20 / 2015  
**Transaction ID : VN8ECDBQV49**

Amount of Each Receipt this Period  
5000.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)  
**C. Barbara Scott**

Mailing Address 319 E Second St  
pass christian

City State Zip Code  
Pass Christian MS 39571-4515

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
self gerontologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
35.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
01 / 29 / 2015  
**Transaction ID : VN8ECDARD39**

Amount of Each Receipt this Period  
35.00

Contribution-IE Only Account

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 5535.00

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

**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 687 OF 1282
<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

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

Full Name (Last, First, Middle Initial) <b>A. Barbara Scott</b>		Date of Receipt MM / DD / YYYY 02 / 28 / 2015 <b>Transaction ID : VN8ECDBPSP9</b>
Mailing Address 319 E Second St pass christian		Amount of Each Receipt this Period 35.00
City Pass Christian	State MS	Zip Code 39571-4515
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer self	Occupation gerontologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 70.00	

Full Name (Last, First, Middle Initial) <b>B. Barbara Scott</b>		Date of Receipt MM / DD / YYYY 03 / 29 / 2015 <b>Transaction ID : VN8ECDBDQ9</b>
Mailing Address 319 E Second St pass christian		Amount of Each Receipt this Period 35.00
City Pass Christian	State MS	Zip Code 39571-4515
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer self	Occupation gerontologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 105.00	

Full Name (Last, First, Middle Initial) <b>C. Barbara Scott</b>		Date of Receipt MM / DD / YYYY 04 / 29 / 2015 <b>Transaction ID : VN8ECDE98H7</b>
Mailing Address 319 E Second St pass christian		Amount of Each Receipt this Period 35.00
City Pass Christian	State MS	Zip Code 39571-4515
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer self	Occupation gerontologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 140.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	105.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 688 OF 1282
	<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	

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

Full Name (Last, First, Middle Initial) <b>A. Barbara Scott</b>		Date of Receipt MM / DD / YYYY 05 / 29 / 2015 <b>Transaction ID : VN8ECDERSW8</b>
Mailing Address 319 E Second St pass christian		Amount of Each Receipt this Period 35.00
City Pass Christian	State MS	Zip Code 39571-4515
FEC ID number of contributing federal political committee. C	Name of Employer self	Occupation gerontologist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 175.00	
		Contribution-IE Only Account

Full Name (Last, First, Middle Initial) <b>B. Barbara Scott</b>		Date of Receipt MM / DD / YYYY 06 / 29 / 2015 <b>Transaction ID : VN8ECDFJXT7</b>
Mailing Address 319 E Second St pass christian		Amount of Each Receipt this Period 35.00
City Pass Christian	State MS	Zip Code 39571-4515
FEC ID number of contributing federal political committee. C	Name of Employer self	Occupation gerontologist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	
		Contribution-IE Only Account

Full Name (Last, First, Middle Initial) <b>C. Stirling Scruggs</b>		Date of Receipt MM / DD / YYYY 01 / 25 / 2015 <b>Transaction ID : VN8ECDB2D86</b>
Mailing Address 7003 Pauline Cir		Amount of Each Receipt this Period 250.00
City Chattanooga	State TN	Zip Code 37421-5742
FEC ID number of contributing federal political committee. C	Name of Employer N/A	Occupation Retired
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
		Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	320.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**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 689 OF 1282
<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

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

Full Name (Last, First, Middle Initial) <b>A. Diane Sculley</b>		Date of Receipt MM / DD / YYYY 01 / 17 / 2015 <b>Transaction ID : VN8ECDAFRM4</b>
Mailing Address 143 Reef Rd		Amount of Each Receipt this Period 100.00
City Palm Beach	State FL	Zip Code 33480-3058
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Wittman Building Corp	Occupation Designer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 100.00	

Full Name (Last, First, Middle Initial) <b>B. Diane Sculley</b>		Date of Receipt MM / DD / YYYY 02 / 17 / 2015 <b>Transaction ID : VN8ECDB9D89</b>
Mailing Address 143 Reef Rd		Amount of Each Receipt this Period 100.00
City Palm Beach	State FL	Zip Code 33480-3058
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Wittman Building Corp	Occupation Designer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

Full Name (Last, First, Middle Initial) <b>C. Diane Sculley</b>		Date of Receipt MM / DD / YYYY 03 / 17 / 2015 <b>Transaction ID : VN8ECDC6R98</b>
Mailing Address 143 Reef Rd		Amount of Each Receipt this Period 100.00
City Palm Beach	State FL	Zip Code 33480-3058
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Wittman Building Corp	Occupation Designer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 690 OF 1282
	<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	

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

Full Name (Last, First, Middle Initial) <b>A. Diane Sculley</b>		Date of Receipt MM / DD / YYYY 04 / 17 / 2015 <b>Transaction ID : VN8ECDE13S6</b>
Mailing Address 143 Reef Rd		Amount of Each Receipt this Period 100.00
City Palm Beach	State FL	Zip Code 33480-3058
FEC ID number of contributing federal political committee. C	Name of Employer Wittman Building Corp	
Occupation Designer		Contribution-IE Only Account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) <b>B. Diane Sculley</b>		Date of Receipt MM / DD / YYYY 05 / 17 / 2015 <b>Transaction ID : VN8ECDEMJJ2</b>
Mailing Address 143 Reef Rd		Amount of Each Receipt this Period 100.00
City Palm Beach	State FL	Zip Code 33480-3058
FEC ID number of contributing federal political committee. C	Name of Employer Wittman Building Corp	
Occupation Designer		Contribution-IE Only Account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Diane Sculley</b>		Date of Receipt MM / DD / YYYY 06 / 17 / 2015 <b>Transaction ID : VN8ECDF98T8</b>
Mailing Address 143 Reef Rd		Amount of Each Receipt this Period 100.00
City Palm Beach	State FL	Zip Code 33480-3058
FEC ID number of contributing federal political committee. C	Name of Employer Wittman Building Corp	
Occupation Designer		Contribution-IE Only Account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 691 OF 1282
<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

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

Full Name (Last, First, Middle Initial) <b>A. Dorothy M Scully</b>		Date of Receipt MM / DD / YYYY 01 / 06 / 2015 <b>Transaction ID : VN8ECDA9RZ6</b>
Mailing Address 570 Busch Pl		Amount of Each Receipt this Period 250.00
City Pasadena	State CA	Zip Code 91105-2807
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer N/A	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Fran Sdao</b>		Date of Receipt MM / DD / YYYY 03 / 02 / 2015 <b>Transaction ID : VN8ECDBSD53</b>
Mailing Address 22202 Hazel Crst		Amount of Each Receipt this Period 500.00
City Mission Viejo	State CA	Zip Code 92692-1013
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer None	Occupation None	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Fran Sdao</b>		Date of Receipt MM / DD / YYYY 04 / 07 / 2015 <b>Transaction ID : VN8ECDDQEB1</b>
Mailing Address 22202 Hazel Crst		Amount of Each Receipt this Period 25.00
City Mission Viejo	State CA	Zip Code 92692-1013
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer None	Occupation None	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	775.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 692 OF 1282
<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

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

**A. Derrick Seaver**  
Full Name (Last, First, Middle Initial)  
Mailing Address 356 Market St Unit 156  
City San Jose State CA Zip Code 95110-2412  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Occupation Political Consultant  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **201.60**

Date of Receipt **03 / 19 / 2015**  
**Transaction ID : VN8ECDD80R5**  
Amount of Each Receipt this Period **201.60**  
Contribution-IE Only Account

**B. Richard Segal**  
Full Name (Last, First, Middle Initial)  
Mailing Address 707 Westchester Ave Ste 401  
City White Plains State NY Zip Code 10604-3102  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Seavest Inc. Occupation Chairman  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **5000.00**

Date of Receipt **01 / 26 / 2015**  
**Transaction ID : VN8ECDAMP1**  
Amount of Each Receipt this Period **5000.00**  
Contribution-IE Only Account

**c. Mary Seguiti**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7235 N Mobley Rd  
City Odessa State FL Zip Code 33556-2306  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Hillsborough Community College Occupation Optician/Instructor  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **201.60**

Date of Receipt **02 / 16 / 2015**  
**Transaction ID : VN8ECDB8NV7**  
Amount of Each Receipt this Period **201.60**  
Contribution-IE Only Account

**SUBTOTAL** of Receipts This Page (optional)..... **5403.20**  
**TOTAL** This Period (last page this line number only).....

**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 693 OF 1282
<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

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

**A. Edward C. Sella**  
Full Name (Last, First, Middle Initial)

Mailing Address 3202 Tower Oaks Blvd  
Number 400

City Rockville State MD Zip Code 20852-4219

FEC ID number of contributing federal political committee. **C**

Name of Employer SPC Financial Inc. Occupation Registered Principal

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
01 / 14 / 2015  
Transaction ID : VN8ECDAFTM0

Amount of Each Receipt this Period  
250.00

Contribution-IE Only Account

**B. Robert Sepulveda**  
Full Name (Last, First, Middle Initial)

Mailing Address 3389 E Chevy Chase Dr

City Glendale State CA Zip Code 91206-1416

FEC ID number of contributing federal political committee. **C**

Name of Employer county of los angeles Occupation supervisor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
100.00

Date of Receipt  
01 / 30 / 2015  
Transaction ID : VN8ECDASA31

Amount of Each Receipt this Period  
100.00

Contribution-IE Only Account

**C. Robert Sepulveda**  
Full Name (Last, First, Middle Initial)

Mailing Address 3389 E Chevy Chase Dr

City Glendale State CA Zip Code 91206-1416

FEC ID number of contributing federal political committee. **C**

Name of Employer county of los angeles Occupation supervisor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
200.00

Date of Receipt  
02 / 28 / 2015  
Transaction ID : VN8ECDBPQ75

Amount of Each Receipt this Period  
100.00

Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	450.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 694 OF 1282
<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

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

**A. Robert Sepulveda**  
Full Name (Last, First, Middle Initial)

Mailing Address 3389 E Chevy Chase Dr

City Glendale	State CA	Zip Code 91206-1416
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer county of los angeles	Occupation supervisor
---	--------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	30	/	2015

**Transaction ID : VN8ECDBTZ0**

Amount of Each Receipt this Period  
100.00

Contribution-IE Only Account

**B. Robert Sepulveda**  
Full Name (Last, First, Middle Initial)

Mailing Address 3389 E Chevy Chase Dr

City Glendale	State CA	Zip Code 91206-1416
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer county of los angeles	Occupation supervisor
---	--------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2015

**Transaction ID : VN8ECDE9AJ1**

Amount of Each Receipt this Period  
100.00

Contribution-IE Only Account

**C. Robert Sepulveda**  
Full Name (Last, First, Middle Initial)

Mailing Address 3389 E Chevy Chase Dr

City Glendale	State CA	Zip Code 91206-1416
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer county of los angeles	Occupation supervisor
---	--------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	30	/	2015

**Transaction ID : VN8ECDES4S9**

Amount of Each Receipt this Period  
100.00

Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 695 OF 1282
	<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	

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

Full Name (Last, First, Middle Initial)  
**A. Robert Sepulveda**

Mailing Address 3389 E Chevy Chase Dr

City State Zip Code  
Glendale CA 91206-1416

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
county of los angeles supervisor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**600.00**

Date of Receipt  
**06 / 30 / 2015**

**Transaction ID : VN8ECDFN0F0**

Amount of Each Receipt this Period  
**100.00**

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)  
**B. Toni Sessoms**

Mailing Address PO Box 283

City State Zip Code  
Mount Pleasant MI 48804

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Paula M. Fisher, Attorney at Law, P.C. Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**50.00**

Date of Receipt  
**01 / 16 / 2015**

**Transaction ID : VN8ECDAEDN1**

Amount of Each Receipt this Period  
**50.00**

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)  
**C. Toni Sessoms**

Mailing Address PO Box 283

City State Zip Code  
Mount Pleasant MI 48804

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Paula M. Fisher, Attorney at Law, P.C. Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**100.00**

Date of Receipt  
**02 / 16 / 2015**

**Transaction ID : VN8ECDB8T30**

Amount of Each Receipt this Period  
**50.00**

Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>200.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 696 OF 1282
<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

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

**A. Toni Sessoms**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 283  
City Mount Pleasant State MI Zip Code 48804  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Paula M. Fisher, Attorney at Law, P.C. Occupation Attorney  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **150.00**

Date of Receipt **03 / 16 / 2015**  
**Transaction ID : VN8ECDC52Y1**  
Amount of Each Receipt this Period **50.00**  
Contribution-IE Only Account

**B. Toni Sessoms**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 283  
City Mount Pleasant State MI Zip Code 48804  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Paula M. Fisher, Attorney at Law, P.C. Occupation Attorney  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **200.00**

Date of Receipt **04 / 16 / 2015**  
**Transaction ID : VN8ECDE0C32**  
Amount of Each Receipt this Period **50.00**  
Contribution-IE Only Account

**C. Toni Sessoms**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 283  
City Mount Pleasant State MI Zip Code 48804  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Paula M. Fisher, Attorney at Law, P.C. Occupation Attorney  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **250.00**

Date of Receipt **05 / 16 / 2015**  
**Transaction ID : VN8ECDEM5D6**  
Amount of Each Receipt this Period **50.00**  
Contribution-IE Only Account

**SUBTOTAL** of Receipts This Page (optional)..... **150.00**  
**TOTAL** This Period (last page this line number only).....



**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 697 OF 1282
<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

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

**A. Devan Shah**  
Full Name (Last, First, Middle Initial)

Mailing Address 2194 Indian Creek Rd

City Diamond Bar State CA Zip Code 91765

FEC ID number of contributing federal political committee. **C**

Name of Employer International Tea Importers Occupation Self Employed

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 23 / 2015  
**Transaction ID : VN8ECDAJ679**

Amount of Each Receipt this Period  
 250.00

Contribution-IE Only Account

**B. Smita Niraj Shah**  
Full Name (Last, First, Middle Initial)

Mailing Address 311 S Wacker Dr St 2400

City Chicago State IL Zip Code 60606-6623

FEC ID number of contributing federal political committee. **C**

Name of Employer Spaan Tech, Inc. Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 27 / 2015  
**Transaction ID : VN8ECDDRSQ6**

Amount of Each Receipt this Period  
 5000.00

Contribution-IE Only Account

**C. Sonal Shah**  
Full Name (Last, First, Middle Initial)

Mailing Address 1308 Clifton St NW Apt 406

City Washington State DC Zip Code 20009-7031

FEC ID number of contributing federal political committee. **C**

Name of Employer Georgetown University Occupation Executive Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
201.60

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 26 / 2015  
**Transaction ID : VN8ECDAMPC7**

Amount of Each Receipt this Period  
 201.60

Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5451.60
<b>TOTAL</b> This Period (last page this line number only).....	

**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 698 OF 1282
<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

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

**A. Sonal Shah**  
Full Name (Last, First, Middle Initial)

Mailing Address 1308 Clifton St NW  
Apt 406

City Washington State DC Zip Code 20009-7031

FEC ID number of contributing federal political committee. **C**

Name of Employer Georgetown University Occupation Executive Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
301.60

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 14 / 2015  
**Transaction ID : VN8ECDDYMR1**

Amount of Each Receipt this Period  
100.00

Contribution-IE Only Account

**B. Donna Shalala**  
Full Name (Last, First, Middle Initial)

Mailing Address 11355 Four Pillies Rd

City Pinecrest State FL Zip Code 33156-4241

FEC ID number of contributing federal political committee. **C**

Name of Employer University of Miami Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 18 / 2015  
**Transaction ID : VN8ECDBAPF2**

Amount of Each Receipt this Period  
1000.00

Contribution-IE Only Account

**C. Rajesh Sharma**  
Full Name (Last, First, Middle Initial)

Mailing Address 117 Bullard Cir

City Rockville State MD Zip Code 20850-3816

FEC ID number of contributing federal political committee. **C**

Name of Employer Censeo Occupation Consultant

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
201.60

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 13 / 2015  
**Transaction ID : VN8ECDC33V5**

Amount of Each Receipt this Period  
201.60

Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1301.60
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 699 OF 1282
	<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	

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

**A. Jan Sharry**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6422 Orchid Ln  
City Dallas State TX Zip Code 75230-4121  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Haynes and Boone Occupation Attorney  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **500.00**

Date of Receipt **03 / 19 / 2015**  
**Transaction ID : VN8ECDD7ES4**  
Amount of Each Receipt this Period **500.00**  
Contribution-IE Only Account

**B. Judy Shatkin**  
Full Name (Last, First, Middle Initial)  
Mailing Address 16144 W Port Clinton Rd  
City Lincolnshire State IL Zip Code 60069-2712  
FEC ID number of contributing federal political committee. **C**  
Name of Employer none Occupation self  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **500.00**

Date of Receipt **04 / 08 / 2015**  
**Transaction ID : VN8ECDDR476**  
Amount of Each Receipt this Period **500.00**  
Contribution-IE Only Account

**c. Mary F Shaughnessy**  
Full Name (Last, First, Middle Initial)  
Mailing Address 357 Spillway Rd  
City West Hurley State NY Zip Code 12491-5143  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Tudor Realty Services Occupation Re Executive  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **250.00**

Date of Receipt **02 / 10 / 2015**  
**Transaction ID : VN8ECDB5GG1**  
Amount of Each Receipt this Period **250.00**  
Contribution-IE Only Account

**SUBTOTAL** of Receipts This Page (optional)..... **1250.00**  
**TOTAL** This Period (last page this line number only).....

**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 700 OF 1282
<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

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

**A. David Shaw**  
Full Name (Last, First, Middle Initial)

Mailing Address 120 W 45th St  
FI 39

City New York State NY Zip Code 10036-4041

FEC ID number of contributing federal political committee. **C**

Name of Employer D. E. Shaw Research Occupation Bio-medical research

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
50000.00

Date of Receipt  
04 / 10 / 2015  
**Transaction ID : VN8ECDDT1N5**

Amount of Each Receipt this Period  
25000.00

Contribution-IE Only Account

**B. David Shaw**  
Full Name (Last, First, Middle Initial)

Mailing Address 120 W 45th St  
FI 39

City New York State NY Zip Code 10036-4041

FEC ID number of contributing federal political committee. **C**

Name of Employer D. E. Shaw Research Occupation Bio-medical research

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
50000.00

Date of Receipt  
04 / 10 / 2015  
**Transaction ID : VN8ECDDT2Y9**

Amount of Each Receipt this Period  
25000.00

Contribution-IE Only Account

**C. Sufyan Sheikh**  
Full Name (Last, First, Middle Initial)

Mailing Address 3 Sweeney Farm Ln

City Acton State MA Zip Code 01720

FEC ID number of contributing federal political committee. **C**

Name of Employer Lowellanesthesiology Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
35.00

Date of Receipt  
01 / 06 / 2015  
**Transaction ID : VN8ECDA8C98**

Amount of Each Receipt this Period  
35.00

Contribution-IE Only Account

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 50035.00

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

**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 701 OF 1282
	<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	

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

**A. Sufyan Sheikh**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3 Sweeney Farm Ln  
City Acton State MA Zip Code 01720  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Lowellanesthesiology Occupation Physician  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **70.00**

Date of Receipt **02 / 06 / 2015**  
**Transaction ID : VN8ECDAYSC0**  
Amount of Each Receipt this Period **35.00**  
Contribution-IE Only Account

**B. Sufyan Sheikh**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3 Sweeney Farm Ln  
City Acton State MA Zip Code 01720  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Lowellanesthesiology Occupation Physician  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **105.00**

Date of Receipt **03 / 06 / 2015**  
**Transaction ID : VN8ECDBV6X2**  
Amount of Each Receipt this Period **35.00**  
Contribution-IE Only Account

**C. Sufyan Sheikh**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3 Sweeney Farm Ln  
City Acton State MA Zip Code 01720  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Lowellanesthesiology Occupation Physician  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **140.00**

Date of Receipt **04 / 06 / 2015**  
**Transaction ID : VN8ECDDNZ63**  
Amount of Each Receipt this Period **35.00**  
Contribution-IE Only Account

**SUBTOTAL** of Receipts This Page (optional)..... **105.00**  
**TOTAL** This Period (last page this line number only).....

**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 702 OF 1282
	<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	

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

Full Name (Last, First, Middle Initial) <b>A. Sufyan Sheikh</b>		Date of Receipt MM / DD / YYYY 05 / 06 / 2015 <b>Transaction ID : VN8ECDEG1V7</b>
Mailing Address 3 Sweeney Farm Ln		Amount of Each Receipt this Period 35.00
City Acton	State MA	Zip Code 01720
FEC ID number of contributing federal political committee. C	Name of Employer Lowellanesthesiology	
Occupation Physician		Contribution-IE Only Account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 175.00	

Full Name (Last, First, Middle Initial) <b>B. Sufyan Sheikh</b>		Date of Receipt MM / DD / YYYY 06 / 06 / 2015 <b>Transaction ID : VN8ECDEZ9M7</b>
Mailing Address 3 Sweeney Farm Ln		Amount of Each Receipt this Period 35.00
City Acton	State MA	Zip Code 01720
FEC ID number of contributing federal political committee. C	Name of Employer Lowellanesthesiology	
Occupation Physician		Contribution-IE Only Account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) <b>C. Meredith Shepherd</b>		Date of Receipt MM / DD / YYYY 02 / 10 / 2015 <b>Transaction ID : VN8ECDB3KN9</b>
Mailing Address 165 E 32nd St Apt 6E		Amount of Each Receipt this Period 295.64
City New York	State NY	Zip Code 10016-6009
FEC ID number of contributing federal political committee. C	Name of Employer self employed	
Occupation human resources		Contribution-IE Only Account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 295.64	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	365.64
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 703 OF 1282
<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

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

**A. Cheryl Sheppard**  
Full Name (Last, First, Middle Initial)  
Mailing Address 405 NE 153rd Ave

City Vancouver	State WA	Zip Code 98684-3379
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Gales Creek Camp Foundation	Occupation Executive Director
---	----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
670.32

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		06		2015

**Transaction ID : VN8ECDDQ1V9**

Amount of Each Receipt this Period  
170.32

Contribution-IE Only Account

**B. Cheryl Sheppard**  
Full Name (Last, First, Middle Initial)  
Mailing Address 405 NE 153rd Ave

City Vancouver	State WA	Zip Code 98684-3379
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Gales Creek Camp Foundation	Occupation Executive Director
---	----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
670.32

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		06		2015

**Transaction ID : VN8ECDDQ1W7**

Amount of Each Receipt this Period  
500.00

Contribution-IE Only Account

**C. Marian Sheppard**  
Full Name (Last, First, Middle Initial)  
Mailing Address 11 Sail Ct

City Sacramento	State CA	Zip Code 95831-2110
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer self	Occupation lmft
--------------------------	--------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		17		2015

**Transaction ID : VN8ECDE12W7**

Amount of Each Receipt this Period  
250.00

Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	920.32
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 704 OF 1282
<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

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

**A. Jody Sherman**  
Full Name (Last, First, Middle Initial)

Mailing Address 16133 Ventura Blvd  
Ste 900

City Encino State CA Zip Code 91436-2413

FEC ID number of contributing federal political committee. **C**

Name of Employer AAA T.L.C. Health Care, Inc. Occupation Pres. Home Care Agcy

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
04 / 10 / 2015  
Transaction ID : VN8ECDDTYW3

Amount of Each Receipt this Period  
250.00

Contribution-IE Only Account

**B. Michael Shilinski**  
Full Name (Last, First, Middle Initial)

Mailing Address 33 Roselle Ave  
Apt N

City Pleasantville State NY Zip Code 10570-2732

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
01 / 27 / 2015  
Transaction ID : VN8ECDAPXC6

Amount of Each Receipt this Period  
1000.00

Contribution-IE Only Account

**C. Phyllis Shipley**  
Full Name (Last, First, Middle Initial)

Mailing Address 9776 131st St

City Seminole State FL Zip Code 33776-1640

FEC ID number of contributing federal political committee. **C**

Name of Employer none Occupation none

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
35.00

Date of Receipt  
01 / 25 / 2015  
Transaction ID : VN8ECDB2C36

Amount of Each Receipt this Period  
35.00

Contribution-IE Only Account

**SUBTOTAL** of Receipts This Page (optional).....▶ 1285.00

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



**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 705 OF 1282
<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

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

Full Name (Last, First, Middle Initial) <b>A. Phyllis Shipley</b>		Date of Receipt
Mailing Address 9776 131st St		<input type="text" value="02"/> / <input type="text" value="01"/> / <input type="text" value="2015"/>
City Seminole	State FL	Zip Code 33776-1640
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : VN8ECDB2M73</b>
Name of Employer none		Occupation none
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Amount of Each Receipt this Period <input type="text" value="250.00"/>
Aggregate Year-to-Date ▼ <input type="text" value="285.00"/>		Contribution-IE Only Account

Full Name (Last, First, Middle Initial) <b>B. Phyllis Shipley</b>		Date of Receipt
Mailing Address 9776 131st St		<input type="text" value="03"/> / <input type="text" value="07"/> / <input type="text" value="2015"/>
City Seminole	State FL	Zip Code 33776-1640
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : VN8ECDBW8F4</b>
Name of Employer none		Occupation none
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Amount of Each Receipt this Period <input type="text" value="100.00"/>
Aggregate Year-to-Date ▼ <input type="text" value="385.00"/>		Contribution-IE Only Account

Full Name (Last, First, Middle Initial) <b>C. Phyllis Shipley</b>		Date of Receipt
Mailing Address 9776 131st St		<input type="text" value="03"/> / <input type="text" value="23"/> / <input type="text" value="2015"/>
City Seminole	State FL	Zip Code 33776-1640
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : VN8ECD5G2</b>
Name of Employer none		Occupation none
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Amount of Each Receipt this Period <input type="text" value="20.16"/>
Aggregate Year-to-Date ▼ <input type="text" value="405.16"/>		Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="370.16"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**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 706 OF 1282
<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

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

**A. Shahram Siddiqui**  
Full Name (Last, First, Middle Initial)

Mailing Address 300 S Biscayne Blvd  
Apt 2914

City Miami State FL Zip Code 33131-5376

FEC ID number of contributing federal political committee. **C**

Name of Employer: Berger Singerman LLP Occupation: Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
02 / 10 / 2015

**Transaction ID : VN8ECDB3MS4**

Amount of Each Receipt this Period  
250.00

Contribution-IE Only Account

**B. Jerome A Siegel**  
Full Name (Last, First, Middle Initial)

Mailing Address 1175 Old White Plains Rd

City Mamaroneck State NY Zip Code 10543-1018

FEC ID number of contributing federal political committee. **C**

Name of Employer: Henry Realty Occupation: President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
MM / DD / YYYY  
01 / 26 / 2015

**Transaction ID : VN8ECDB0M86**

Amount of Each Receipt this Period  
5000.00

Contribution-IE Only Account

**C. Bud Siemens**  
Full Name (Last, First, Middle Initial)

Mailing Address 191 Deerglen Cir

City Vacaville State CA Zip Code 95687-7414

FEC ID number of contributing federal political committee. **C**

Name of Employer: N/A Occupation: Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
20.16

Date of Receipt  
MM / DD / YYYY  
01 / 08 / 2015

**Transaction ID : VN8ECDA9YC8**

Amount of Each Receipt this Period  
20.16

Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5270.16
<b>TOTAL</b> This Period (last page this line number only).....	

**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 707 OF 1282
<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

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

**A. Bud Siemens**  
Full Name (Last, First, Middle Initial)  
Mailing Address 191 Deerglen Cir

City Vacaville	State CA	Zip Code 95687-7414
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A	Occupation Retired
-------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
60.32

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	14	/	2015

**Transaction ID : VN8ECDADDN2**

Amount of Each Receipt this Period  

20.16
-------

Contribution-IE Only Account

**B. Bud Siemens**  
Full Name (Last, First, Middle Initial)  
Mailing Address 191 Deerglen Cir

City Vacaville	State CA	Zip Code 95687-7414
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A	Occupation Retired
-------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
60.48

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	08	/	2015

**Transaction ID : VN8ECDAZVR7**

Amount of Each Receipt this Period  

20.16
-------

Contribution-IE Only Account

**C. Bud Siemens**  
Full Name (Last, First, Middle Initial)  
Mailing Address 191 Deerglen Cir

City Vacaville	State CA	Zip Code 95687-7414
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A	Occupation Retired
-------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
80.64

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	14	/	2015

**Transaction ID : VN8ECDB7TM9**

Amount of Each Receipt this Period  

20.16
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Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	60.48
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 708 OF 1282
<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

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

**A. Bud Siemens**  
Full Name (Last, First, Middle Initial)  
Mailing Address 191 Deerglen Cir

City Vacaville	State CA	Zip Code 95687-7414
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A	Occupation Retired
-------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
100.80

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	08	/	2015

**Transaction ID : VN8ECDBWKD1**

Amount of Each Receipt this Period  
20.16

Contribution-IE Only Account

**B. Bud Siemens**  
Full Name (Last, First, Middle Initial)  
Mailing Address 191 Deerglen Cir

City Vacaville	State CA	Zip Code 95687-7414
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A	Occupation Retired
-------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
120.96

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	14	/	2015

**Transaction ID : VN8ECDC3YE9**

Amount of Each Receipt this Period  
20.16

Contribution-IE Only Account

**C. Bud Siemens**  
Full Name (Last, First, Middle Initial)  
Mailing Address 191 Deerglen Cir

City Vacaville	State CA	Zip Code 95687-7414
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FEC ID number of contributing federal political committee. **C**

Name of Employer N/A	Occupation Retired
-------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
141.12

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	08	/	2015

**Transaction ID : VN8ECDDQZE9**

Amount of Each Receipt this Period  
20.16

Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	60.48
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 709 OF 1282
<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

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

**A. Bud Siemens**  
Full Name (Last, First, Middle Initial)  
Mailing Address 191 Deerglen Cir

City Vacaville	State CA	Zip Code 95687-7414
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A	Occupation Retired
-------------------------	-----------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
161.28

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	14	/	2015

**Transaction ID : VN8ECDDYKB6**

Amount of Each Receipt this Period  
20.16

Contribution-IE Only Account

**B. Bud Siemens**  
Full Name (Last, First, Middle Initial)  
Mailing Address 191 Deerglen Cir

City Vacaville	State CA	Zip Code 95687-7414
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A	Occupation Retired
-------------------------	-----------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
181.44

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	08	/	2015

**Transaction ID : VN8ECDEGE51**

Amount of Each Receipt this Period  
20.16

Contribution-IE Only Account

**C. Bud Siemens**  
Full Name (Last, First, Middle Initial)  
Mailing Address 191 Deerglen Cir

City Vacaville	State CA	Zip Code 95687-7414
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A	Occupation Retired
-------------------------	-----------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
201.60

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	14	/	2015

**Transaction ID : VN8ECDEK054**

Amount of Each Receipt this Period  
20.16

Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	60.48
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 710 OF 1282
	<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	

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

**A. Bud Siemens**  
Full Name (Last, First, Middle Initial)  
Mailing Address 191 Deerglen Cir  
City Vacaville State CA Zip Code 95687-7414  
FEC ID number of contributing federal political committee. **C**  
Name of Employer N/A Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 221.76

Date of Receipt  
06 / 08 / 2015  
**Transaction ID : VN8ECDF28D2**  
Amount of Each Receipt this Period 20.16  
Contribution-IE Only Account

**B. Bud Siemens**  
Full Name (Last, First, Middle Initial)  
Mailing Address 191 Deerglen Cir  
City Vacaville State CA Zip Code 95687-7414  
FEC ID number of contributing federal political committee. **C**  
Name of Employer N/A Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 241.92

Date of Receipt  
06 / 14 / 2015  
**Transaction ID : VN8ECDF6SY6**  
Amount of Each Receipt this Period 20.16  
Contribution-IE Only Account

**C. Harbinder Sikka**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2772 Vineyard Park Pl  
City San Jose State CA Zip Code 95148-2091  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Nvidia Occupation Senior Manager  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 403.20

Date of Receipt  
03 / 09 / 2015  
**Transaction ID : VN8ECDBX735**  
Amount of Each Receipt this Period 403.20  
Contribution-IE Only Account

**SUBTOTAL** of Receipts This Page (optional).....▶ 443.52  
**TOTAL** This Period (last page this line number only).....▶

**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 711 OF 1282
	<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	

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

**A. Bennett Silverstein**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 300 Ocean Pkwy  
 City Brooklyn State NY Zip Code 11218-4027  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Fischer Brothers Occupation Attorney  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 201.60

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 13 / 2015  
**Transaction ID : VN8ECDAD084**  
 Amount of Each Receipt this Period  
 201.60  
 Contribution-IE Only Account

**B. Kitty Simonds**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5316 Nehu Pl  
 City Honolulu State HI Zip Code 96821-1941  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer western pacific fishery management cou Occupation executive director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2015  
**Transaction ID : VN8ECDDCS58**  
 Amount of Each Receipt this Period  
 500.00  
 Contribution-IE Only Account

**C. James Simonis**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8381 Black Walnut Dr  
 City East Amherst State NY Zip Code 14051-1564  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Retired Occupation Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 201.60

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 23 / 2015  
**Transaction ID : VN8ECDGBT7**  
 Amount of Each Receipt this Period  
 201.60  
 Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	903.20
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 712 OF 1282
<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

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

**A. Mary Ellen Simonson**  
Full Name (Last, First, Middle Initial)

Mailing Address 147 W Marlette Ave

City Phoenix State AZ Zip Code 85013-1523

FEC ID number of contributing federal political committee. **C**

Name of Employer Lewis Roca Rothgerber Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 20 / 2015

**Transaction ID : VN8ECDBQGZ8**

Amount of Each Receipt this Period  
 500.00

Contribution-IE Only Account

**B. Bill Sims**  
Full Name (Last, First, Middle Initial)

Mailing Address 2001 Ross Ave Ste 3700

City Dallas State TX Zip Code 75201-2965

FEC ID number of contributing federal political committee. **C**

Name of Employer Vinson & Elkins LLP Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 10 / 2015

**Transaction ID : VN8ECDB3086**

Amount of Each Receipt this Period  
 5000.00

Contribution-IE Only Account

**C. Sinbads Pier II Inc.**  
Full Name (Last, First, Middle Initial)

Mailing Address Pier 2 The Embarcadero St

City San Francisco State CA Zip Code 94111

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 20 / 2015

**Transaction ID : VN8ECDBRME1**

Amount of Each Receipt this Period  
 250.00

Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**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 713 OF 1282
<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

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

**A. David Singer**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1011 S Federal Hwy  
City Hollywood State FL Zip Code 33020-6025  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Singer & Associates Occupation Attorney  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **250.00**

Date of Receipt **02 / 20 / 2015**  
**Transaction ID : VN8ECDBQTY2**  
Amount of Each Receipt this Period **250.00**  
Contribution-IE Only Account

**B. Dana Singiser**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3109 Tennyson St NW  
City Washington State DC Zip Code 20015-2317  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Planned Parenthood Occupation Vice President  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **201.60**

Date of Receipt **02 / 11 / 2015**  
**Transaction ID : VN8ECDB4TY5**  
Amount of Each Receipt this Period **201.60**  
Contribution-IE Only Account

**C. Adelaide Sink**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 219  
City Thonotosassa State FL Zip Code 33592-0219  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Hyde Park Capital Occupation Banker  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **201.16**

Date of Receipt **03 / 11 / 2015**  
**Transaction ID : VN8ECDC4YR7**  
Amount of Each Receipt this Period **201.16**  
Contribution-IE Only Account

**SUBTOTAL** of Receipts This Page (optional)..... **652.76**  
**TOTAL** This Period (last page this line number only).....

**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 714 OF 1282
<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

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

**A. Amy Sisley**  
Full Name (Last, First, Middle Initial)

Mailing Address 12905 N 100th Pl

City State Zip Code  
Scottsdale AZ 85260-4601

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
University medical center Phoenix Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
05 / 03 / 2015

**Transaction ID : VN8ECDEBHS5**

Amount of Each Receipt this Period  
2500.00

Contribution-IE Only Account

**B. Amy Skinner**  
Full Name (Last, First, Middle Initial)

Mailing Address 40 Central Park S  
Apt 15F

City State Zip Code  
New York NY 10019-1633

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Guggenheim Foundation Director of Digital Communications

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
172.48

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
02 / 21 / 2015

**Transaction ID : VN8ECDBCYC2**

Amount of Each Receipt this Period  
172.48

Contribution-IE Only Account

**C. Amy Skinner**  
Full Name (Last, First, Middle Initial)

Mailing Address 40 Central Park S  
Apt 15F

City State Zip Code  
New York NY 10019-1633

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Guggenheim Foundation Director of Digital Communications

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
207.48

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
04 / 23 / 2015

**Transaction ID : VN8ECDE4080**

Amount of Each Receipt this Period  
35.00

Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2707.48
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 715 OF 1282
<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

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

Full Name (Last, First, Middle Initial) <b>A. Eric L Sklar</b>		Date of Receipt MM / DD / YYYY 01 / 16 / 2015 <b>Transaction ID : VN8ECDAE8C0</b>
Mailing Address PO Box 607		Amount of Each Receipt this Period 250.00
City Saint Helena	State CA	Zip Code 94574
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Preslar Ventures, Inc	Occupation Winery Exec	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Michelle Small</b>		Date of Receipt MM / DD / YYYY 04 / 07 / 2015 <b>Transaction ID : VN8ECDF12A7</b>
Mailing Address 3330 Wenonah Ave		Amount of Each Receipt this Period 250.00
City Berwyn	State IL	Zip Code 60402-3346
FEC ID number of contributing federal political committee. C		Earmarked; IE Only Account
Name of Employer Chipotle	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Michelle Small</b>		Date of Receipt MM / DD / YYYY 04 / 13 / 2015 <b>Transaction ID : VN8ECDDY8K7</b>
Mailing Address 3330 Wenonah Ave		Amount of Each Receipt this Period 70.32
City Berwyn	State IL	Zip Code 60402-3346
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Chipotle	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 320.32	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	570.32
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 716 OF 1282
<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

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

**A. Joseph Smallhoover**  
Full Name (Last, First, Middle Initial)

Mailing Address 1663 Malcolm Ave  
Apt 102

City Los Angeles State CA Zip Code 90024-6836

FEC ID number of contributing federal political committee. **C**

Name of Employer Bryan Cave LLP Occupation Lawyer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
01 / 11 / 2015

**Transaction ID : VN8ECD4H4F8**

Amount of Each Receipt this Period  
250.00

Contribution-IE Only Account

**B. Joseph Smallhoover**  
Full Name (Last, First, Middle Initial)

Mailing Address 1663 Malcolm Ave  
Apt 102

City Los Angeles State CA Zip Code 90024-6836

FEC ID number of contributing federal political committee. **C**

Name of Employer Bryan Cave LLP Occupation Lawyer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
270.66

Date of Receipt  
MM / DD / YYYY  
03 / 03 / 2015

**Transaction ID : VN8ECD0K64**

Amount of Each Receipt this Period  
20.66

Contribution-IE Only Account

**C. Lynde Smith**  
Full Name (Last, First, Middle Initial)

Mailing Address 2900 Pearland Pkwy  
Apt 8302

City Pearland State TX Zip Code 77581

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Stay at home MOMMY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
117.30

Date of Receipt  
MM / DD / YYYY  
01 / 06 / 2015

**Transaction ID : VN8ECD48DG6**

Amount of Each Receipt this Period  
117.30

Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	387.96
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 717 OF 1282
	<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	

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

**A. Lynde Smith**  
Full Name (Last, First, Middle Initial)

Mailing Address 2900 Pearland Pkwy  
Apt 8302

City Pearlland State TX Zip Code 77581

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Stay at home MOMMY

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **336.90**

Date of Receipt **01 / 22 / 2015**

**Transaction ID : VN8ECDAHKK2**

Amount of Each Receipt this Period **219.60**

Contribution-IE Only Account

**B. Marianne Smith**  
Full Name (Last, First, Middle Initial)

Mailing Address 4414 Albemarle St NW

City Washington State DC Zip Code 20016-2014

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Consultant

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **75.00**

Date of Receipt **01 / 25 / 2015**

**Transaction ID : VN8ECDB25T2**

Amount of Each Receipt this Period **50.00**

Contribution-IE Only Account

**C. Marianne Smith**  
Full Name (Last, First, Middle Initial)

Mailing Address 4414 Albemarle St NW

City Washington State DC Zip Code 20016-2014

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Consultant

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **75.00**

Date of Receipt **01 / 25 / 2015**

**Transaction ID : VN8ECDB2CA1**

Amount of Each Receipt this Period **25.00**

Contribution-IE Only Account

**SUBTOTAL** of Receipts This Page (optional)..... **294.60**

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

**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 718 OF 1282
	<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	

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

**A. Marianne Smith**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4414 Albemarle St NW  
City Washington State DC Zip Code 20016-2014  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self-Employed Occupation Consultant  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **575.00**

Date of Receipt **03 / 26 / 2015**  
**Transaction ID : VN8ECDD8Y58**  
Amount of Each Receipt this Period **500.00**  
Contribution-IE Only Account

**B. Maxine Smith**  
Full Name (Last, First, Middle Initial)  
Mailing Address 21 Devereaux Ave  
City Charleston State SC Zip Code 29403-3340  
FEC ID number of contributing federal political committee. **C**  
Name of Employer N/A Occupation Retired  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **201.60**

Date of Receipt **03 / 27 / 2015**  
**Transaction ID : VN8ECDEY264**  
Amount of Each Receipt this Period **201.60**  
Contribution-IE Only Account

**C. Melody Smith**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 572  
383 N.W. 20th Lane  
City Lamar State MO Zip Code 64759  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Dogwoodhill Foxtrotters Occupation Raise and train Missouri Foxtrotters  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **50.00**

Date of Receipt **01 / 30 / 2015**  
**Transaction ID : VN8ECDAS5T1**  
Amount of Each Receipt this Period **50.00**  
Contribution-IE Only Account

**SUBTOTAL** of Receipts This Page (optional)..... **751.60**  
**TOTAL** This Period (last page this line number only).....

**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 719 OF 1282
<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

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

Full Name (Last, First, Middle Initial) <b>A. Melody Smith</b>		Date of Receipt MM / DD / YYYY 02 / 28 / 2015 <b>Transaction ID : VN8ECDBPVM7</b>
Mailing Address PO Box 572 383 N.W. 20th Lane		Amount of Each Receipt this Period 50.00
City Lamar	State MO	Zip Code 64759
FEC ID number of contributing federal political committee. C	Name of Employer Dogwoodhill Foxtrotters	Occupation Raise and train Missouri Foxtrotters
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 100.00	
		Contribution-IE Only Account

Full Name (Last, First, Middle Initial) <b>B. Melody Smith</b>		Date of Receipt MM / DD / YYYY 03 / 30 / 2015 <b>Transaction ID : VN8ECDBBPR7</b>
Mailing Address PO Box 572 383 N.W. 20th Lane		Amount of Each Receipt this Period 50.00
City Lamar	State MO	Zip Code 64759
FEC ID number of contributing federal political committee. C	Name of Employer Dogwoodhill Foxtrotters	Occupation Raise and train Missouri Foxtrotters
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 150.00	
		Contribution-IE Only Account

Full Name (Last, First, Middle Initial) <b>C. Melody Smith</b>		Date of Receipt MM / DD / YYYY 04 / 30 / 2015 <b>Transaction ID : VN8ECDE97P4</b>
Mailing Address PO Box 572 383 N.W. 20th Lane		Amount of Each Receipt this Period 50.00
City Lamar	State MO	Zip Code 64759
FEC ID number of contributing federal political committee. C	Name of Employer Dogwoodhill Foxtrotters	Occupation Raise and train Missouri Foxtrotters
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	
		Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 720 OF 1282
<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

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

Full Name (Last, First, Middle Initial) <b>A. Melody Smith</b>		Date of Receipt MM / DD / YYYY 05 / 30 / 2015 <b>Transaction ID : VN8ECDES154</b>
Mailing Address PO Box 572 383 N.W. 20th Lane		Amount of Each Receipt this Period 50.00
City Lamar	State MO	
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Dogwoodhill Foxtrotters	Occupation Raise and train Missouri Foxtrotters	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Melody Smith</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2015 <b>Transaction ID : VN8ECDFN0K2</b>
Mailing Address PO Box 572 383 N.W. 20th Lane		Amount of Each Receipt this Period 50.00
City Lamar	State MO	
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Dogwoodhill Foxtrotters	Occupation Raise and train Missouri Foxtrotters	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C. Susan Y. Smith</b>		Date of Receipt MM / DD / YYYY 03 / 09 / 2015 <b>Transaction ID : VN8ECDBZS80</b>
Mailing Address 121 Lakeshore Dr		Amount of Each Receipt this Period 201.60
City Pawleys Island	State SC	
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer N/A	Occupation N/A	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 201.60	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	301.60
<b>TOTAL</b> This Period (last page this line number only).....▶	



**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 721 OF 1282
	<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	

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

Full Name (Last, First, Middle Initial) <b>A. Suzelle Smith</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 03 / 29 / 2015 <b>Transaction ID : VN8ECDB519</b>
Mailing Address 523 W 6th St Ste 728		Amount of Each Receipt this Period 500.00
City Los Angeles	State CA	Zip Code 90014-1223
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer howarth & smith	Occupation lawyer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. William Smith</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 01 / 09 / 2015 <b>Transaction ID : VN8ECDAB0C9</b>
Mailing Address 1007 E Capitol St SE		Amount of Each Receipt this Period 201.60
City Washington	State DC	Zip Code 20003-3905
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Civitas Public Affairs Group	Occupation Consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 201.60	

Full Name (Last, First, Middle Initial) <b>C. Arlene Snyder</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 01 / 24 / 2015 <b>Transaction ID : VN8ECDAJDF6</b>
Mailing Address 2315 Woodlawn Rd		Amount of Each Receipt this Period 50.00
City Northbrook	State IL	Zip Code 60062-6076
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer none	Occupation retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 50.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	751.60
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 722 OF 1282
	<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	

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

**A. Arlene Snyder**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2315 Woodlawn Rd  
 City Northbrook State IL Zip Code 60062-6076  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer none Occupation retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 180.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 06 / 2015  
**Transaction ID : VN8ECDB2X07**  
 Amount of Each Receipt this Period  
 130.00  
 Contribution-IE Only Account

**B. Arlene Snyder**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2315 Woodlawn Rd  
 City Northbrook State IL Zip Code 60062-6076  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer none Occupation retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 02 / 2015  
**Transaction ID : VN8ECDDJ197**  
 Amount of Each Receipt this Period  
 100.00  
 Contribution-IE Only Account

**C. Nancy Snyder**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 235 13th Ave E Apt 201  
 City Seattle State WA Zip Code 98102  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Ret. Occupation n/a  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 85.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 19 / 2015  
**Transaction ID : VN8ECDAGEF1**  
 Amount of Each Receipt this Period  
 35.00  
 Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	265.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 723 OF 1282
<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

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

Full Name (Last, First, Middle Initial) <b>A. Nancy Snyder</b>		Date of Receipt MM / DD / YYYY 01 / 19 / 2015
Mailing Address 235 13th Ave E Apt 201		<b>Transaction ID : VN8ECDAGEQ5</b>
City Seattle	State WA	Zip Code 98102
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Ret.	Occupation n/a	Contribution-IE Only Account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 85.00	

Full Name (Last, First, Middle Initial) <b>B. Nancy Snyder</b>		Date of Receipt MM / DD / YYYY 02 / 19 / 2015
Mailing Address 235 13th Ave E Apt 201		<b>Transaction ID : VN8ECDBAXN3</b>
City Seattle	State WA	Zip Code 98102
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Ret.	Occupation n/a	Contribution-IE Only Account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 170.00	

Full Name (Last, First, Middle Initial) <b>C. Nancy Snyder</b>		Date of Receipt MM / DD / YYYY 02 / 19 / 2015
Mailing Address 235 13th Ave E Apt 201		<b>Transaction ID : VN8ECDBB3D3</b>
City Seattle	State WA	Zip Code 98102
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 35.00
Name of Employer Ret.	Occupation n/a	Contribution-IE Only Account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 170.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	135.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 724 OF 1282
<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

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

Full Name (Last, First, Middle Initial) <b>A. Nancy Snyder</b>		Date of Receipt MM / DD / YYYY 03 / 19 / 2015 <b>Transaction ID : VN8ECDC8FF5</b>
Mailing Address 235 13th Ave E Apt 201		Amount of Each Receipt this Period 50.00
City Seattle	State WA	Zip Code 98102
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Ret.	Occupation n/a	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00	

Full Name (Last, First, Middle Initial) <b>B. Nancy Snyder</b>		Date of Receipt MM / DD / YYYY 03 / 19 / 2015 <b>Transaction ID : VN8ECDC8H67</b>
Mailing Address 235 13th Ave E Apt 201		Amount of Each Receipt this Period 35.00
City Seattle	State WA	Zip Code 98102
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Ret.	Occupation n/a	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00	

Full Name (Last, First, Middle Initial) <b>C. Nancy Snyder</b>		Date of Receipt MM / DD / YYYY 04 / 19 / 2015 <b>Transaction ID : VN8ECDE1BZ9</b>
Mailing Address 235 13th Ave E Apt 201		Amount of Each Receipt this Period 35.00
City Seattle	State WA	Zip Code 98102
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Ret.	Occupation n/a	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	120.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 725 OF 1282
	<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	

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

Full Name (Last, First, Middle Initial) <b>A. Nancy Snyder</b>		Date of Receipt MM / DD / YYYY 04 / 19 / 2015 <b>Transaction ID : VN8ECDE1C65</b>
Mailing Address 235 13th Ave E Apt 201		Amount of Each Receipt this Period 50.00
City Seattle	State WA	Zip Code 98102
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Ret.	Occupation n/a	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00	

Full Name (Last, First, Middle Initial) <b>B. Nancy Snyder</b>		Date of Receipt MM / DD / YYYY 05 / 19 / 2015 <b>Transaction ID : VN8ECDEN2M1</b>
Mailing Address 235 13th Ave E Apt 201		Amount of Each Receipt this Period 35.00
City Seattle	State WA	Zip Code 98102
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Ret.	Occupation n/a	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00	

Full Name (Last, First, Middle Initial) <b>C. Nancy Snyder</b>		Date of Receipt MM / DD / YYYY 05 / 19 / 2015 <b>Transaction ID : VN8ECDEN4R8</b>
Mailing Address 235 13th Ave E Apt 201		Amount of Each Receipt this Period 50.00
City Seattle	State WA	Zip Code 98102
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Ret.	Occupation n/a	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	135.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 726 OF 1282
<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

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

Full Name (Last, First, Middle Initial) <b>A. Nancy Snyder</b>		Date of Receipt MM / DD / YYYY 06 / 19 / 2015 <b>Transaction ID : VN8ECDF9TC8</b>
Mailing Address 235 13th Ave E Apt 201		Amount of Each Receipt this Period 50.00
City Seattle	State WA	Zip Code 98102
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Ret.	Occupation n/a	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 510.00	

Full Name (Last, First, Middle Initial) <b>B. Nancy Snyder</b>		Date of Receipt MM / DD / YYYY 06 / 19 / 2015 <b>Transaction ID : VN8ECDF9WP1</b>
Mailing Address 235 13th Ave E Apt 201		Amount of Each Receipt this Period 35.00
City Seattle	State WA	Zip Code 98102
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Ret.	Occupation n/a	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 510.00	

Full Name (Last, First, Middle Initial) <b>C. Soares Builders Inc.</b>		Date of Receipt MM / DD / YYYY 03 / 13 / 2015 <b>Transaction ID : VN8ECDC9926</b>
Mailing Address 849 Inwood Rd		Amount of Each Receipt this Period 750.00
City Union	State NJ	Zip Code 07083-6558
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	835.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 727 OF 1282
<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

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

Full Name (Last, First, Middle Initial) <b>A. Barbara Sockey</b>		Date of Receipt MM / DD / YYYY 01 / 02 / 2015 <b>Transaction ID : VN8ECDA6NA0</b>
Mailing Address 46739 Abington Ter		Amount of Each Receipt this Period 35.00
City Potomac Falls	State VA	Zip Code 20165-7547
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Retired	Occupation Network engineer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 35.00	

Full Name (Last, First, Middle Initial) <b>B. Barbara Sockey</b>		Date of Receipt MM / DD / YYYY 01 / 21 / 2015 <b>Transaction ID : VN8ECDAH425</b>
Mailing Address 46739 Abington Ter		Amount of Each Receipt this Period 20.16
City Potomac Falls	State VA	Zip Code 20165-7547
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Retired	Occupation Network engineer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 55.16	

Full Name (Last, First, Middle Initial) <b>C. Barbara Sockey</b>		Date of Receipt MM / DD / YYYY 02 / 02 / 2015 <b>Transaction ID : VN8ECDATT08</b>
Mailing Address 46739 Abington Ter		Amount of Each Receipt this Period 35.00
City Potomac Falls	State VA	Zip Code 20165-7547
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Retired	Occupation Network engineer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 90.16	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	90.16
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 728 OF 1282
<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

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

Full Name (Last, First, Middle Initial) <b>A. Barbara Sockey</b>		Date of Receipt MM / DD / YYYY 03 / 02 / 2015 <b>Transaction ID : VN8ECDBQTA4</b>
Mailing Address 46739 Abington Ter		Amount of Each Receipt this Period 35.00
City Potomac Falls	State VA	Zip Code 20165-7547
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Retired	Occupation Network engineer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 125.16	

Full Name (Last, First, Middle Initial) <b>B. Barbara Sockey</b>		Date of Receipt MM / DD / YYYY 04 / 02 / 2015 <b>Transaction ID : VN8ECDDFRJ2</b>
Mailing Address 46739 Abington Ter		Amount of Each Receipt this Period 35.00
City Potomac Falls	State VA	Zip Code 20165-7547
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Retired	Occupation Network engineer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 160.16	

Full Name (Last, First, Middle Initial) <b>C. Barbara Sockey</b>		Date of Receipt MM / DD / YYYY 04 / 23 / 2015 <b>Transaction ID : VN8ECDE3X59</b>
Mailing Address 46739 Abington Ter		Amount of Each Receipt this Period 20.00
City Potomac Falls	State VA	Zip Code 20165-7547
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Retired	Occupation Network engineer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 180.16	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	90.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**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 729 OF 1282
<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

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

Full Name (Last, First, Middle Initial) <b>A. Barbara Sockey</b>		Date of Receipt
Mailing Address 46739 Abington Ter		<input type="text" value="05"/> / <input type="text" value="02"/> / <input type="text" value="2015"/>
City	State	Zip Code
Potomac Falls	VA	20165-7547
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : <b>VN8ECDEBP07</b>
Retired	Network engineer	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="215.16"/>	<input type="text" value="35.00"/>
<input type="checkbox"/> Other (specify) ▼		Contribution-IE Only Account

Full Name (Last, First, Middle Initial) <b>B. Barbara Sockey</b>		Date of Receipt
Mailing Address 46739 Abington Ter		<input type="text" value="06"/> / <input type="text" value="02"/> / <input type="text" value="2015"/>
City	State	Zip Code
Potomac Falls	VA	20165-7547
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : <b>VN8ECDEY0J3</b>
Retired	Network engineer	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.16"/>	<input type="text" value="35.00"/>
<input type="checkbox"/> Other (specify) ▼		Contribution-IE Only Account

Full Name (Last, First, Middle Initial) <b>C. Carl Soderstrom</b>		Date of Receipt
Mailing Address 6 Green Park Dr		<input type="text" value="04"/> / <input type="text" value="12"/> / <input type="text" value="2015"/>
City	State	Zip Code
Dallas	TX	75248-2798
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : <b>VN8ECDDX8K9</b>
None	Private Equity	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	<input type="text" value="500.00"/>
<input type="checkbox"/> Other (specify) ▼		Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="570.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value="570.00"/>

**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 730 OF 1282
	<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	

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

**A. Gail Soja**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1100 Holly Hill Dr  
City Franklin State TN Zip Code 37064-6708  
FEC ID number of contributing federal political committee. **C**  
Name of Employer N/A Occupation Retired  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 250.00

Date of Receipt **02 / 08 / 2015**  
**Transaction ID : VN8ECDB04P2**  
Amount of Each Receipt this Period **250.00**  
Contribution-IE Only Account

**B. Gail Soja**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1100 Holly Hill Dr  
City Franklin State TN Zip Code 37064-6708  
FEC ID number of contributing federal political committee. **C**  
Name of Employer N/A Occupation Retired  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 750.00

Date of Receipt **03 / 31 / 2015**  
**Transaction ID : VN8ECDD450**  
Amount of Each Receipt this Period **500.00**  
Contribution-IE Only Account

**C. Antonio Sola**  
Full Name (Last, First, Middle Initial)  
Mailing Address 52614 HC 5 Box  
City Caguas State PR Zip Code 00725-9282  
FEC ID number of contributing federal political committee. **C**  
Name of Employer US Army Occupation Retired  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 100.00

Date of Receipt **01 / 10 / 2015**  
**Transaction ID : VN8ECDABBE8**  
Amount of Each Receipt this Period **100.00**  
Contribution-IE Only Account

**SUBTOTAL** of Receipts This Page (optional)..... **850.00**  
**TOTAL** This Period (last page this line number only).....

**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 731 OF 1282
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input checked="" type="checkbox"/> 17	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16	

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

Full Name (Last, First, Middle Initial) <b>A. Antonio Sola</b>		Date of Receipt MM / DD / YYYY 01 / 29 / 2015
Mailing Address 52614 HC 5 Box		<b>Transaction ID : VN8ECDARMC5</b>
City Caguas State PR Zip Code 00725-9282	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 100.00
Name of Employer US Army Occupation Retired	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Contribution-IE Only Account
Aggregate Year-to-Date ▼ 200.00		

Full Name (Last, First, Middle Initial) <b>B. Antonio Sola</b>		Date of Receipt MM / DD / YYYY 02 / 10 / 2015
Mailing Address 52614 HC 5 Box		<b>Transaction ID : VN8ECDB30V6</b>
City Caguas State PR Zip Code 00725-9282	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 100.00
Name of Employer US Army Occupation Retired	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Contribution-IE Only Account
Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) <b>C. Antonio Sola</b>		Date of Receipt MM / DD / YYYY 02 / 28 / 2015
Mailing Address 52614 HC 5 Box		<b>Transaction ID : VN8ECDBPRJ5</b>
City Caguas State PR Zip Code 00725-9282	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 100.00
Name of Employer US Army Occupation Retired	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Contribution-IE Only Account
Aggregate Year-to-Date ▼ 400.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 732 OF 1282
<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

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

Full Name (Last, First, Middle Initial) <b>A. Antonio Sola</b>		Date of Receipt MM / DD / YYYY 03 / 10 / 2015 <b>Transaction ID : VN8ECDC0PK7</b>
Mailing Address 52614 HC 5 Box		Amount of Each Receipt this Period 100.00
City Caguas	State PR	Zip Code 00725-9282
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer US Army	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Antonio Sola</b>		Date of Receipt MM / DD / YYYY 03 / 28 / 2015 <b>Transaction ID : VN8ECDDAP24</b>
Mailing Address 52614 HC 5 Box		Amount of Each Receipt this Period 100.00
City Caguas	State PR	Zip Code 00725-9282
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer US Army	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) <b>C. Antonio Sola</b>		Date of Receipt MM / DD / YYYY 03 / 31 / 2015 <b>Transaction ID : VN8ECDDDRJ7</b>
Mailing Address 52614 HC 5 Box		Amount of Each Receipt this Period 100.00
City Caguas	State PR	Zip Code 00725-9282
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer US Army	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 733 OF 1282
<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

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

Full Name (Last, First, Middle Initial) <b>A. Antonio Sola</b>		Date of Receipt MM / DD / YYYY 04 / 10 / 2015
Mailing Address 52614 HC 5 Box		<b>Transaction ID : VN8ECDDSBF1</b>
City Caguas	State PR	Zip Code 00725-9282
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer US Army	Occupation Retired	Contribution-IE Only Account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

Full Name (Last, First, Middle Initial) <b>B. Antonio Sola</b>		Date of Receipt MM / DD / YYYY 04 / 28 / 2015
Mailing Address 52614 HC 5 Box		<b>Transaction ID : VN8ECDE9617</b>
City Caguas	State PR	Zip Code 00725-9282
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer US Army	Occupation Retired	Contribution-IE Only Account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	

Full Name (Last, First, Middle Initial) <b>C. Antonio Sola</b>		Date of Receipt MM / DD / YYYY 05 / 10 / 2015
Mailing Address 52614 HC 5 Box		<b>Transaction ID : VN8ECDEH3Q7</b>
City Caguas	State PR	Zip Code 00725-9282
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer US Army	Occupation Retired	Contribution-IE Only Account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 734 OF 1282
<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

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

Full Name (Last, First, Middle Initial)  
**A. Antonio Sola**

Mailing Address 52614 HC 5  
Box

City Caguas State PR Zip Code 00725-9282

FEC ID number of contributing federal political committee. **C**

Name of Employer US Army Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1100.00

Date of Receipt  
05 / 28 / 2015  
Transaction ID : VN8ECDERQQ4

Amount of Each Receipt this Period  
100.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)  
**B. Antonio Sola**

Mailing Address 52614 HC 5  
Box

City Caguas State PR Zip Code 00725-9282

FEC ID number of contributing federal political committee. **C**

Name of Employer US Army Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  
06 / 10 / 2015  
Transaction ID : VN8ECD3JS7

Amount of Each Receipt this Period  
100.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)  
**C. Antonio Sola**

Mailing Address 52614 HC 5  
Box

City Caguas State PR Zip Code 00725-9282

FEC ID number of contributing federal political committee. **C**

Name of Employer US Army Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1300.00

Date of Receipt  
06 / 28 / 2015  
Transaction ID : VN8ECDFGPJ1

Amount of Each Receipt this Period  
100.00

Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 735 OF 1282
<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

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

**A. Jean Soman**  
Full Name (Last, First, Middle Initial)  
Mailing Address 11191 SW 60th Ave  
City Pinecrest State FL Zip Code 33156-4978  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Occupation Writer  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 35.00

Date of Receipt 01 / 18 / 2015  
**Transaction ID : VN8ECDAFX7**  
Amount of Each Receipt this Period 35.00  
Contribution-IE Only Account

**B. Jean Soman**  
Full Name (Last, First, Middle Initial)  
Mailing Address 11191 SW 60th Ave  
City Pinecrest State FL Zip Code 33156-4978  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Occupation Writer  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 55.16

Date of Receipt 01 / 20 / 2015  
**Transaction ID : VN8ECDAGN90**  
Amount of Each Receipt this Period 20.16  
Contribution-IE Only Account

**C. Jean Soman**  
Full Name (Last, First, Middle Initial)  
Mailing Address 11191 SW 60th Ave  
City Pinecrest State FL Zip Code 33156-4978  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Occupation Writer  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 75.32

Date of Receipt 02 / 16 / 2015  
**Transaction ID : VN8ECDB96X1**  
Amount of Each Receipt this Period 20.16  
Contribution-IE Only Account

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.32  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 736 OF 1282
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17

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

**A. Jean Soman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11191 SW 60th Ave  
 City State Zip Code  
 Pinecrest FL 33156-4978  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Writer  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 325.32

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 28 / 2015  
**Transaction ID : VN8ECD0MT9**  
 Amount of Each Receipt this Period  
 250.00  
 Contribution-IE Only Account

**B. George Soros**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 888 7th Ave  
 FI 31  
 City State Zip Code  
 New York NY 10106-3399  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Soros Fund Management Business Executive  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 25000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 21 / 2015  
**Transaction ID : VN8ECDAMHT5**  
 Amount of Each Receipt this Period  
 25000.00  
 Contribution-IE Only Account

**C. Soto & Sanchez Investments, Inc.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13701 Cimarron Ave  
 City State Zip Code  
 Gardena CA 90249-2463  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 17 / 2015  
**Transaction ID : VN8ECDD7B91**  
 Amount of Each Receipt this Period  
 3000.00  
 Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	28250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**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 737 OF 1282
<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**

**A. Andre Spearman**  
Full Name (Last, First, Middle Initial)

Mailing Address 1001 L St NW

City Washington State DC Zip Code 20001-6304

FEC ID number of contributing federal political committee. **C**

Name of Employer Neiman Marcus Occupation Retail Sales

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
100.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 08 / 2015  
**Transaction ID : VN8ECDA9JM6**

Amount of Each Receipt this Period  
 100.00

Contribution-IE Only Account

**B. Andre Spearman**  
Full Name (Last, First, Middle Initial)

Mailing Address 1001 L St NW

City Washington State DC Zip Code 20001-6304

FEC ID number of contributing federal political committee. **C**

Name of Employer Neiman Marcus Occupation Retail Sales

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
150.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 25 / 2015  
**Transaction ID : VN8ECDBMDR2**

Amount of Each Receipt this Period  
 50.00

Contribution-IE Only Account

**C. Andre Spearman**  
Full Name (Last, First, Middle Initial)

Mailing Address 1001 L St NW

City Washington State DC Zip Code 20001-6304

FEC ID number of contributing federal political committee. **C**

Name of Employer Neiman Marcus Occupation Retail Sales

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 07 / 2015  
**Transaction ID : VN8ECDF1572**

Amount of Each Receipt this Period  
 100.00

Earmarked; IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 738 OF 1282
<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

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

Full Name (Last, First, Middle Initial)  
**A. Guy Spearman**

Mailing Address 516 Delannoy Ave

City Cocoa State FL Zip Code 32922-7814

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Consultant

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 12 / 2015  
**Transaction ID : VN8ECDB7QA4**

Amount of Each Receipt this Period  
250.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)  
**B. Cordell Spencer**

Mailing Address 435 W 44th St

City New York State NY Zip Code 10036-4402

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Private Investor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 10 / 2015  
**Transaction ID : VN8ECDDSBP6**

Amount of Each Receipt this Period  
1000.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)  
**C. Michael Stanley**

Mailing Address 164 Robles Way # 352

City Vallejo State CA Zip Code 94591-8039

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
100.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 06 / 2015  
**Transaction ID : VN8ECDA8CC1**

Amount of Each Receipt this Period  
100.00

Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1350.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 739 OF 1282
<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

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

Full Name (Last, First, Middle Initial) <b>A. Michael Stanley</b>		Date of Receipt MM / DD / YYYY 02 / 06 / 2015 <b>Transaction ID : VN8ECDAYQ43</b>
Mailing Address 164 Robles Way # 352		Amount of Each Receipt this Period 100.00
City Vallejo State CA Zip Code 94591-8039	FEC ID number of contributing federal political committee. C	Contribution-IE Only Account
Name of Employer N/A Occupation Retired	Aggregate Year-to-Date 200.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Michael Stanley</b>		Date of Receipt MM / DD / YYYY 03 / 06 / 2015 <b>Transaction ID : VN8ECDBVAW4</b>
Mailing Address 164 Robles Way # 352		Amount of Each Receipt this Period 100.00
City Vallejo State CA Zip Code 94591-8039	FEC ID number of contributing federal political committee. C	Contribution-IE Only Account
Name of Employer N/A Occupation Retired	Aggregate Year-to-Date 300.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Michael Stanley</b>		Date of Receipt MM / DD / YYYY 04 / 06 / 2015 <b>Transaction ID : VN8ECDDNYJ5</b>
Mailing Address 164 Robles Way # 352		Amount of Each Receipt this Period 100.00
City Vallejo State CA Zip Code 94591-8039	FEC ID number of contributing federal political committee. C	Contribution-IE Only Account
Name of Employer N/A Occupation Retired	Aggregate Year-to-Date 400.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 740 OF 1282
<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

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

Full Name (Last, First, Middle Initial)  
**A. Michael Stanley**

Mailing Address 164 Robles Way  
# 352

City State Zip Code  
Vallejo CA 94591-8039

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
N/A Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
05 / 06 / 2015

**Transaction ID : VN8ECDEG256**

Amount of Each Receipt this Period  
100.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)  
**B. Michael Stanley**

Mailing Address 164 Robles Way  
# 352

City State Zip Code  
Vallejo CA 94591-8039

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
N/A Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
MM / DD / YYYY  
06 / 06 / 2015

**Transaction ID : VN8ECDEZ9S6**

Amount of Each Receipt this Period  
100.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)  
**c. Alinor Sterling**

Mailing Address 256 Fairfield Ave

City State Zip Code  
Bridgeport CT 06604-4208

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Koskoff, Koskoff & Bieder Lawyer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
04 / 02 / 2015

**Transaction ID : VN8ECDFWB6**

Amount of Each Receipt this Period  
500.00

Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	700.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 741 OF 1282
<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

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

Full Name (Last, First, Middle Initial) <b>A. Patricia Sterling</b>		Date of Receipt MM / DD / YYYY 03 / 17 / 2015 <b>Transaction ID : VN8ECDC7640</b>
Mailing Address 1314 N Wilton Pl		Amount of Each Receipt this Period 2000.00
City Los Angeles	State CA	Zip Code 90028-8527
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer N/A	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) <b>B. Shelly Stettner</b>		Date of Receipt MM / DD / YYYY 02 / 10 / 2015 <b>Transaction ID : VN8ECDB3J10</b>
Mailing Address 1750 Holland St		Amount of Each Receipt this Period 2500.00
City Birmingham	State MI	Zip Code 48009-7803
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer WSUPG	Occupation psychiatrist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) <b>C. Elizabeth Stevens</b>		Date of Receipt MM / DD / YYYY 01 / 24 / 2015 <b>Transaction ID : VN8ECDAJDN3</b>
Mailing Address 3050 Avon Ln NW		Amount of Each Receipt this Period 1000.00
City Washington	State DC	Zip Code 20007
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer none	Occupation none	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 742 OF 1282
<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

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

**A. Elizabeth Stevens**  
Full Name (Last, First, Middle Initial)

Mailing Address 3050 Avon Ln NW

City Washington State DC Zip Code 20007

FEC ID number of contributing federal political committee. **C**

Name of Employer none Occupation none

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 25 / 2015  
**Transaction ID : VN8ECDAJS52**

Amount of Each Receipt this Period  
500.00

Contribution-IE Only Account

**B. Sean Stewart**  
Full Name (Last, First, Middle Initial)

Mailing Address 114 E 84th St Apt 9D

City New York State NY Zip Code 10028-0920

FEC ID number of contributing federal political committee. **C**

Name of Employer Perella Weinberg Partners Occupation Investment banker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
271.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 25 / 2015  
**Transaction ID : VN8ECDBM8Y8**

Amount of Each Receipt this Period  
250.00

Contribution-IE Only Account

**C. Sean Stewart**  
Full Name (Last, First, Middle Initial)

Mailing Address 114 E 84th St Apt 9D

City New York State NY Zip Code 10028-0920

FEC ID number of contributing federal political committee. **C**

Name of Employer Perella Weinberg Partners Occupation Investment banker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
271.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 25 / 2015  
**Transaction ID : VN8ECDBM9C8**

Amount of Each Receipt this Period  
21.00

Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	771.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 743 OF 1282
<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

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

Full Name (Last, First, Middle Initial) <b>A. Lynne Stickrod</b>		Date of Receipt
Mailing Address 248 Laurel St		<input type="text" value="02"/> / <input type="text" value="04"/> / <input type="text" value="2015"/>
City	State	Zip Code
San Francisco	CA	94118-2011
FEC ID number of contributing federal political committee.		Transaction ID : <b>VN8ECDAXD30</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
Name of Employer	Occupation	Contribution-IE Only Account
Self	Sales	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Jeremy Stock</b>		Date of Receipt
Mailing Address 12178 Farley Rd		<input type="text" value="04"/> / <input type="text" value="10"/> / <input type="text" value="2015"/>
City	State	Zip Code
Brandy Station	VA	22714-1918
FEC ID number of contributing federal political committee.		Transaction ID : <b>VN8ECDDS9X8</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="1000.00"/>
Name of Employer	Occupation	Contribution-IE Only Account
self	clinical psychologist	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Steven Stogel</b>		Date of Receipt
Mailing Address 7777 Bonhomme Ave Ste 1210		<input type="text" value="01"/> / <input type="text" value="14"/> / <input type="text" value="2015"/>
City	State	Zip Code
Clayton	MO	63105-1911
FEC ID number of contributing federal political committee.		Transaction ID : <b>VN8ECDAFTK2</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="5000.00"/>
Name of Employer	Occupation	Contribution-IE Only Account
DFC Group	Principal	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="5000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="6250.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 744 OF 1282
<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

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

**A. Steven Stogel**  
Full Name (Last, First, Middle Initial)

Mailing Address 7777 Bonhomme Ave  
Ste 1210

City Clayton State MO Zip Code 63105-1911

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
DFC Group Principal

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
6000.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
04 / 15 / 2015

**Transaction ID : VN8ECDFW1X7**

Amount of Each Receipt this Period  
1000.00

Contribution-E Only Account

**B. Lacie Stone**  
Full Name (Last, First, Middle Initial)

Mailing Address 3070 Folts Cir

City Chattanooga State TN Zip Code 37415-6103

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
City of Chattanooga Communications Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
04 / 12 / 2015

**Transaction ID : VN8ECDDWM98**

Amount of Each Receipt this Period  
250.00

Contribution-IE Only Account

**C. Barbara Storms**  
Full Name (Last, First, Middle Initial)

Mailing Address 39539 Manorgate Rd

City Palm Desert State CA Zip Code 92211

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
42.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
01 / 19 / 2015

**Transaction ID : VN8ECDAG7F8**

Amount of Each Receipt this Period  
42.00

Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1292.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**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 745 OF 1282
	<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	

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

Full Name (Last, First, Middle Initial) <b>A. Barbara Storms</b>		Date of Receipt MM / DD / YYYY 01 / 20 / 2015 <b>Transaction ID : VN8ECDAGMR5</b>
Mailing Address 39539 Manorgate Rd		Amount of Each Receipt this Period 25.00
City Palm Desert	State CA	Zip Code 92211
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Retired	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 67.00	

Full Name (Last, First, Middle Initial) <b>B. Barbara Storms</b>		Date of Receipt MM / DD / YYYY 03 / 18 / 2015 <b>Transaction ID : VN8ECD7KS1</b>
Mailing Address 39539 Manorgate Rd		Amount of Each Receipt this Period 200.00
City Palm Desert	State CA	Zip Code 92211
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Retired	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 267.00	

Full Name (Last, First, Middle Initial) <b>c. Sheryll Strang</b>		Date of Receipt MM / DD / YYYY 01 / 23 / 2015 <b>Transaction ID : VN8ECDAJ4D1</b>
Mailing Address 1190 W Lake Otis Dr SE		Amount of Each Receipt this Period 45.00
City Winter Haven	State FL	Zip Code 33880-4200
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer N/A	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 45.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	270.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 746 OF 1282
<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

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

**A. Sheryll Strang**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1190 W Lake Otis Dr SE  
City Winter Haven State FL Zip Code 33880-4200  
FEC ID number of contributing federal political committee. **C**  
Name of Employer N/A Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 90.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 23 / 2015  
**Transaction ID : VN8ECDBE026**  
Amount of Each Receipt this Period 45.00  
Contribution-IE Only Account

**B. Sheryll Strang**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1190 W Lake Otis Dr SE  
City Winter Haven State FL Zip Code 33880-4200  
FEC ID number of contributing federal political committee. **C**  
Name of Employer N/A Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 135.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 23 / 2015  
**Transaction ID : VN8ECDCCWV7**  
Amount of Each Receipt this Period 45.00  
Contribution-IE Only Account

**c. Sheryll Strang**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1190 W Lake Otis Dr SE  
City Winter Haven State FL Zip Code 33880-4200  
FEC ID number of contributing federal political committee. **C**  
Name of Employer N/A Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 180.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 23 / 2015  
**Transaction ID : VN8ECDE4159**  
Amount of Each Receipt this Period 45.00  
Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	135.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 747 OF 1282
	<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	

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

**A. Sheryll Strang**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1190 W Lake Otis Dr SE  
City Winter Haven State FL Zip Code 33880-4200  
FEC ID number of contributing federal political committee. **C**  
Name of Employer N/A Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 225.00

Date of Receipt 05 / 23 / 2015  
**Transaction ID : VN8ECDEPH37**  
Amount of Each Receipt this Period 45.00  
Contribution-IE Only Account

**B. Sheryll Strang**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1190 W Lake Otis Dr SE  
City Winter Haven State FL Zip Code 33880-4200  
FEC ID number of contributing federal political committee. **C**  
Name of Employer N/A Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 270.00

Date of Receipt 06 / 23 / 2015  
**Transaction ID : VN8ECDFAJH8**  
Amount of Each Receipt this Period 45.00  
Contribution-IE Only Account

**c. Lynn G Straus**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1037 Constable Dr  
City Mamaroneck State NY Zip Code 10543-4702  
FEC ID number of contributing federal political committee. **C**  
Name of Employer none Occupation none  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 201.60

Date of Receipt 02 / 28 / 2015  
**Transaction ID : VN8ECDBPRA2**  
Amount of Each Receipt this Period 201.60  
Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	291.60
<b>TOTAL</b> This Period (last page this line number only).....	

**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 748 OF 1282
<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

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

Full Name (Last, First, Middle Initial) <b>A. Robert Strobel</b>		Date of Receipt MM / DD / YYYY 01 / 05 / 2015 <b>Transaction ID : VN8ECDA8637</b>
Mailing Address 36 Duncan Ave Apt A1		Amount of Each Receipt this Period 201.60
City Jersey City	State NJ	Zip Code 07304-2147
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Rutgers School of Law	Occupation Student	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 201.60	

Full Name (Last, First, Middle Initial) <b>B. Ellie C Sutter</b>		Date of Receipt MM / DD / YYYY 01 / 22 / 2015 <b>Transaction ID : VN8ECDAN2R6</b>
Mailing Address 33 Linda Ave Apt 2606		Amount of Each Receipt this Period 1000.00
City Oakland	State CA	Zip Code 94611-4820
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer N/A	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. Robert Swanson</b>		Date of Receipt MM / DD / YYYY 03 / 14 / 2015 <b>Transaction ID : VN8ECDFOR24</b>
Mailing Address 15 Hans Place		Amount of Each Receipt this Period 500.00
City London	State	Zip Code OSW1X
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Amicus S.A.	Occupation Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1701.60
<b>TOTAL</b> This Period (last page this line number only).....	

**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 749 OF 1282
	<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	

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

Full Name (Last, First, Middle Initial) <b>A. Nik Swiatek</b>		Date of Receipt MM / DD / YYYY 03 / 19 / 2015 <b>Transaction ID : VN8ECDC9483</b>
Mailing Address 233 S La Fayette Park Pl Apt 204		Amount of Each Receipt this Period 201.60
City Los Angeles	State CA	Zip Code 90057-1364
FEC ID number of contributing federal political committee. C	Name of Employer LA County	Occupation Deputy
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 201.60	
		Contribution-IE Only Account

Full Name (Last, First, Middle Initial) <b>B. Roselyne C Swig</b>		Date of Receipt MM / DD / YYYY 02 / 28 / 2015 <b>Transaction ID : VN8ECDC0JH4</b>
Mailing Address 3710 Washington St		Amount of Each Receipt this Period 5000.00
City San Francisco	State CA	Zip Code 94118-1835
FEC ID number of contributing federal political committee. C	Name of Employer Self	Occupation Community Consultant
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	
		Contribution-IE Only Account

Full Name (Last, First, Middle Initial) <b>C. Dale Swope</b>		Date of Receipt MM / DD / YYYY 02 / 20 / 2015 <b>Transaction ID : VN8ECDBCGR6</b>
Mailing Address 1234 E 5th Ave		Amount of Each Receipt this Period 201.60
City Tampa	State FL	Zip Code 33605-4904
FEC ID number of contributing federal political committee. C	Name of Employer SWOPE, RODANTE PA	Occupation ATTORNEY
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 201.60	
		Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5403.20
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 750 OF 1282
	<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	

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

Full Name (Last, First, Middle Initial) <b>A. Dale Swope</b>		Date of Receipt MM / DD / YYYY 03 / 09 / 2015 <b>Transaction ID : VN8ECDC90W2</b>
Mailing Address 1234 E 5th Ave		Amount of Each Receipt this Period 500.00
City Tampa	State FL	Zip Code 33605-4904
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer SWOPE, RODANTE PA	Occupation ATTORNEY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 701.60	

Full Name (Last, First, Middle Initial) <b>B. Cathy Sylvester</b>		Date of Receipt MM / DD / YYYY 04 / 12 / 2015 <b>Transaction ID : VN8ECDDWYY4</b>
Mailing Address 58 Rolling Views Dr		Amount of Each Receipt this Period 100.00
City Woodland Park	State NJ	Zip Code 07424-2646
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer state/NJ	Occupation registered Nurse	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 100.00	

Full Name (Last, First, Middle Initial) <b>C. Cathy Sylvester</b>		Date of Receipt MM / DD / YYYY 04 / 25 / 2015 <b>Transaction ID : VN8ECDE67J8</b>
Mailing Address 58 Rolling Views Dr		Amount of Each Receipt this Period 1000.00
City Woodland Park	State NJ	Zip Code 07424-2646
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer state/NJ	Occupation registered Nurse	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1600.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 751 OF 1282
<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

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

**A. Tom Tagliamonte**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6578 Hudson Ave  
City Mentor State OH Zip Code 44060-4545  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Lubrizol Corp. Occupation Chemist  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 201.60

Date of Receipt **02 / 16 / 2015**  
**Transaction ID : VN8ECDB8ME4**  
Amount of Each Receipt this Period 201.60  
Contribution-IE Only Account

**B. Ali Sajjad Taj**  
Full Name (Last, First, Middle Initial)  
Mailing Address 11856 187th St  
City Artesia State CA Zip Code 90701-5858  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Employed Occupation Financial Advisor  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 201.60

Date of Receipt **03 / 12 / 2015**  
**Transaction ID : VN8ECDC2CA1**  
Amount of Each Receipt this Period 201.60  
Contribution-IE Only Account

**C. Sean Tanany**  
Full Name (Last, First, Middle Initial)  
Mailing Address 9 Regalo Dr  
City Mission Viejo State CA Zip Code 92692-5100  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Set Tech Occupation Managing Director  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 1500.00

Date of Receipt **04 / 12 / 2015**  
**Transaction ID : VN8ECDDWQW2**  
Amount of Each Receipt this Period 1500.00  
Contribution-IE Only Account

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1903.20  
**TOTAL** This Period (last page this line number only)..... ▶

**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 752 OF 1282
<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

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

**A. Allison E Tant Richard**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6035 Boynton Homestead  
 City Tallahassee State FL Zip Code 32312-3587  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Florida Democratic Party Occupation Chairwoman  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 15 / 2015  
**Transaction ID : VN8ECDB89B6**  
 Amount of Each Receipt this Period  
 2500.00  
 Contribution-IE Only Account

**B. Allison E Tant Richard**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6035 Boynton Homestead  
 City Tallahassee State FL Zip Code 32312-3587  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Florida Democratic Party Occupation Chairwoman  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 15 / 2015  
**Transaction ID : VN8ECDB8E00**  
 Amount of Each Receipt this Period  
 2500.00  
 Contribution-IE Only Account

**C. Minna Tao**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6075 Colton Blvd  
 City Oakland State CA Zip Code 94611-2267  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Recology Occupation General Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 07 / 2015  
**Transaction ID : VN8ECDAZPR7**  
 Amount of Each Receipt this Period  
 250.00  
 Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**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 753 OF 1282
	<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	

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

Full Name (Last, First, Middle Initial)  
**A. Glenn Tasky**

Mailing Address 77 Van Ness Ave  
Apt 408

City San Francisco State CA Zip Code 94102-6043

FEC ID number of contributing federal political committee. **C**

Name of Employer Bangladesh Bank Occupation Consultant

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
01 / 26 / 2015  
**Transaction ID : VN8ECDAKNY9**

Amount of Each Receipt this Period  
250.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)  
**B. Pamela Tate**

Mailing Address 1133 Linden Ave  
North Linden Ave.

City Oak Park State IL Zip Code 60302-1242

FEC ID number of contributing federal political committee. **C**

Name of Employer CAEL Occupation CEO, Educational Org.

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
201.60

Date of Receipt  
03 / 01 / 2015  
**Transaction ID : VN8ECDBQKM7**

Amount of Each Receipt this Period  
201.60

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)  
**C. Eileen Taylor**

Mailing Address 31 Queensdale Rd

City London State AA Zip Code W1-14SB

FEC ID number of contributing federal political committee. **C**

Name of Employer Deutsche Bank Occupation Banker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
01 / 11 / 2015  
**Transaction ID : VN8ECDAH4W1**

Amount of Each Receipt this Period  
250.00

Contribution-IE Only Account

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 701.60

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

**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 754 OF 1282
	<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	

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

**A. Jennifer Taylor**  
Full Name (Last, First, Middle Initial)  
Mailing Address 274 Poipu Dr  
City Honolulu State HI Zip Code 96825-2128  
FEC ID number of contributing federal political committee. **C**  
Name of Employer: retired Occupation: retired  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **500.00**

Date of Receipt: 03 / 15 / 2015  
**Transaction ID : VN8ECDC46Y2**  
Amount of Each Receipt this Period: 500.00  
Contribution-IE Only Account

**B. Jennifer Taylor**  
Full Name (Last, First, Middle Initial)  
Mailing Address 274 Poipu Dr  
City Honolulu State HI Zip Code 96825-2128  
FEC ID number of contributing federal political committee. **C**  
Name of Employer: N/A Occupation: Retired  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **500.00**

Date of Receipt: 04 / 07 / 2015  
**Transaction ID : VN8ECDEZ025**  
Amount of Each Receipt this Period: 500.00  
Contribution-IE Only Account

**C. LEIGHTON & LINDA TAYLOR**  
Full Name (Last, First, Middle Initial)  
Mailing Address 210 Paiko Dr  
City Honolulu State HI Zip Code 96821-2321  
FEC ID number of contributing federal political committee. **C**  
Name of Employer: LEIGHTON TAYLOR Occupation: retired  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **520.16**

Date of Receipt: 03 / 30 / 2015  
**Transaction ID : VN8ECDDC5A7**  
Amount of Each Receipt this Period: 520.16  
Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1520.16</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**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 755 OF 1282
<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

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

**A. Leslie Taylor**  
Full Name (Last, First, Middle Initial)  
Mailing Address 36 Clive St  
City Metuchen State NJ Zip Code 08840-1029  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Not employed Occupation Not employed  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **1500.00**

Date of Receipt **03 / 13 / 2015**  
**Transaction ID : VN8ECDC3EE5**  
Amount of Each Receipt this Period **1500.00**  
Contribution-IE Only Account

**B. Jodi Teel**  
Full Name (Last, First, Middle Initial)  
Mailing Address 31 Hamlin Ln  
City Needham State MA Zip Code 02492-4632  
FEC ID number of contributing federal political committee. **C**  
Name of Employer N/A Occupation Retired  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **250.00**

Date of Receipt **02 / 03 / 2015**  
**Transaction ID : VN8ECDB3NR7**  
Amount of Each Receipt this Period **250.00**  
Contribution-IE Only Account

**C. Aimee Telsey**  
Full Name (Last, First, Middle Initial)  
Mailing Address 601 W 113th St  
City New York State NY Zip Code 10025-9700  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Mount sinai Beth israel Occupation Physician  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **201.60**

Date of Receipt **01 / 08 / 2015**  
**Transaction ID : VN8ECDAA923**  
Amount of Each Receipt this Period **201.60**  
Contribution-IE Only Account

**SUBTOTAL** of Receipts This Page (optional)..... **1951.60**  
**TOTAL** This Period (last page this line number only).....

**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 756 OF 1282
<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

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

**A. Kimberly Templeton**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2631 Garfield St NW  
 null  
 City Washington State DC Zip Code 20008-4103  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Garrison & Sisson Occupation Legal Recruiter  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 201.60

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 04 / 2015  
**Transaction ID : VN8ECDAXJY3**  
 Amount of Each Receipt this Period  
 201.60  
 Contribution-IE Only Account

**B. The Mullen Law Firm**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5 Marine View Plz  
 Ste 300  
 City Hoboken State NJ Zip Code 07030-5787  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 20 / 2015  
**Transaction ID : VN8ECDBQV57**  
 Amount of Each Receipt this Period  
 1000.00  
 Contribution-IE Only Account

**C. Marjorie Thomas**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 865  
 City Orlando State FL Zip Code 32802-0865  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Ivanhoe Broadcast News, Inc. Occupation President/Owner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 13 / 2015  
**Transaction ID : VN8ECDB6SR0**  
 Amount of Each Receipt this Period  
 1000.00  
 Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2201.60
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 757 OF 1282
<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

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

Full Name (Last, First, Middle Initial) <b>A. Michael Thomas</b>		Date of Receipt MM / DD / YYYY 01 / 12 / 2015 <b>Transaction ID : VN8ECDAC0X1</b>
Mailing Address 104 Laurel Dr		Amount of Each Receipt this Period 100.00
City Carmel Valley	State CA	Zip Code 93924-9529
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Monterey Institute for Social Architec	Occupation Founder and Senior Partner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 100.00	

Full Name (Last, First, Middle Initial) <b>B. Michael Thomas</b>		Date of Receipt MM / DD / YYYY 02 / 12 / 2015 <b>Transaction ID : VN8ECDB5SW5</b>
Mailing Address 104 Laurel Dr		Amount of Each Receipt this Period 100.00
City Carmel Valley	State CA	Zip Code 93924-9529
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Monterey Institute for Social Architec	Occupation Founder and Senior Partner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

Full Name (Last, First, Middle Initial) <b>C. Michael Thomas</b>		Date of Receipt MM / DD / YYYY 03 / 12 / 2015 <b>Transaction ID : VN8ECDC2GF0</b>
Mailing Address 104 Laurel Dr		Amount of Each Receipt this Period 100.00
City Carmel Valley	State CA	Zip Code 93924-9529
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Monterey Institute for Social Architec	Occupation Founder and Senior Partner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 758 OF 1282
<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

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

**A. Michael Thomas**  
Full Name (Last, First, Middle Initial)  
Mailing Address 104 Laurel Dr  
City Carmel Valley State CA Zip Code 93924-9529  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Monterey Institute for Social Architec Occupation Founder and Senior Partner  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 12 / 2015  
**Transaction ID : VN8ECDDW5A3**  
Amount of Each Receipt this Period 100.00  
Contribution-IE Only Account

**B. Michael Thomas**  
Full Name (Last, First, Middle Initial)  
Mailing Address 104 Laurel Dr  
City Carmel Valley State CA Zip Code 93924-9529  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Monterey Institute for Social Architec Occupation Founder and Senior Partner  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 12 / 2015  
**Transaction ID : VN8ECDEJ907**  
Amount of Each Receipt this Period 100.00  
Contribution-IE Only Account

**C. Michael Thomas**  
Full Name (Last, First, Middle Initial)  
Mailing Address 104 Laurel Dr  
City Carmel Valley State CA Zip Code 93924-9529  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Monterey Institute for Social Architec Occupation Founder and Senior Partner  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 12 / 2015  
**Transaction ID : VN8ECDF4481**  
Amount of Each Receipt this Period 100.00  
Contribution-IE Only Account

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 300.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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 759 OF 1282
<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

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

Full Name (Last, First, Middle Initial) <b>A. Shirley Thomas</b>		Date of Receipt MM / DD / YYYY 01 / 16 / 2015
Mailing Address 487 Little Rd SE		<b>Transaction ID : VN8ECDAFBD3</b>
City Marietta	State GA	Zip Code 30067-7065
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 20.16	
Name of Employer Retired	Occupation Retired	Contribution-IE Only Account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 20.16	

Full Name (Last, First, Middle Initial) <b>B. Shirley Thomas</b>		Date of Receipt MM / DD / YYYY 01 / 27 / 2015
Mailing Address 487 Little Rd SE		<b>Transaction ID : VN8ECDAPM03</b>
City Marietta	State GA	Zip Code 30067-7065
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 20.16	
Name of Employer Retired	Occupation Retired	Contribution-IE Only Account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 40.32	

Full Name (Last, First, Middle Initial) <b>C. Shirley Thomas</b>		Date of Receipt MM / DD / YYYY 02 / 16 / 2015
Mailing Address 487 Little Rd SE		<b>Transaction ID : VN8ECDB8XN8</b>
City Marietta	State GA	Zip Code 30067-7065
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 20.16	
Name of Employer Retired	Occupation Retired	Contribution-IE Only Account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 60.48	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	60.48
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 760 OF 1282
<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

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

**A. Shirley Thomas**  
Full Name (Last, First, Middle Initial)  
Mailing Address 487 Little Rd SE  
City Marietta State GA Zip Code 30067-7065  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Retired Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 80.64

Date of Receipt 03 / 13 / 2015  
**Transaction ID : VN8ECDC3J79**  
Amount of Each Receipt this Period 20.16  
Contribution-IE Only Account

**B. Shirley Thomas**  
Full Name (Last, First, Middle Initial)  
Mailing Address 487 Little Rd SE  
City Marietta State GA Zip Code 30067-7065  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Retired Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 100.80

Date of Receipt 03 / 16 / 2015  
**Transaction ID : VN8ECDC5137**  
Amount of Each Receipt this Period 20.16  
Contribution-IE Only Account

**C. Shirley Thomas**  
Full Name (Last, First, Middle Initial)  
Mailing Address 487 Little Rd SE  
City Marietta State GA Zip Code 30067-7065  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Retired Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 120.96

Date of Receipt 03 / 31 / 2015  
**Transaction ID : VN8ECDDCK15**  
Amount of Each Receipt this Period 20.16  
Contribution-IE Only Account

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 60.48  
**TOTAL** This Period (last page this line number only)..... ▶



**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 761 OF 1282
<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

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

Full Name (Last, First, Middle Initial) <b>A. Shirley Thomas</b>		Date of Receipt MM / DD / YYYY 04 / 16 / 2015 <b>Transaction ID : VN8ECDE07B6</b>
Mailing Address 487 Little Rd SE		Amount of Each Receipt this Period 20.16
City Marietta	State GA	Zip Code 30067-7065
FEC ID number of contributing federal political committee. C	Contribution-IE Only Account	
Name of Employer Retired	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 141.12	

Full Name (Last, First, Middle Initial) <b>B. Shirley Thomas</b>		Date of Receipt MM / DD / YYYY 04 / 30 / 2015 <b>Transaction ID : VN8ECDE9BW0</b>
Mailing Address 487 Little Rd SE		Amount of Each Receipt this Period 20.16
City Marietta	State GA	Zip Code 30067-7065
FEC ID number of contributing federal political committee. C	Contribution-IE Only Account	
Name of Employer Retired	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 161.28	

Full Name (Last, First, Middle Initial) <b>C. Shirley Thomas</b>		Date of Receipt MM / DD / YYYY 05 / 16 / 2015 <b>Transaction ID : VN8ECDEM1M2</b>
Mailing Address 487 Little Rd SE		Amount of Each Receipt this Period 20.16
City Marietta	State GA	Zip Code 30067-7065
FEC ID number of contributing federal political committee. C	Contribution-IE Only Account	
Name of Employer Retired	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 181.44	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	60.48
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 762 OF 1282
<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

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

Full Name (Last, First, Middle Initial) <b>A. Shirley Thomas</b>		Date of Receipt MM / DD / YYYY 05 / 30 / 2015 <b>Transaction ID : VN8ECDES551</b>
Mailing Address 487 Little Rd SE		Amount of Each Receipt this Period 20.16
City Marietta	State GA	Zip Code 30067-7065
FEC ID number of contributing federal political committee. C	Name of Employer Retired	
Occupation Retired		Contribution-IE Only Account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 201.60	

Full Name (Last, First, Middle Initial) <b>B. Shirley Thomas</b>		Date of Receipt MM / DD / YYYY 06 / 16 / 2015 <b>Transaction ID : VN8ECDF89M5</b>
Mailing Address 487 Little Rd SE		Amount of Each Receipt this Period 20.16
City Marietta	State GA	Zip Code 30067-7065
FEC ID number of contributing federal political committee. C	Name of Employer Retired	
Occupation Retired		Contribution-IE Only Account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 221.76	

Full Name (Last, First, Middle Initial) <b>C. Barbara Thompson</b>		Date of Receipt MM / DD / YYYY 01 / 14 / 2015 <b>Transaction ID : VN8ECDAFVB0</b>
Mailing Address 1013 Harbor View Dr		Amount of Each Receipt this Period 500.00
City Galveston	State TX	Zip Code 77550-3109
FEC ID number of contributing federal political committee. C	Name of Employer UTMB-Galveston	
Occupation Professor		Contribution-IE Only Account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	540.32
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 763 OF 1282
	<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	

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

Full Name (Last, First, Middle Initial) <b>A. Bruce Thompson</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 10 / 2015 <b>Transaction ID : VN8ECDDTWE6</b>
Mailing Address 301 Fayetteville St Ste 1400		Amount of Each Receipt this Period 1000.00
City Raleigh	State NC	Zip Code 27601-2172
FEC ID number of contributing federal political committee. <b>C</b>		Contribution-IE Only Account
Name of Employer Parker Poe Adams & Bernstein, LLP	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. Cynthia Thompson</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 27 / 2015 <b>Transaction ID : VN8ECDEH1C7</b>
Mailing Address 2044 Calle Pajaro Azul NW		Amount of Each Receipt this Period 206.14
City Albuquerque	State NM	Zip Code 87120-3102
FEC ID number of contributing federal political committee. <b>C</b>		Contribution-IE Only Account
Name of Employer Red Mountain Family Services	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 206.14	

Full Name (Last, First, Middle Initial) <b>C. Eric Thompson</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 26 / 2015 <b>Transaction ID : VN8ECDAMY72</b>
Mailing Address 553A Clipper St		Amount of Each Receipt this Period 250.00
City San Francisco	State CA	Zip Code 94114-3604
FEC ID number of contributing federal political committee. <b>C</b>		Contribution-IE Only Account
Name of Employer Self Employed	Occupation Marketing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1456.14
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 764 OF 1282
	<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	

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

Full Name (Last, First, Middle Initial) <b>A. Sheila Thompson</b>		Date of Receipt MM / DD / YYYY 02 / 10 / 2015 <b>Transaction ID : VN8ECDB3F23</b>
Mailing Address 553A Clipper St		Amount of Each Receipt this Period 1500.00
City San Francisco	State CA	Zip Code 94114-3604
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Facebook	Occupation Marketing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

Full Name (Last, First, Middle Initial) <b>B. Noreen Thomson</b>		Date of Receipt MM / DD / YYYY 01 / 31 / 2015 <b>Transaction ID : VN8ECDAT265</b>
Mailing Address 3688 Wilshire Ln		Amount of Each Receipt this Period 209.98
City Eugene	State OR	Zip Code 97405-1243
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Bi-Mart Pharmacy	Occupation Pharmacist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 209.98	

Full Name (Last, First, Middle Initial) <b>C. Roana Thornock</b>		Date of Receipt MM / DD / YYYY 04 / 12 / 2015 <b>Transaction ID : VN8ECDDX2T1</b>
Mailing Address 3405 Downing Ave		Amount of Each Receipt this Period 5000.00
City Glendale	State CA	Zip Code 91208-1506
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer LAVC	Occupation Professor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	6709.98
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 765 OF 1282
	<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	

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

**A. James P Thurber II**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 694 Benvenue Ave  
 City Los Altos State CA Zip Code 94024-4013  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Retired Occupation Retired  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **03 / 17 / 2015**  
**Transaction ID : VN8ECDD7AV2**  
 Amount of Each Receipt this Period **500.00**  
 Contribution-IE Only Account

**B. Maryjo Tisor**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1450 Greenwich St Apt 103  
 City San Francisco State CA Zip Code 94109-1466  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Consultant  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **02 / 04 / 2015**  
**Transaction ID : VN8ECDAXKH3**  
 Amount of Each Receipt this Period **250.00**  
 Contribution-IE Only Account

**c. Mary Tjosvold**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1555 118th Ln NW  
 City Minneapolis State MN Zip Code 55448  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer mary t. inc. Occupation ceo  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **200.00**

Date of Receipt **01 / 25 / 2015**  
**Transaction ID : VN8ECDB1R24**  
 Amount of Each Receipt this Period **100.00**  
 Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>850.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**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 766 OF 1282
<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

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

**A. Mary Tjosvold**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1555 118th Ln NW

City Minneapolis	State MN	Zip Code 55448
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer mary t. inc.	Occupation ceo
----------------------------------	-------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
200.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
01	/	25	/	2015

**Transaction ID : VN8ECDB24C9**

Amount of Each Receipt this Period  
100.00

Contribution-IE Only Account

**B. Mary Tjosvold**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1555 118th Ln NW

City Minneapolis	State MN	Zip Code 55448
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer mary t. inc.	Occupation ceo
----------------------------------	-------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
04	/	07	/	2015

**Transaction ID : VN8ECDF11G4**

Amount of Each Receipt this Period  
100.00

Earmarked; IE Only Account

**C. Stacey Toda**  
Full Name (Last, First, Middle Initial)  
Mailing Address 17026 Yukon Ave  
Apt 202

City Torrance	State CA	Zip Code 90504-2350
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Long Beach City College	Occupation Assoc. Director, Communications
---	---

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
201.60

Date of Receipt  

M M	/	D D	/	Y Y Y Y
03	/	18	/	2015

**Transaction ID : VN8ECDC7CY8**

Amount of Each Receipt this Period  
201.60

Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	401.60
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 767 OF 1282
	<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	

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

**A. Joanna Todd**  
Full Name (Last, First, Middle Initial)  
Mailing Address 207 Mockingbird Gardens Dr  
City Louisville State KY Zip Code 40207-5717  
FEC ID number of contributing federal political committee. **C**  
Name of Employer currently stay-at-home mom Occupation Attorney  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 500.00

Date of Receipt 04 / 12 / 2015  
**Transaction ID : VN8ECDDWG57**  
Amount of Each Receipt this Period 500.00  
Contribution-IE Only Account

**B. Shelley Tomkin**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5816 Nevada Ave NW  
City Washington State DC Zip Code 20015-2548  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Trinity Washington University Occupation Professor  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 201.60

Date of Receipt 02 / 03 / 2015  
**Transaction ID : VN8ECDAWNM1**  
Amount of Each Receipt this Period 201.60  
Contribution-IE Only Account

**c. Linda Topping**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8742 Pine Island Ct N  
City Mattawan State MI Zip Code 49071-8539  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Doctor Occupation Self  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 500.00

Date of Receipt 03 / 18 / 2015  
**Transaction ID : VN8ECDC7J79**  
Amount of Each Receipt this Period 500.00  
Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1201.60
<b>TOTAL</b> This Period (last page this line number only).....	

**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 768 OF 1282
	<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	

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

**A. Maria Elena Torano**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2 Grove Isle Dr  
 Apt 1601  
 City Miami State FL Zip Code 33133-4112  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: retired Occupation: retired  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt: 04 / 18 / 2015  
**Transaction ID : VN8ECDE1919**  
 Amount of Each Receipt this Period: 2500.00  
 Contribution-IE Only Account

**B. Anthony Torres**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6202 Belfast Dr  
 City Austin State TX Zip Code 78723-1118  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Express Nursing Occupation: Business Analyst  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt: 02 / 28 / 2015  
**Transaction ID : VN8ECDCORP7**  
 Amount of Each Receipt this Period: 500.00  
 Contribution-IE Only Account

**C. Cynthia Ann Torres**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 463 18th St  
 City Santa Monica State CA Zip Code 90402-2429  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: College Decisions, LLC Occupation: Marketing Executive  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt: 03 / 27 / 2015  
**Transaction ID : VN8ECDDRT31**  
 Amount of Each Receipt this Period: 500.00  
 Contribution-IE Only Account

**SUBTOTAL** of Receipts This Page (optional)..... **3500.00**  
**TOTAL** This Period (last page this line number only).....



**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 769 OF 1282
<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

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

Full Name (Last, First, Middle Initial) <b>A. Miklos Toth</b>		Date of Receipt MM / DD / YYYY 01 / 20 / 2015 <b>Transaction ID : VN8ECDAGG90</b>
Mailing Address 45 E 89th St Apt 15F		Amount of Each Receipt this Period 100.00
City New York	State Zip Code NY 10128	
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer N/A	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 100.00	

Full Name (Last, First, Middle Initial) <b>B. Miklos Toth</b>		Date of Receipt MM / DD / YYYY 02 / 20 / 2015 <b>Transaction ID : VN8ECDDBC9D3</b>
Mailing Address 45 E 89th St Apt 15F		Amount of Each Receipt this Period 100.00
City New York	State Zip Code NY 10128	
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer N/A	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

Full Name (Last, First, Middle Initial) <b>C. Miklos Toth</b>		Date of Receipt MM / DD / YYYY 03 / 20 / 2015 <b>Transaction ID : VN8ECD9H82</b>
Mailing Address 45 E 89th St Apt 15F		Amount of Each Receipt this Period 100.00
City New York	State Zip Code NY 10128	
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer N/A	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 770 OF 1282
	<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	

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

Full Name (Last, First, Middle Initial) <b>A. Miklos Toth</b>		Date of Receipt MM / DD / YYYY 04 / 20 / 2015 <b>Transaction ID : VN8ECDE1P41</b>
Mailing Address 45 E 89th St Apt 15F		Amount of Each Receipt this Period 100.00
City New York State NY Zip Code 10128	FEC ID number of contributing federal political committee. C	Contribution-IE Only Account
Name of Employer N/A Occupation Retired	Aggregate Year-to-Date 400.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Miklos Toth</b>		Date of Receipt MM / DD / YYYY 05 / 20 / 2015 <b>Transaction ID : VN8ECDENGR4</b>
Mailing Address 45 E 89th St Apt 15F		Amount of Each Receipt this Period 100.00
City New York State NY Zip Code 10128	FEC ID number of contributing federal political committee. C	Contribution-IE Only Account
Name of Employer N/A Occupation Retired	Aggregate Year-to-Date 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Miklos Toth</b>		Date of Receipt MM / DD / YYYY 06 / 20 / 2015 <b>Transaction ID : VN8ECD9VT0</b>
Mailing Address 45 E 89th St Apt 15F		Amount of Each Receipt this Period 100.00
City New York State NY Zip Code 10128	FEC ID number of contributing federal political committee. C	Contribution-IE Only Account
Name of Employer N/A Occupation Retired	Aggregate Year-to-Date 600.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 771 OF 1282  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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

**A. Janice Towey**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6498 Basswood Dr  
 City Troy State MI Zip Code 48098-2084  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer N/A Occupation None  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 35.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2015  
**Transaction ID : VN8ECDD2MV3**  
 Amount of Each Receipt this Period  
 35.00  
 Contribution-IE Only Account

**B. Janice Towey**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6498 Basswood Dr  
 City Troy State MI Zip Code 48098-2084  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer N/A Occupation None  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 70.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2015  
**Transaction ID : VN8ECDATDV3**  
 Amount of Each Receipt this Period  
 35.00  
 Contribution-IE Only Account

**C. Janice Towey**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6498 Basswood Dr  
 City Troy State MI Zip Code 48098-2084  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer N/A Occupation None  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 105.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2015  
**Transaction ID : VN8ECDBQE1**  
 Amount of Each Receipt this Period  
 35.00  
 Contribution-IE Only Account

**SUBTOTAL** of Receipts This Page (optional).....▶ 105.00  
**TOTAL** This Period (last page this line number only).....▶

**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 772 OF 1282
	<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	

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

Full Name (Last, First, Middle Initial) <b>A. Janice Towey</b>		Date of Receipt MM / DD / YYYY 04 / 01 / 2015 <b>Transaction ID : VN8ECDDFBJ5</b>
Mailing Address 6498 Basswood Dr		Amount of Each Receipt this Period 35.00
City Troy State MI Zip Code 48098-2084	FEC ID number of contributing federal political committee. C	Contribution-IE Only Account
Name of Employer N/A Occupation None	Aggregate Year-to-Date 140.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Janice Towey</b>		Date of Receipt MM / DD / YYYY 05 / 01 / 2015 <b>Transaction ID : VN8ECDEBFG8</b>
Mailing Address 6498 Basswood Dr		Amount of Each Receipt this Period 35.00
City Troy State MI Zip Code 48098-2084	FEC ID number of contributing federal political committee. C	Contribution-IE Only Account
Name of Employer N/A Occupation None	Aggregate Year-to-Date 175.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Janice Towey</b>		Date of Receipt MM / DD / YYYY 06 / 01 / 2015 <b>Transaction ID : VN8ECDEWKG2</b>
Mailing Address 6498 Basswood Dr		Amount of Each Receipt this Period 35.00
City Troy State MI Zip Code 48098-2084	FEC ID number of contributing federal political committee. C	Contribution-IE Only Account
Name of Employer N/A Occupation None	Aggregate Year-to-Date 210.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	105.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 773 OF 1282
<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

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NAME OF COMMITTEE (In Full)  
**Ready PAC**

**A. Lynn Townshend**  
Full Name (Last, First, Middle Initial)  
Mailing Address 142 Huntington Dr  
City Brooklyn State NY Zip Code 11211  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Catholic Charities Occupation Disaster Case Manager  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 222.30

Date of Receipt 04 / 04 / 2015  
**Transaction ID : VN8ECDDNGW2**  
Amount of Each Receipt this Period 222.30  
Contribution-IE Only Account

**B. Crystal Tramack**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7735 Porters Hill Ln  
City Lorton State VA Zip Code 22079  
FEC ID number of contributing federal political committee. **C**  
Name of Employer US Army Occupation MSC Officer  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 201.60

Date of Receipt 03 / 04 / 2015  
**Transaction ID : VN8ECDBT7Q9**  
Amount of Each Receipt this Period 201.60  
Contribution-IE Only Account

**C. Sally Marie Tramoni**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1075 Legato Dr  
City Las Vegas State NV Zip Code 89123-0432  
FEC ID number of contributing federal political committee. **C**  
Name of Employer BELLAGIO CASINO & RESORT Occupation TABLE GAMES DEALER  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 300.00

Date of Receipt 01 / 26 / 2015  
**Transaction ID : VN8ECDB0MB9**  
Amount of Each Receipt this Period 300.00  
Contribution-IE Only Account

**SUBTOTAL** of Receipts This Page (optional)..... **723.90**  
**TOTAL** This Period (last page this line number only).....

**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 774 OF 1282
<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

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NAME OF COMMITTEE (In Full)  
**Ready PAC**

**A. Carol Tucker Trelease**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8234 Raintree Dr NE  
City Albuquerque State NM Zip Code 87122-1333  
FEC ID number of contributing federal political committee. **C**  
Name of Employer NMI Occupation Executive Director  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 201.60

Date of Receipt **04 / 08 / 2015**  
**Transaction ID : VN8ECDDR7X4**  
Amount of Each Receipt this Period 201.60  
Contribution-IE Only Account

**B. Cynthia Trigg**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 294  
City Zephyr Cove State NV Zip Code 89448-0294  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Douglas County School District Occupation Trustee  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 50.00

Date of Receipt **03 / 25 / 2015**  
**Transaction ID : VN8ECDD7YY7**  
Amount of Each Receipt this Period 50.00  
Contribution-IE Only Account

**C. Cynthia Trigg**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 294  
City Zephyr Cove State NV Zip Code 89448-0294  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Douglas County School District Occupation Trustee  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 250.16

Date of Receipt **04 / 10 / 2015**  
**Transaction ID : VN8ECDE4C76**  
Amount of Each Receipt this Period 200.16  
Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	451.76
<b>TOTAL</b> This Period (last page this line number only).....	

**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 775 OF 1282
<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

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NAME OF COMMITTEE (In Full)  
**Ready PAC**

Full Name (Last, First, Middle Initial) <b>A. Gail Trill</b>		Date of Receipt MM / DD / YYYY 01 / 23 / 2015 <b>Transaction ID : VN8ECDAJ254</b>
Mailing Address 7174 Deepwater Point Rd		Amount of Each Receipt this Period 20.16
City Williamsburg	State MI	Zip Code 49690
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer N/A	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 20.16	

Full Name (Last, First, Middle Initial) <b>B. Gail Trill</b>		Date of Receipt MM / DD / YYYY 01 / 26 / 2015 <b>Transaction ID : VN8ECDAMA99</b>
Mailing Address 7174 Deepwater Point Rd		Amount of Each Receipt this Period 25.00
City Williamsburg	State MI	Zip Code 49690
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer N/A	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 45.16	

Full Name (Last, First, Middle Initial) <b>C. Gail Trill</b>		Date of Receipt MM / DD / YYYY 02 / 23 / 2015 <b>Transaction ID : VN8ECDBDV65</b>
Mailing Address 7174 Deepwater Point Rd		Amount of Each Receipt this Period 20.16
City Williamsburg	State MI	Zip Code 49690
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer N/A	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 65.32	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	65.32
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 776 OF 1282
<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

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NAME OF COMMITTEE (In Full)  
**Ready PAC**

Full Name (Last, First, Middle Initial) <b>A. Gail Trill</b>		Date of Receipt MM / DD / YYYY 02 / 26 / 2015 <b>Transaction ID : VN8ECDBMW46</b>
Mailing Address 7174 Deepwater Point Rd		Amount of Each Receipt this Period 25.00
City Williamsburg	State MI	Zip Code 49690
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer N/A	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 90.32	

Full Name (Last, First, Middle Initial) <b>B. Gail Trill</b>		Date of Receipt MM / DD / YYYY 03 / 23 / 2015 <b>Transaction ID : VN8ECDCX49</b>
Mailing Address 7174 Deepwater Point Rd		Amount of Each Receipt this Period 20.16
City Williamsburg	State MI	Zip Code 49690
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer N/A	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 110.48	

Full Name (Last, First, Middle Initial) <b>C. Gail Trill</b>		Date of Receipt MM / DD / YYYY 03 / 26 / 2015 <b>Transaction ID : VN8ECDD9AR4</b>
Mailing Address 7174 Deepwater Point Rd		Amount of Each Receipt this Period 25.00
City Williamsburg	State MI	Zip Code 49690
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer N/A	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 135.48	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	70.16
<b>TOTAL</b> This Period (last page this line number only).....▶	



**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 777 OF 1282
<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

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NAME OF COMMITTEE (In Full)  
**Ready PAC**

Full Name (Last, First, Middle Initial) <b>A. Gail Trill</b>		Date of Receipt MM / DD / YYYY 04 / 23 / 2015 <b>Transaction ID : VN8ECDE66T9</b>
Mailing Address 7174 Deepwater Point Rd		Amount of Each Receipt this Period 20.16
City Williamsburg	State MI	Zip Code 49690
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer N/A	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 155.64	

Full Name (Last, First, Middle Initial) <b>B. Gail Trill</b>		Date of Receipt MM / DD / YYYY 04 / 26 / 2015 <b>Transaction ID : VN8ECDE7Y96</b>
Mailing Address 7174 Deepwater Point Rd		Amount of Each Receipt this Period 25.00
City Williamsburg	State MI	Zip Code 49690
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer N/A	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 180.64	

Full Name (Last, First, Middle Initial) <b>C. Gail Trill</b>		Date of Receipt MM / DD / YYYY 05 / 23 / 2015 <b>Transaction ID : VN8ECDEPNH7</b>
Mailing Address 7174 Deepwater Point Rd		Amount of Each Receipt this Period 20.16
City Williamsburg	State MI	Zip Code 49690
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer N/A	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.80	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	65.32
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 778 OF 1282
<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

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NAME OF COMMITTEE (In Full)  
**Ready PAC**

**A. Gail Trill**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7174 Deepwater Point Rd  
City Williamsburg State MI Zip Code 49690  
FEC ID number of contributing federal political committee. **C**  
Name of Employer N/A Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 225.80

Date of Receipt  
MM / DD / YYYY  
05 / 26 / 2015  
**Transaction ID : VN8ECDER478**  
Amount of Each Receipt this Period 25.00  
Contribution-IE Only Account

**B. Gail Trill**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7174 Deepwater Point Rd  
City Williamsburg State MI Zip Code 49690  
FEC ID number of contributing federal political committee. **C**  
Name of Employer N/A Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 245.96

Date of Receipt  
MM / DD / YYYY  
06 / 23 / 2015  
**Transaction ID : VN8ECDFC8Z4**  
Amount of Each Receipt this Period 20.16  
Contribution-IE Only Account

**C. Gail Trill**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7174 Deepwater Point Rd  
City Williamsburg State MI Zip Code 49690  
FEC ID number of contributing federal political committee. **C**  
Name of Employer N/A Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 270.96

Date of Receipt  
MM / DD / YYYY  
06 / 26 / 2015  
**Transaction ID : VN8ECDFE887**  
Amount of Each Receipt this Period 25.00  
Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	70.16
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 779 OF 1282
<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

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NAME OF COMMITTEE (In Full)  
**Ready PAC**

Full Name (Last, First, Middle Initial) <b>A. Angelo K Tsakopoulos</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 10 / 2015 <b>Transaction ID : VN8ECDE4352</b>
Mailing Address 7700 College Town Dr Ste 101		Amount of Each Receipt this Period 20000.00
City Sacramento	State CA	Zip Code 95826-2303
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer AKT Development	Occupation Chairman	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 20000.00	

Full Name (Last, First, Middle Initial) <b>B. David C Tseng</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 22 / 2015 <b>Transaction ID : VN8ECDAHGN1</b>
Mailing Address 1757 Park Rd NW		Amount of Each Receipt this Period 201.60
City Washington	State DC	Zip Code 20010-2101
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer DC Government	Occupation attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 201.60	

Full Name (Last, First, Middle Initial) <b>C. Monique-Paule Tubb</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 18 / 2015 <b>Transaction ID : VN8ECDC7KF5</b>
Mailing Address 113 Pennswood Rd		Amount of Each Receipt this Period 500.00
City Bryn Mawr	State PA	Zip Code 19010-3660
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Retired	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	20701.60
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 780 OF 1282
<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

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NAME OF COMMITTEE (In Full)  
**Ready PAC**

Full Name (Last, First, Middle Initial) <b>A. Amy Tucker</b>		Date of Receipt MM / DD / YYYY 02 / 18 / 2015 <b>Transaction ID : VN8ECDBAP79</b>
Mailing Address 1077 14th St		Amount of Each Receipt this Period 250.00
City San Francisco	State CA	Zip Code 94114-1243
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer BetterWorld Wireless	Occupation Chief Impact Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Jeffrey Tucker</b>		Date of Receipt MM / DD / YYYY 02 / 18 / 2015 <b>Transaction ID : VN8ECDBAR81</b>
Mailing Address 2403 S Ardson Pl Unit 201-B		Amount of Each Receipt this Period 201.60
City Tampa	State FL	Zip Code 33629-7330
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Tucker/Hall Inc.	Occupation Consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 201.60	

Full Name (Last, First, Middle Initial) <b>C. Emrah Turkmenoglu</b>		Date of Receipt MM / DD / YYYY 01 / 26 / 2015 <b>Transaction ID : VN8ECDAYV42</b>
Mailing Address 1640 N Zaragoza Rd Apt 625		Amount of Each Receipt this Period 350.00
City El Paso	State TX	Zip Code 79936-8012
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer LISA Academy	Occupation Assistant Principal	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	801.60
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 781 OF 1282
<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

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NAME OF COMMITTEE (In Full)  
**Ready PAC**

**A. Karen A Ubelhart**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 W End Ave  
Apt 7A

City New York State NY Zip Code 10025-5467

FEC ID number of contributing federal political committee. **C**

Name of Employer Bloomberg LP Occupation Industry analyst

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
20.16

Date of Receipt  
01 / 09 / 2015  
Transaction ID : VN8ECDAAXS5

Amount of Each Receipt this Period  
20.16

Contribution-IE Only Account

**B. Karen A Ubelhart**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 W End Ave  
Apt 7A

City New York State NY Zip Code 10025-5467

FEC ID number of contributing federal political committee. **C**

Name of Employer Bloomberg LP Occupation Industry analyst

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
221.76

Date of Receipt  
01 / 10 / 2015  
Transaction ID : VN8ECDABDP5

Amount of Each Receipt this Period  
201.60

Contribution-IE Only Account

**C. Karen A Ubelhart**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 W End Ave  
Apt 7A

City New York State NY Zip Code 10025-5467

FEC ID number of contributing federal political committee. **C**

Name of Employer Bloomberg LP Occupation Industry analyst

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
271.76

Date of Receipt  
03 / 25 / 2015  
Transaction ID : VN8ECDD76M8

Amount of Each Receipt this Period  
50.00

Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	271.76
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 782 OF 1282
<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

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NAME OF COMMITTEE (In Full)  
**Ready PAC**

Full Name (Last, First, Middle Initial) <b>A. Nancy Underdahl</b>		Date of Receipt MM / DD / YYYY 01 / 30 / 2015 <b>Transaction ID : VN8ECDAS8E2</b>
Mailing Address 1007 Darlington Oak Dr		Amount of Each Receipt this Period 35.00
City Niceville	State FL	Zip Code 32578-3623
FEC ID number of contributing federal political committee. C	Contribution-IE Only Account	
Name of Employer Emerald Coast Hospice	Occupation Nurse	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 35.00	

Full Name (Last, First, Middle Initial) <b>B. Nancy Underdahl</b>		Date of Receipt MM / DD / YYYY 02 / 02 / 2015 <b>Transaction ID : VN8ECDAV323</b>
Mailing Address 1007 Darlington Oak Dr		Amount of Each Receipt this Period 80.32
City Niceville	State FL	Zip Code 32578-3623
FEC ID number of contributing federal political committee. C	Contribution-IE Only Account	
Name of Employer Emerald Coast Hospice	Occupation Nurse	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 115.32	

Full Name (Last, First, Middle Initial) <b>C. Nancy Underdahl</b>		Date of Receipt MM / DD / YYYY 02 / 15 / 2015 <b>Transaction ID : VN8ECDB8D57</b>
Mailing Address 1007 Darlington Oak Dr		Amount of Each Receipt this Period 145.00
City Niceville	State FL	Zip Code 32578-3623
FEC ID number of contributing federal political committee. C	Contribution-IE Only Account	
Name of Employer Emerald Coast Hospice	Occupation Nurse	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.32	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	260.32
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 783 OF 1282
<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

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NAME OF COMMITTEE (In Full)  
**Ready PAC**

Full Name (Last, First, Middle Initial) <b>A. Nancy Underdahl</b>		Date of Receipt MM / DD / YYYY 02 / 28 / 2015 <b>Transaction ID : VN8ECDBPZ40</b>
Mailing Address 1007 Darlington Oak Dr		Amount of Each Receipt this Period 35.00
City Niceville	State FL	Zip Code 32578-3623
FEC ID number of contributing federal political committee. C		
Name of Employer Emerald Coast Hospice	Occupation Nurse	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 295.32	Contribution-IE Only Account

Full Name (Last, First, Middle Initial) <b>B. Nancy Underdahl</b>		Date of Receipt MM / DD / YYYY 03 / 30 / 2015 <b>Transaction ID : VN8ECDBBQE0</b>
Mailing Address 1007 Darlington Oak Dr		Amount of Each Receipt this Period 35.00
City Niceville	State FL	Zip Code 32578-3623
FEC ID number of contributing federal political committee. C		
Name of Employer Emerald Coast Hospice	Occupation Nurse	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 370.64	Contribution-IE Only Account

Full Name (Last, First, Middle Initial) <b>C. Nancy Underdahl</b>		Date of Receipt MM / DD / YYYY 03 / 30 / 2015 <b>Transaction ID : VN8ECDDC5M6</b>
Mailing Address 1007 Darlington Oak Dr		Amount of Each Receipt this Period 40.32
City Niceville	State FL	Zip Code 32578-3623
FEC ID number of contributing federal political committee. C		
Name of Employer Emerald Coast Hospice	Occupation Nurse	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 370.64	Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	110.32
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 784 OF 1282
<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

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NAME OF COMMITTEE (In Full)  
**Ready PAC**

Full Name (Last, First, Middle Initial) <b>A. Nancy Underdahl</b>		Date of Receipt MM / DD / YYYY 04 / 30 / 2015 <b>Transaction ID : VN8ECDE99V9</b>
Mailing Address 1007 Darlington Oak Dr		Amount of Each Receipt this Period 35.00
City Niceville	State FL	Zip Code 32578-3623
FEC ID number of contributing federal political committee. C	Contribution-IE Only Account	
Name of Employer Emerald Coast Hospice	Occupation Nurse	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 405.64	

Full Name (Last, First, Middle Initial) <b>B. Nancy Underdahl</b>		Date of Receipt MM / DD / YYYY 05 / 30 / 2015 <b>Transaction ID : VN8ECDES484</b>
Mailing Address 1007 Darlington Oak Dr		Amount of Each Receipt this Period 35.00
City Niceville	State FL	Zip Code 32578-3623
FEC ID number of contributing federal political committee. C	Contribution-IE Only Account	
Name of Employer Emerald Coast Hospice	Occupation Nurse	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 440.64	

Full Name (Last, First, Middle Initial) <b>C. Nancy Underdahl</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2015 <b>Transaction ID : VN8ECDFN3R8</b>
Mailing Address 1007 Darlington Oak Dr		Amount of Each Receipt this Period 35.00
City Niceville	State FL	Zip Code 32578-3623
FEC ID number of contributing federal political committee. C	Contribution-IE Only Account	
Name of Employer Emerald Coast Hospice	Occupation Nurse	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 475.64	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	105.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**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 785 OF 1282
<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

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NAME OF COMMITTEE (In Full)  
**Ready PAC**

**A. United States Postal Service**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5834C N Kings Hwy  
 City Alexandria State VA Zip Code 22303-8000  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1911.72

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 10 / 2015  
**Transaction ID : VN8ECDE5XH9**  
 Amount of Each Receipt this Period  
 1911.72  
 Refund of BRE-IE Only Account

**B. United States Postal Service**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5834C N Kings Hwy  
 City Alexandria State VA Zip Code 22303-8000  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 2456.21

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 20 / 2015  
**Transaction ID : VN8ECDEGXC8**  
 Amount of Each Receipt this Period  
 544.49  
 Refund of BRE-IE Only Account

**C. UniversityofMoldova.US,Inc.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 17777 Ventura Blvd Ste 220  
 City Encino State CA Zip Code 91316-3738  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2015  
**Transaction ID : VN8ECDC0J75**  
 Amount of Each Receipt this Period  
 1000.00  
 Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3456.21
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 786 OF 1282
	<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	

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NAME OF COMMITTEE (In Full)  
**Ready PAC**

Full Name (Last, First, Middle Initial) <b>A. Derya Unver</b>		Date of Receipt MM / DD / YYYY 01 / 26 / 2015 <b>Transaction ID : VN8ECDAYV19</b>
Mailing Address 12200 Academy Rd NE Apt 1125		Amount of Each Receipt this Period 250.00
City Albuquerque	State NM	Zip Code 87111-7255
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Brewmaster	Occupation Chemical Engineer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Anne Urban</b>		Date of Receipt MM / DD / YYYY 02 / 04 / 2015 <b>Transaction ID : VN8ECDAX243</b>
Mailing Address 113 Grafton St Ste 800		Amount of Each Receipt this Period 403.20
City Chevy Chase	State MD	Zip Code 20815-3425
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Urban Swirski	Occupation Consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 403.20	

Full Name (Last, First, Middle Initial) <b>C. Urias For Water Board 2010</b>		Date of Receipt MM / DD / YYYY 02 / 20 / 2015 <b>Transaction ID : VN8ECDBQVJ0</b>
Mailing Address 3700 Wilshire Blvd c/o David Gould Company		Amount of Each Receipt this Period 250.00
City Los Angeles	State CA	Zip Code 90010-2901
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	903.20
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 787 OF 1282
	<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	

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NAME OF COMMITTEE (In Full)  
**Ready PAC**

**A. Julian Uribe**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1800 NW South River Dr  
 City Miami State FL Zip Code 33125-2718  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Uribe Construction inc Occupation President  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **02 / 12 / 2015**  
**Transaction ID : VN8ECDB6677**  
 Amount of Each Receipt this Period **500.00**  
 Contribution-IE Only Account

**B. Franklin Urteaga**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1301 15th St NW Apt 304  
 City Washington State DC Zip Code 20005  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer oigetit.com Occupation Founder & CEO  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **20.16**

Date of Receipt **02 / 04 / 2015**  
**Transaction ID : VN8ECDAX1J1**  
 Amount of Each Receipt this Period **20.16**  
 Contribution-IE Only Account

**C. Franklin Urteaga**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1301 15th St NW Apt 304  
 City Washington State DC Zip Code 20005  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer oigetit.com Occupation Founder & CEO  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **4020.16**

Date of Receipt **03 / 05 / 2015**  
**Transaction ID : VN8ECDBTNE9**  
 Amount of Each Receipt this Period **4000.00**  
 Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>4520.16</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**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 788 OF 1282
	<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	

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NAME OF COMMITTEE (In Full)  
**Ready PAC**

Full Name (Last, First, Middle Initial)  
**A. Franklin Urteaga**

Mailing Address 1301 15th St NW  
Apt 304

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C**

Name of Employer oigetit.com Occupation Founder & CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
4221.76

Date of Receipt  
04 / 09 / 2015  
**Transaction ID : VN8ECDDRV49**

Amount of Each Receipt this Period  
201.60

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)  
**B. Richard Vague**

Mailing Address 1807 Delancey St

City Philadelphia State PA Zip Code 19103-6606

FEC ID number of contributing federal political committee. **C**

Name of Employer Gabriel Investments Occupation Managing Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
03 / 27 / 2015  
**Transaction ID : VN8ECDDRRD4**

Amount of Each Receipt this Period  
5000.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)  
**C. Kristin Vais**

Mailing Address 1501 Bay Laurel Dr

City Menlo Park State CA Zip Code 94025-5868

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation Mother/Non-Profit Volunteer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
02 / 12 / 2015  
**Transaction ID : VN8ECDB53W8**

Amount of Each Receipt this Period  
500.00

Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5701.60
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 789 OF 1282
<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

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NAME OF COMMITTEE (In Full)  
**Ready PAC**

**A. Suzanna Valdez**  
Full Name (Last, First, Middle Initial)  
Mailing Address 829 Majorca Ave  
City Coral Gables State FL Zip Code 33134-3637  
FEC ID number of contributing federal political committee. **C**  
Name of Employer: Arscht Center Foundation Occupation: Vice President of Advancement  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **1000.00**

Date of Receipt: 02 / 04 / 2015  
**Transaction ID : VN8ECDAXDB3**  
Amount of Each Receipt this Period: **1000.00**  
Contribution-IE Only Account

**B. Alan Van Etten**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1033 Hunakai St  
City Honolulu State HI Zip Code 96816-4645  
FEC ID number of contributing federal political committee. **C**  
Name of Employer: Deeley King Pang & Van Etten Occupation: Attorney at law  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **1000.00**

Date of Receipt: 03 / 12 / 2015  
**Transaction ID : VN8ECD2S18**  
Amount of Each Receipt this Period: **1000.00**  
Contribution-IE Only Account

**C. Michael Van Every**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3583 Corsica Ct  
City San Jose State CA Zip Code 95148-4392  
FEC ID number of contributing federal political committee. **C**  
Name of Employer: Republic Urban Properties Occupation: Real Estate  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **500.00**

Date of Receipt: 03 / 09 / 2015  
**Transaction ID : VN8ECD0397**  
Amount of Each Receipt this Period: **500.00**  
Contribution-IE Only Account

**SUBTOTAL** of Receipts This Page (optional)..... **2500.00**  
**TOTAL** This Period (last page this line number only).....

**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 790 OF 1282
<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

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NAME OF COMMITTEE (In Full)  
**Ready PAC**

**A. Allen Van**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7508 Pastoral Pl  
City Las Vegas State NV Zip Code 89145-6050  
FEC ID number of contributing federal political committee. **C**  
Name of Employer N/A Occupation Retired  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **75.00**

Date of Receipt **01 / 02 / 2015**  
**Transaction ID : VN8ECDA88X6**  
Amount of Each Receipt this Period **75.00**  
Contribution-IE Only Account

**B. Allen Van**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7508 Pastoral Pl  
City Las Vegas State NV Zip Code 89145-6050  
FEC ID number of contributing federal political committee. **C**  
Name of Employer N/A Occupation Retired  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **150.00**

Date of Receipt **02 / 10 / 2015**  
**Transaction ID : VN8ECDG01E1**  
Amount of Each Receipt this Period **75.00**  
Earmarked; IE Only Account

**C. Allen Van**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7508 Pastoral Pl  
City Las Vegas State NV Zip Code 89145-6050  
FEC ID number of contributing federal political committee. **C**  
Name of Employer N/A Occupation Retired  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **225.00**

Date of Receipt **03 / 10 / 2015**  
**Transaction ID : VN8ECDC2BR9**  
Amount of Each Receipt this Period **75.00**  
Contribution-IE Only Account

**SUBTOTAL** of Receipts This Page (optional)..... **225.00**  
**TOTAL** This Period (last page this line number only).....

**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 791 OF 1282
<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

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NAME OF COMMITTEE (In Full)  
**Ready PAC**

Full Name (Last, First, Middle Initial) <b>A. Danya Ledford Vanhook</b>		Date of Receipt MM / DD / YYYY 01 / 04 / 2015 <b>Transaction ID : VN8ECDAT7BG2</b>
Mailing Address 105 Turn About Ct		Amount of Each Receipt this Period 20.16
City Waynesville	State NC	Zip Code 28785-7280
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Self employed	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 20.16	

Full Name (Last, First, Middle Initial) <b>B. Danya Ledford Vanhook</b>		Date of Receipt MM / DD / YYYY 01 / 11 / 2015 <b>Transaction ID : VN8ECDABME7</b>
Mailing Address 105 Turn About Ct		Amount of Each Receipt this Period 20.16
City Waynesville	State NC	Zip Code 28785-7280
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Self employed	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 40.32	

Full Name (Last, First, Middle Initial) <b>C. Danya Ledford Vanhook</b>		Date of Receipt MM / DD / YYYY 01 / 18 / 2015 <b>Transaction ID : VN8ECDAFYR8</b>
Mailing Address 105 Turn About Ct		Amount of Each Receipt this Period 20.16
City Waynesville	State NC	Zip Code 28785-7280
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Self employed	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 60.48	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	60.48
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 792 OF 1282
<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

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NAME OF COMMITTEE (In Full)  
**Ready PAC**

**A. Danya Ledford Vanhook**  
Full Name (Last, First, Middle Initial)  
Mailing Address 105 Turn About Ct  
City Waynesville State NC Zip Code 28785-7280  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self employed Occupation Attorney  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **80.64**

Date of Receipt **01 / 25 / 2015**  
**Transaction ID : VN8ECDAJVA8**  
Amount of Each Receipt this Period **20.16**  
Contribution-IE Only Account

**B. Danya Ledford Vanhook**  
Full Name (Last, First, Middle Initial)  
Mailing Address 105 Turn About Ct  
City Waynesville State NC Zip Code 28785-7280  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self employed Occupation Attorney  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **100.80**

Date of Receipt **02 / 01 / 2015**  
**Transaction ID : VN8ECDATFZ9**  
Amount of Each Receipt this Period **20.16**  
Contribution-IE Only Account

**C. Danya Ledford Vanhook**  
Full Name (Last, First, Middle Initial)  
Mailing Address 105 Turn About Ct  
City Waynesville State NC Zip Code 28785-7280  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self employed Occupation Attorney  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **120.96**

Date of Receipt **02 / 08 / 2015**  
**Transaction ID : VN8ECDAZWK0**  
Amount of Each Receipt this Period **20.16**  
Contribution-IE Only Account

**SUBTOTAL** of Receipts This Page (optional)..... **60.48**  
**TOTAL** This Period (last page this line number only).....



**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 793 OF 1282
<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

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NAME OF COMMITTEE (In Full)  
**Ready PAC**

Full Name (Last, First, Middle Initial) <b>A. Danya Ledford Vanhook</b>			Date of Receipt MM / DD / YYYY 02 / 15 / 2015 <b>Transaction ID : VN8ECDB87R5</b>
Mailing Address 105 Turn About Ct			Amount of Each Receipt this Period 20.16
City Waynesville	State NC	Zip Code 28785-7280	Contribution-IE Only Account
FEC ID number of contributing federal political committee. C			
Name of Employer Self employed	Occupation Attorney	Aggregate Year-to-Date 141.12	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Danya Ledford Vanhook</b>			Date of Receipt MM / DD / YYYY 02 / 22 / 2015 <b>Transaction ID : VN8ECDBDDF7</b>
Mailing Address 105 Turn About Ct			Amount of Each Receipt this Period 20.16
City Waynesville	State NC	Zip Code 28785-7280	Contribution-IE Only Account
FEC ID number of contributing federal political committee. C			
Name of Employer Self employed	Occupation Attorney	Aggregate Year-to-Date 161.28	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Danya Ledford Vanhook</b>			Date of Receipt MM / DD / YYYY 03 / 01 / 2015 <b>Transaction ID : VN8ECDBQEV3</b>
Mailing Address 105 Turn About Ct			Amount of Each Receipt this Period 20.16
City Waynesville	State NC	Zip Code 28785-7280	Contribution-IE Only Account
FEC ID number of contributing federal political committee. C			
Name of Employer Self employed	Occupation Attorney	Aggregate Year-to-Date 181.44	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	60.48
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 794 OF 1282
<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

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NAME OF COMMITTEE (In Full)  
**Ready PAC**

Full Name (Last, First, Middle Initial) <b>A. Danya Ledford Vanhook</b>		Date of Receipt MM / DD / YYYY 03 / 08 / 2015 <b>Transaction ID : VN8ECDBWPJ7</b>
Mailing Address 105 Turn About Ct		Amount of Each Receipt this Period 20.16
City Waynesville	State NC	Zip Code 28785-7280
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Self employed	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 201.60	

Full Name (Last, First, Middle Initial) <b>B. Danya Ledford Vanhook</b>		Date of Receipt MM / DD / YYYY 03 / 15 / 2015 <b>Transaction ID : VN8ECDC4E11</b>
Mailing Address 105 Turn About Ct		Amount of Each Receipt this Period 20.16
City Waynesville	State NC	Zip Code 28785-7280
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Self employed	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 221.76	

Full Name (Last, First, Middle Initial) <b>C. Danya Ledford Vanhook</b>		Date of Receipt MM / DD / YYYY 03 / 22 / 2015 <b>Transaction ID : VN8ECDCAZ89</b>
Mailing Address 105 Turn About Ct		Amount of Each Receipt this Period 20.16
City Waynesville	State NC	Zip Code 28785-7280
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Self employed	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 241.92	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	60.48
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 795 OF 1282
<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

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NAME OF COMMITTEE (In Full)  
**Ready PAC**

Full Name (Last, First, Middle Initial) <b>A. Danya Ledford Vanhook</b>		Date of Receipt MM / DD / YYYY 03 / 29 / 2015 <b>Transaction ID : VN8ECDBNY1</b>
Mailing Address 105 Turn About Ct		Amount of Each Receipt this Period 20.16
City Waynesville	State NC	Zip Code 28785-7280
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Self employed	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 262.08	

Full Name (Last, First, Middle Initial) <b>B. Danya Ledford Vanhook</b>		Date of Receipt MM / DD / YYYY 04 / 05 / 2015 <b>Transaction ID : VN8ECDDNPA5</b>
Mailing Address 105 Turn About Ct		Amount of Each Receipt this Period 20.16
City Waynesville	State NC	Zip Code 28785-7280
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Self employed	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 282.24	

Full Name (Last, First, Middle Initial) <b>C. Danya Ledford Vanhook</b>		Date of Receipt MM / DD / YYYY 04 / 12 / 2015 <b>Transaction ID : VN8ECDDW4Y8</b>
Mailing Address 105 Turn About Ct		Amount of Each Receipt this Period 20.16
City Waynesville	State NC	Zip Code 28785-7280
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Self employed	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 302.40	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	60.48
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 796 OF 1282
<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

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NAME OF COMMITTEE (In Full)  
**Ready PAC**

Full Name (Last, First, Middle Initial) <b>A. Danya Ledford Vanhook</b>		Date of Receipt MM / DD / YYYY 04 / 19 / 2015 <b>Transaction ID : VN8ECDE1C49</b>
Mailing Address 105 Turn About Ct		Amount of Each Receipt this Period 20.16
City Waynesville	State NC	Zip Code 28785-7280
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Self employed	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 322.56	

Full Name (Last, First, Middle Initial) <b>B. Danya Ledford Vanhook</b>		Date of Receipt MM / DD / YYYY 04 / 26 / 2015 <b>Transaction ID : VN8ECDE7YV8</b>
Mailing Address 105 Turn About Ct		Amount of Each Receipt this Period 20.16
City Waynesville	State NC	Zip Code 28785-7280
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Self employed	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 342.72	

Full Name (Last, First, Middle Initial) <b>C. Danya Ledford Vanhook</b>		Date of Receipt MM / DD / YYYY 05 / 03 / 2015 <b>Transaction ID : VN8ECDED1X7</b>
Mailing Address 105 Turn About Ct		Amount of Each Receipt this Period 20.16
City Waynesville	State NC	Zip Code 28785-7280
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Self employed	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 362.88	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	60.48
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 797 OF 1282
<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

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NAME OF COMMITTEE (In Full)  
**Ready PAC**

**A. Danya Ledford Vanhook**  
Full Name (Last, First, Middle Initial)  
Mailing Address 105 Turn About Ct

City Waynesville	State NC	Zip Code 28785-7280
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Self employed	Occupation Attorney
-----------------------------------	------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **383.04**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	10	/	2015

**Transaction ID : VN8ECDEH339**

Amount of Each Receipt this Period  

20.16
-------

Contribution-IE Only Account

**B. Danya Ledford Vanhook**  
Full Name (Last, First, Middle Initial)  
Mailing Address 105 Turn About Ct

City Waynesville	State NC	Zip Code 28785-7280
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Self employed	Occupation Attorney
-----------------------------------	------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **403.20**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	17	/	2015

**Transaction ID : VN8ECDEMJG6**

Amount of Each Receipt this Period  

20.16
-------

Contribution-IE Only Account

**C. Danya Ledford Vanhook**  
Full Name (Last, First, Middle Initial)  
Mailing Address 105 Turn About Ct

City Waynesville	State NC	Zip Code 28785-7280
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Self employed	Occupation Attorney
-----------------------------------	------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **423.36**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	24	/	2015

**Transaction ID : VN8ECDEPZF2**

Amount of Each Receipt this Period  

20.16
-------

Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>60.48</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 798 OF 1282
<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

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NAME OF COMMITTEE (In Full)  
**Ready PAC**

Full Name (Last, First, Middle Initial) <b>A. Danya Ledford Vanhook</b>		Date of Receipt MM / DD / YYYY 05 / 31 / 2015 <b>Transaction ID : VN8ECDETXJ3</b>
Mailing Address 105 Turn About Ct		Amount of Each Receipt this Period 20.16
City Waynesville	State NC	Zip Code 28785-7280
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Self employed	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 443.52	

Full Name (Last, First, Middle Initial) <b>B. Danya Ledford Vanhook</b>		Date of Receipt MM / DD / YYYY 06 / 07 / 2015 <b>Transaction ID : VN8ECDF0MA8</b>
Mailing Address 105 Turn About Ct		Amount of Each Receipt this Period 20.16
City Waynesville	State NC	Zip Code 28785-7280
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Self employed	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 463.68	

Full Name (Last, First, Middle Initial) <b>C. Danya Ledford Vanhook</b>		Date of Receipt MM / DD / YYYY 06 / 14 / 2015 <b>Transaction ID : VN8ECDF7PK9</b>
Mailing Address 105 Turn About Ct		Amount of Each Receipt this Period 20.16
City Waynesville	State NC	Zip Code 28785-7280
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Self employed	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 483.84	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	60.48
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 799 OF 1282
	<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	

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NAME OF COMMITTEE (In Full)  
**Ready PAC**

Full Name (Last, First, Middle Initial) <b>A. Danya Ledford Vanhook</b>		Date of Receipt MM / DD / YYYY 06 / 21 / 2015 <b>Transaction ID : VN8ECDFANA9</b>
Mailing Address 105 Turn About Ct		Amount of Each Receipt this Period 20.16
City Waynesville	State NC	Zip Code 28785-7280
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Self employed	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 504.00	

Full Name (Last, First, Middle Initial) <b>B. Danya Ledford Vanhook</b>		Date of Receipt MM / DD / YYYY 06 / 28 / 2015 <b>Transaction ID : VN8ECDFGK51</b>
Mailing Address 105 Turn About Ct		Amount of Each Receipt this Period 20.16
City Waynesville	State NC	Zip Code 28785-7280
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Self employed	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 524.16	

Full Name (Last, First, Middle Initial) <b>C. Prasad Sivalinga Vankineni</b>		Date of Receipt MM / DD / YYYY 01 / 14 / 2015 <b>Transaction ID : VN8ECDAFVD5</b>
Mailing Address 56 Revere Way		Amount of Each Receipt this Period 250.00
City Huntsville	State AL	Zip Code 35801-2846
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Self	Occupation Doctor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	290.32
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 800 OF 1282
	<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	

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NAME OF COMMITTEE (In Full)  
**Ready PAC**

Full Name (Last, First, Middle Initial) <b>A. Anurag Varma</b>		Date of Receipt MM / DD / YYYY 02 / 23 / 2015 <b>Transaction ID : VN8ECDBE559</b>
Mailing Address 3713 Taft Ave		Amount of Each Receipt this Period 201.60
City Alexandria	State VA	Zip Code 22304-2617
FEC ID number of contributing federal political committee. C	Name of Employer Akin, Gump, Strauss, Hauer & Feld LLP	
Occupation Attorney		Contribution-IE Only Account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 201.60	

Full Name (Last, First, Middle Initial) <b>B. Mike Velasquez</b>		Date of Receipt MM / DD / YYYY 03 / 12 / 2015 <b>Transaction ID : VN8ECDC2NQ3</b>
Mailing Address 1215 G St NE		Amount of Each Receipt this Period 201.60
City Washington	State DC	Zip Code 20002-4423
FEC ID number of contributing federal political committee. C	Name of Employer Self	
Occupation Consultant		Contribution-IE Only Account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 201.60	

Full Name (Last, First, Middle Initial) <b>C. Louise Venden</b>		Date of Receipt MM / DD / YYYY 01 / 13 / 2015 <b>Transaction ID : VN8ECDACNV9</b>
Mailing Address 16 Thistlemore Rd		Amount of Each Receipt this Period 100.00
City Provincetown	State MA	Zip Code 02657
FEC ID number of contributing federal political committee. C	Name of Employer self	
Occupation Real Estate Consulting		Contribution-IE Only Account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 100.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	503.20
<b>TOTAL</b> This Period (last page this line number only).....▶	



**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 801 OF 1282
<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

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NAME OF COMMITTEE (In Full)  
**Ready PAC**

Full Name (Last, First, Middle Initial) <b>A. Louise Venden</b>		Date of Receipt
Mailing Address 16 Thistlemore Rd		<input type="text" value="02"/> / <input type="text" value="13"/> / <input type="text" value="2015"/>
City Provincetown	State MA	Zip Code 02657
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : VN8ECDB6VB2</b>
Name of Employer self		Amount of Each Receipt this Period
Occupation Real Estate Consulting		<input type="text" value="100.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	Contribution-IE Only Account
<input type="text" value="200.00"/>		

Full Name (Last, First, Middle Initial) <b>B. Louise Venden</b>		Date of Receipt
Mailing Address 16 Thistlemore Rd		<input type="text" value="03"/> / <input type="text" value="13"/> / <input type="text" value="2015"/>
City Provincetown	State MA	Zip Code 02657
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : VN8ECDC3E62</b>
Name of Employer self		Amount of Each Receipt this Period
Occupation Real Estate Consulting		<input type="text" value="100.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	Contribution-IE Only Account
<input type="text" value="300.00"/>		

Full Name (Last, First, Middle Initial) <b>C. Louise Venden</b>		Date of Receipt
Mailing Address 16 Thistlemore Rd		<input type="text" value="04"/> / <input type="text" value="13"/> / <input type="text" value="2015"/>
City Provincetown	State MA	Zip Code 02657
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : VN8ECDDXM86</b>
Name of Employer self		Amount of Each Receipt this Period
Occupation Real Estate Consulting		<input type="text" value="100.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	Contribution-IE Only Account
<input type="text" value="400.00"/>		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="300.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 802 OF 1282
	<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	

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NAME OF COMMITTEE (In Full)  
**Ready PAC**

**A. Louise Venden**  
Full Name (Last, First, Middle Initial)  
Mailing Address 16 Thistlemore Rd  
City Provincetown State MA Zip Code 02657  
FEC ID number of contributing federal political committee. **C**  
Name of Employer self Occupation Real Estate Consulting  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt **05 / 13 / 2015**  
**Transaction ID : VN8ECDEJKS4**  
Amount of Each Receipt this Period 100.00  
Contribution-IE Only Account

**B. Louise Venden**  
Full Name (Last, First, Middle Initial)  
Mailing Address 16 Thistlemore Rd  
City Provincetown State MA Zip Code 02657  
FEC ID number of contributing federal political committee. **C**  
Name of Employer self Occupation Real Estate Consulting  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 600.00

Date of Receipt **06 / 13 / 2015**  
**Transaction ID : VN8ECDF44T3**  
Amount of Each Receipt this Period 100.00  
Contribution-IE Only Account

**C. Donna Marie Verchio**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5656 Serenity Haven St  
City North Las Vegas State NV Zip Code 89081-5236  
FEC ID number of contributing federal political committee. **C**  
Name of Employer USAF Occupation JAG  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 50.00

Date of Receipt **01 / 07 / 2015**  
**Transaction ID : VN8ECDA9D71**  
Amount of Each Receipt this Period 50.00  
Contribution-IE Only Account

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 250.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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 803 OF 1282
	<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	

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NAME OF COMMITTEE (In Full)  
**Ready PAC**

**A. Donna Marie Verchio**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5656 Serenity Haven St  
 City North Las Vegas State NV Zip Code 89081-5236  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer USAF Occupation JAG  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **152.00**

Date of Receipt **03 / 05 / 2015**  
**Transaction ID : VN8ECDFZ7J9**  
 Amount of Each Receipt this Period **102.00**  
 Earmarked; IE Only Account

**B. Donna Marie Verchio**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5656 Serenity Haven St  
 City North Las Vegas State NV Zip Code 89081-5236  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer USAF Occupation JAG  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **202.00**

Date of Receipt **04 / 07 / 2015**  
**Transaction ID : VN8ECDDQ647**  
 Amount of Each Receipt this Period **50.00**  
 Contribution-IE Only Account

**C. Nadejda Victor**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2684 Lindenwood Dr  
 City Pittsburgh State PA Zip Code 15241-2548  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Booz Allen Occupation Associate  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **04 / 28 / 2015**  
**Transaction ID : VN8ECDE80V2**  
 Amount of Each Receipt this Period **250.00**  
 Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>402.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**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 804 OF 1282
<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

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NAME OF COMMITTEE (In Full)  
**Ready PAC**

**A. Robaire M. Vioria**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3020 London St  
 Apt 6  
 City Los Angeles State CA Zip Code 90026-3761  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Landlord  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 27 / 2015  
**Transaction ID : VN8ECDDA195**  
 Amount of Each Receipt this Period  
 250.00  
 Contribution-IE Only Account

**B. Gwynned Vitello**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 785 Willborough Rd  
 City Burlingame State CA Zip Code 94010-3718  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer President, High Speed Productions Occupation media publisher  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 16 / 2015  
**Transaction ID : VN8ECDAF9K4**  
 Amount of Each Receipt this Period  
 2750.00  
 Contribution-IE Only Account

**C. Catherine Viviano**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2150 Colquitt St  
 City Houston State TX Zip Code 77098  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer self Occupation Builder  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 12 / 2015  
**Transaction ID : VN8ECDDWQZ6**  
 Amount of Each Receipt this Period  
 250.00  
 Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3250.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 805 OF 1282
	<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	

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NAME OF COMMITTEE (In Full)  
**Ready PAC**

Full Name (Last, First, Middle Initial) <b>A. Laura Hernandez Volluz</b>		Date of Receipt MM / DD / YYYY 02 / 23 / 2015 <b>Transaction ID : VN8ECDBE2K3</b>
Mailing Address 203 W Gramercy Pl		Amount of Each Receipt this Period 2500.00
City Austin State TX Zip Code 78730	FEC ID number of contributing federal political committee. C	Contribution-IE Only Account
Name of Employer SBC Communications, Inc. Occupation Executive	Aggregate Year-to-Date 2500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Christian Von Tippelskirch</b>		Date of Receipt MM / DD / YYYY 02 / 01 / 2015 <b>Transaction ID : VN8ECDATHE0</b>
Mailing Address 201 W Genesee St # 189		Amount of Each Receipt this Period 201.60
City Fayetteville State NY Zip Code 13066-1313	FEC ID number of contributing federal political committee. C	Contribution-IE Only Account
Name of Employer Metuffer Films, Inc. Occupation Producer	Aggregate Year-to-Date 201.60	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Jefferson Voss</b>		Date of Receipt MM / DD / YYYY 01 / 29 / 2015 <b>Transaction ID : VN8ECDARHP6</b>
Mailing Address PO Box 305		Amount of Each Receipt this Period 1000.00
City Oakland State FL Zip Code 34760-0305	FEC ID number of contributing federal political committee. C	Contribution-IE Only Account
Name of Employer Tavistock Financial Corp. Occupation Accounting & Finance	Aggregate Year-to-Date 1000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3701.60
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 806 OF 1282
	<input type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14
	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16
	<input checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Ready PAC**

**A. Josh Wachs**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3307 Macomb St NW  
 City Washington State DC Zip Code 20008-3329  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Share Our Strength Occupation Chief Strategy Officer  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **201.60**

Date of Receipt **02 / 04 / 2015**  
**Transaction ID : VN8ECDAXKG5**  
 Amount of Each Receipt this Period **201.60**  
 Contribution-IE Only Account

**B. SueAnn Wade-Crouse**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1333 Shore District Dr Apt 1550  
 City Austin State TX Zip Code 78741-1315  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Grant Writer  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **02 / 02 / 2015**  
**Transaction ID : VN8ECDATSR4**  
 Amount of Each Receipt this Period **500.00**  
 Contribution-IE Only Account

**C. Nan S Walden**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 7  
 City Sahuarita State AZ Zip Code 85629-0007  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Farmers Investment CO Occupation VP and Counsel  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **400.00**

Date of Receipt **03 / 19 / 2015**  
**Transaction ID : VN8ECD9307**  
 Amount of Each Receipt this Period **200.00**  
 Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>901.60</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**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 807 OF 1282
<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

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NAME OF COMMITTEE (In Full)  
**Ready PAC**

**A. Nan S Walden**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 7  
City Sahuarita State AZ Zip Code 85629-0007  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Farmers Investment CO Occupation VP and Counsel  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
03 / 19 / 2015  
**Transaction ID : VN8ECDC9418**  
Amount of Each Receipt this Period  
200.00  
Contribution-IE Only Account

**B. Breon Walker**  
Full Name (Last, First, Middle Initial)  
Mailing Address 113 Chippenham Cir  
City Columbia State SC Zip Code 29210-3844  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Gallivan, White & Boyd Occupation Attorney  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 201.60

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
03 / 23 / 2015  
**Transaction ID : VN8ECDCD614**  
Amount of Each Receipt this Period  
201.60  
Contribution-IE Only Account

**C. Jennifer Walske**  
Full Name (Last, First, Middle Initial)  
Mailing Address 223 Spruce St  
City San Francisco State CA Zip Code 94118-1828  
FEC ID number of contributing federal political committee. **C**  
Name of Employer USF Occupation Professor  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
03 / 11 / 2015  
**Transaction ID : VN8ECDC2793**  
Amount of Each Receipt this Period  
5000.00  
Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5401.60
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 808 OF 1282
<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

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NAME OF COMMITTEE (In Full)  
**Ready PAC**

Full Name (Last, First, Middle Initial) <b>A. Margaret Walters</b>		Date of Receipt MM / DD / YYYY 01 / 13 / 2015 <b>Transaction ID : VN8ECDAD822</b>
Mailing Address 1811 Moonlight Dr		Amount of Each Receipt this Period 100.00
City Killeen	State TX	Zip Code 76543
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer N/A	Occupation None	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 100.00	

Full Name (Last, First, Middle Initial) <b>B. Margaret Walters</b>		Date of Receipt MM / DD / YYYY 01 / 23 / 2015 <b>Transaction ID : VN8ECDAJ2E5</b>
Mailing Address 1811 Moonlight Dr		Amount of Each Receipt this Period 20.16
City Killeen	State TX	Zip Code 76543
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer N/A	Occupation None	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 120.16	

Full Name (Last, First, Middle Initial) <b>C. Margaret Walters</b>		Date of Receipt MM / DD / YYYY 01 / 25 / 2015 <b>Transaction ID : VN8ECDAJVG5</b>
Mailing Address 1811 Moonlight Dr		Amount of Each Receipt this Period 20.16
City Killeen	State TX	Zip Code 76543
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer N/A	Occupation None	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 140.32	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	140.32
<b>TOTAL</b> This Period (last page this line number only).....▶	



**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 809 OF 1282
<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

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NAME OF COMMITTEE (In Full)  
**Ready PAC**

Full Name (Last, First, Middle Initial) <b>A. Margaret Walters</b>		Date of Receipt MM / DD / YYYY 02 / 02 / 2015 <b>Transaction ID : VN8ECDAV4W1</b>
Mailing Address 1811 Moonlight Dr		Amount of Each Receipt this Period 35.00
City Killeen	State TX	Zip Code 76543
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer N/A	Occupation None	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 175.32	

Full Name (Last, First, Middle Initial) <b>B. Margaret Walters</b>		Date of Receipt MM / DD / YYYY 02 / 04 / 2015 <b>Transaction ID : VN8ECDAYM70</b>
Mailing Address 1811 Moonlight Dr		Amount of Each Receipt this Period 35.00
City Killeen	State TX	Zip Code 76543
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer N/A	Occupation None	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.32	

Full Name (Last, First, Middle Initial) <b>C. Margaret Walters</b>		Date of Receipt MM / DD / YYYY 02 / 08 / 2015 <b>Transaction ID : VN8ECDB0501</b>
Mailing Address 1811 Moonlight Dr		Amount of Each Receipt this Period 20.16
City Killeen	State TX	Zip Code 76543
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer N/A	Occupation None	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.48	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	90.16
<b>TOTAL</b> This Period (last page this line number only).....	

**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 810 OF 1282
	<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	

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NAME OF COMMITTEE (In Full)  
**Ready PAC**

**A. Margaret Walters**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1811 Moonlight Dr  
City Killeen State TX Zip Code 76543  
FEC ID number of contributing federal political committee. **C**  
Name of Employer N/A Occupation None  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 245.48

Date of Receipt 02 / 11 / 2015  
**Transaction ID : VN8ECDB50C5**  
Amount of Each Receipt this Period 15.00  
Contribution-IE Only Account

**B. Margaret Walters**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1811 Moonlight Dr  
City Killeen State TX Zip Code 76543  
FEC ID number of contributing federal political committee. **C**  
Name of Employer N/A Occupation None  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 263.48

Date of Receipt 02 / 24 / 2015  
**Transaction ID : VN8ECDBKSE0**  
Amount of Each Receipt this Period 18.00  
Contribution-IE Only Account

**C. Margaret Walters**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1811 Moonlight Dr  
City Killeen State TX Zip Code 76543  
FEC ID number of contributing federal political committee. **C**  
Name of Employer N/A Occupation None  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 283.64

Date of Receipt 02 / 26 / 2015  
**Transaction ID : VN8ECDBMSE9**  
Amount of Each Receipt this Period 20.16  
Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	53.16
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 811 OF 1282
<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

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NAME OF COMMITTEE (In Full)  
**Ready PAC**

Full Name (Last, First, Middle Initial) <b>A. Margaret Walters</b>		Date of Receipt
Mailing Address 1811 Moonlight Dr		<input type="text" value="02"/> / <input type="text" value="28"/> / <input type="text" value="2015"/>
City Killeen	State TX	Zip Code 76543
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : VN8ECDBQ3M3</b>
Name of Employer N/A		Amount of Each Receipt this Period
Occupation None		<input type="text" value="20.16"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	Contribution-IE Only Account
<input type="text" value="303.80"/>		

Full Name (Last, First, Middle Initial) <b>B. Margaret Walters</b>		Date of Receipt
Mailing Address 1811 Moonlight Dr		<input type="text" value="03"/> / <input type="text" value="07"/> / <input type="text" value="2015"/>
City Killeen	State TX	Zip Code 76543
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : VN8ECDBW9C1</b>
Name of Employer N/A		Amount of Each Receipt this Period
Occupation None		<input type="text" value="20.16"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	Contribution-IE Only Account
<input type="text" value="323.96"/>		

Full Name (Last, First, Middle Initial) <b>C. Margaret Walters</b>		Date of Receipt
Mailing Address 1811 Moonlight Dr		<input type="text" value="03"/> / <input type="text" value="19"/> / <input type="text" value="2015"/>
City Killeen	State TX	Zip Code 76543
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : VN8ECDC8EW5</b>
Name of Employer N/A		Amount of Each Receipt this Period
Occupation None		<input type="text" value="20.16"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	Contribution-IE Only Account
<input type="text" value="344.12"/>		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="60.48"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**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 812 OF 1282
<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

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NAME OF COMMITTEE (In Full)  
**Ready PAC**

Full Name (Last, First, Middle Initial) <b>A. Margaret Walters</b>		Date of Receipt MM / DD / YYYY 04 / 06 / 2015
Mailing Address 1811 Moonlight Dr		<b>Transaction ID : VN8ECDDQ1G2</b>
City Killeen	State TX	Zip Code 76543
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 400.00	
Name of Employer N/A	Occupation None	Contribution-IE Only Account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 354.20	

Full Name (Last, First, Middle Initial) <b>B. Margaret Walters</b>		Date of Receipt MM / DD / YYYY 04 / 07 / 2015
Mailing Address 1811 Moonlight Dr		<b>Transaction ID : VN8ECDDQM89</b>
City Killeen	State TX	Zip Code 76543
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 30.00	
Name of Employer N/A	Occupation None	Contribution-IE Only Account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 409.20	

Full Name (Last, First, Middle Initial) <b>C. Margaret Walters</b>		Date of Receipt MM / DD / YYYY 04 / 07 / 2015
Mailing Address 1811 Moonlight Dr		<b>Transaction ID : VN8ECDF15S2</b>
City Killeen	State TX	Zip Code 76543
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 25.00	
Name of Employer N/A	Occupation None	Earmarked; IE Only Account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 409.20	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	65.08
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 813 OF 1282
	<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	

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NAME OF COMMITTEE (In Full)  
**Ready PAC**

Full Name (Last, First, Middle Initial) <b>A. Margaret Walters</b>		Date of Receipt MM / DD / YYYY 04 / 09 / 2015 <b>Transaction ID : VN8ECDDR57</b>
Mailing Address 1811 Moonlight Dr		Amount of Each Receipt this Period 10.00
City Killeen	State TX	Zip Code 76543
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer N/A	Occupation None	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 419.20	

Full Name (Last, First, Middle Initial) <b>B. Margaret Walters</b>		Date of Receipt MM / DD / YYYY 04 / 22 / 2015 <b>Transaction ID : VN8ECDE3GG8</b>
Mailing Address 1811 Moonlight Dr		Amount of Each Receipt this Period 15.00
City Killeen	State TX	Zip Code 76543
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer N/A	Occupation None	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 434.20	

Full Name (Last, First, Middle Initial) <b>C. William Lawrence Walton</b>		Date of Receipt MM / DD / YYYY 03 / 27 / 2015 <b>Transaction ID : VN8ECDDRTJ9</b>
Mailing Address 1809 Madison Ave		Amount of Each Receipt this Period 250.00
City Charlotte	State NC	Zip Code 28216-5414
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Self	Occupation Marketing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	275.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 814 OF 1282
<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

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NAME OF COMMITTEE (In Full)  
**Ready PAC**

**A. Barbara B Ward**  
Full Name (Last, First, Middle Initial)  
Mailing Address 831 E Oakmont Ave

City Murray	State UT	Zip Code 84107-7728
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired	Occupation High School Teacher
-----------------------------	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
114.20

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	24	/	2015

**Transaction ID : VN8ECDBKHM1**

Amount of Each Receipt this Period  
114.20

Contribution-IE Only Account

**B. Barbara B Ward**  
Full Name (Last, First, Middle Initial)  
Mailing Address 831 E Oakmont Ave

City Murray	State UT	Zip Code 84107-7728
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired	Occupation High School Teacher
-----------------------------	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.36

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	10	/	2015

**Transaction ID : VN8ECDC1864**

Amount of Each Receipt this Period  
50.00

Contribution-IE Only Account

**C. Barbara B Ward**  
Full Name (Last, First, Middle Initial)  
Mailing Address 831 E Oakmont Ave

City Murray	State UT	Zip Code 84107-7728
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired	Occupation High School Teacher
-----------------------------	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.36

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	10	/	2015

**Transaction ID : VN8ECDC18F5**

Amount of Each Receipt this Period  
96.16

Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	260.36
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 815 OF 1282
<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

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NAME OF COMMITTEE (In Full)  
**Ready PAC**

**A. Barbara B Ward**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 831 E Oakmont Ave  
 City Murray State UT Zip Code 84107-7728  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Retired Occupation High School Teacher  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **280.52**

Date of Receipt **03 / 26 / 2015**  
**Transaction ID : VN8ECDD83R2**  
 Amount of Each Receipt this Period **20.16**  
 Contribution-IE Only Account

**B. Dee Ware**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1515 Leimert Blvd  
 City Oakland State CA Zip Code 94602-1925  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Ware Law Occupation Attorney  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **01 / 29 / 2015**  
**Transaction ID : VN8ECDARGN7**  
 Amount of Each Receipt this Period **250.00**  
 Contribution-IE Only Account

**C. Tim Warmath**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 122 Finborough Road  
 City Lo State SW109AQ Zip Code SW109AQ  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-employed Occupation Exective Search  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **02 / 01 / 2015**  
**Transaction ID : VN8ECDB2QE5**  
 Amount of Each Receipt this Period **250.00**  
 Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>520.16</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 816 OF 1282
	<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	

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NAME OF COMMITTEE (In Full)  
**Ready PAC**

**A. Tim Warmath**  
Full Name (Last, First, Middle Initial)  
Mailing Address 122 Finborough Road  
City State Zip Code  
Lo SW109AQ  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Self-employed Executive Search  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
270.66

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
03 / 14 / 2015  
**Transaction ID : VN8ECDF0R82**  
Amount of Each Receipt this Period  
20.66  
Contribution-IE Only Account

**B. James T. Washington**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6009 Landerhaven Dr  
Ste A1  
City State Zip Code  
Mayfield Heights OH 44124-4192  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Washington Enterprises Insurance Broker  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
20.16

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
02 / 14 / 2015  
**Transaction ID : VN8ECDB7ZR7**  
Amount of Each Receipt this Period  
20.16  
Contribution-IE Only Account

**C. James T. Washington**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6009 Landerhaven Dr  
Ste A1  
City State Zip Code  
Mayfield Heights OH 44124-4192  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Washington Enterprises Insurance Broker  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
221.76

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
02 / 28 / 2015  
**Transaction ID : VN8ECDC13R4**  
Amount of Each Receipt this Period  
201.60  
Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	242.42
<b>TOTAL</b> This Period (last page this line number only).....▶	



**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 817 OF 1282
<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

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NAME OF COMMITTEE (In Full)  
**Ready PAC**

Full Name (Last, First, Middle Initial) <b>A. Jessica Wasserman</b>		Date of Receipt MM / DD / YYYY 02 / 11 / 2015 <b>Transaction ID : VN8ECDB4DF9</b>
Mailing Address 2842 27th St NW		Amount of Each Receipt this Period 201.60
City Washington	State DC	Zip Code 20008-4102
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer self	Occupation attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 201.60	

Full Name (Last, First, Middle Initial) <b>B. Marvin Wasserman</b>		Date of Receipt MM / DD / YYYY 03 / 03 / 2015 <b>Transaction ID : VN8ECDBSS17</b>
Mailing Address 13700 Marina Pointe Dr Unit 930		Amount of Each Receipt this Period 201.60
City Marina Del Rey	State CA	Zip Code 90292-9264
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Retired	Occupation N.A.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 201.60	

Full Name (Last, First, Middle Initial) <b>C. Marvin Wasserman</b>		Date of Receipt MM / DD / YYYY 03 / 10 / 2015 <b>Transaction ID : VN8ECDC0G54</b>
Mailing Address 13700 Marina Pointe Dr Unit 930		Amount of Each Receipt this Period 80.64
City Marina Del Rey	State CA	Zip Code 90292-9264
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Retired	Occupation N.A.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 282.24	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	483.84
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 818 OF 1282
<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

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NAME OF COMMITTEE (In Full)  
**Ready PAC**

**A. Marcella Watkins**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2519 Glen Haven Blvd  
City Houston State TX Zip Code 77030-3511  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Shell Oil Company Occupation Attorney  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 201.60

Date of Receipt 03 / 09 / 2015  
**Transaction ID : VN8ECDBYA30**  
Amount of Each Receipt this Period 201.60  
Contribution-IE Only Account

**B. Angela Watmore**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4705 Upland Dr  
City Alexandria State VA Zip Code 22310  
FEC ID number of contributing federal political committee. **C**  
Name of Employer The Boeing Company Occupation Director of Boeing Energy Transmission  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 100.00

Date of Receipt 01 / 25 / 2015  
**Transaction ID : VN8ECDAJWF7**  
Amount of Each Receipt this Period 100.00  
Contribution-IE Only Account

**C. Angela Watmore**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4705 Upland Dr  
City Alexandria State VA Zip Code 22310  
FEC ID number of contributing federal political committee. **C**  
Name of Employer The Boeing Company Occupation Director of Boeing Energy Transmission  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 200.00

Date of Receipt 02 / 25 / 2015  
**Transaction ID : VN8ECDBM3E1**  
Amount of Each Receipt this Period 100.00  
Contribution-IE Only Account

**SUBTOTAL** of Receipts This Page (optional).....▶ 401.60  
**TOTAL** This Period (last page this line number only).....▶

**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 819 OF 1282
<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

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NAME OF COMMITTEE (In Full)  
**Ready PAC**

Full Name (Last, First, Middle Initial) <b>A. Angela Watmore</b>		Date of Receipt MM / DD / YYYY 03 / 25 / 2015 <b>Transaction ID : VN8ECDD9D92</b>
Mailing Address 4705 Upland Dr		Amount of Each Receipt this Period 100.00
City Alexandria	State VA	Zip Code 22310
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer The Boeing Company	Occupation Director of Boeing Energy Transmission	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B. Angela Watmore</b>		Date of Receipt MM / DD / YYYY 04 / 25 / 2015 <b>Transaction ID : VN8ECDE6PH2</b>
Mailing Address 4705 Upland Dr		Amount of Each Receipt this Period 100.00
City Alexandria	State VA	Zip Code 22310
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer The Boeing Company	Occupation Director of Boeing Energy Transmission	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) <b>C. Jane Watson</b>		Date of Receipt MM / DD / YYYY 02 / 15 / 2015 <b>Transaction ID : VN8ECDB8CX4</b>
Mailing Address 185 W End Ave Apt 27K		Amount of Each Receipt this Period 115.00
City New York	State NY	Zip Code 10023-5551
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Retired	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 215.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	315.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 820 OF 1282
<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

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NAME OF COMMITTEE (In Full)  
**Ready PAC**

**A. Jane Watson**  
Full Name (Last, First, Middle Initial)

Mailing Address 185 W End Ave  
Apt 27K

City New York State NY Zip Code 10023-5551

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
215.00

Date of Receipt  
02 / 15 / 2015  
**Transaction ID : VN8ECDB8D08**

Amount of Each Receipt this Period  
100.00

Contribution-IE Only Account

**B. Steven Weber**  
Full Name (Last, First, Middle Initial)

Mailing Address 1214 NE 92nd St

City Miami Shores State FL Zip Code 33138-2937

FEC ID number of contributing federal political committee. **C**

Name of Employer Berger Singerman LLP Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
02 / 11 / 2015  
**Transaction ID : VN8ECDB4HF7**

Amount of Each Receipt this Period  
250.00

Contribution-IE Only Account

**C. Sharon Webster**  
Full Name (Last, First, Middle Initial)

Mailing Address 16172 Alert Ln

City Huntington Beach State CA Zip Code 92649

FEC ID number of contributing federal political committee. **C**

Name of Employer LACounty Occupation lawyer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
200.00

Date of Receipt  
01 / 25 / 2015  
**Transaction ID : VN8ECDB1SX0**

Amount of Each Receipt this Period  
100.00

Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	450.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 821 OF 1282
	<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	

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NAME OF COMMITTEE (In Full)  
**Ready PAC**

Full Name (Last, First, Middle Initial) <b>A. Sharon Webster</b>		Date of Receipt MM / DD / YYYY 01 / 25 / 2015 <b>Transaction ID : VN8ECDB23F1</b>
Mailing Address 16172 Alert Ln		Amount of Each Receipt this Period 100.00
City Huntington Beach	State CA	Zip Code 92649
FEC ID number of contributing federal political committee. C	Contribution-IE Only Account	
Name of Employer LACounty	Occupation lawyer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

Full Name (Last, First, Middle Initial) <b>B. Sharon Webster</b>		Date of Receipt MM / DD / YYYY 02 / 03 / 2015 <b>Transaction ID : VN8ECDAVSG0</b>
Mailing Address 16172 Alert Ln		Amount of Each Receipt this Period 105.00
City Huntington Beach	State CA	Zip Code 92649
FEC ID number of contributing federal political committee. C	Contribution-IE Only Account	
Name of Employer LACounty	Occupation lawyer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 305.00	

Full Name (Last, First, Middle Initial) <b>C. Sharon Webster</b>		Date of Receipt MM / DD / YYYY 02 / 09 / 2015 <b>Transaction ID : VN8ECDB1FD3</b>
Mailing Address 16172 Alert Ln		Amount of Each Receipt this Period 20.16
City Huntington Beach	State CA	Zip Code 92649
FEC ID number of contributing federal political committee. C	Contribution-IE Only Account	
Name of Employer LACounty	Occupation lawyer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.16	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	225.16
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 822 OF 1282
	<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	

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NAME OF COMMITTEE (In Full)  
**Ready PAC**

Full Name (Last, First, Middle Initial) <b>A. Beryl Weiner</b>		Date of Receipt MM / DD / YYYY 01 / 05 / 2015 <b>Transaction ID : VN8ECDAT7RV7</b>
Mailing Address 12401 Wilshire Blvd Ste 200		Amount of Each Receipt this Period 2000.00
City Los Angeles	State CA	Zip Code 90025-1089
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Selvein and Weiner, APC	Occupation Lawyer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) <b>B. Rhonda Weingarten</b>		Date of Receipt MM / DD / YYYY 01 / 14 / 2015 <b>Transaction ID : VN8ECDATF0</b>
Mailing Address 555 New Jersey Ave NW		Amount of Each Receipt this Period 250.00
City Washington	State DC	Zip Code 20001-2029
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer American Federation of Teachers	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Sharyn Weiss</b>		Date of Receipt MM / DD / YYYY 02 / 10 / 2015 <b>Transaction ID : VN8ECDZFZKQ4</b>
Mailing Address 1414 N Wells St Apt 502		Amount of Each Receipt this Period 245.00
City Chicago	State IL	Zip Code 60610-7750
FEC ID number of contributing federal political committee. C		Earmarked; IE Only Account
Name of Employer Not Provided	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 245.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2495.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 823 OF 1282
	<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	

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NAME OF COMMITTEE (In Full)  
**Ready PAC**

**A. Gloria Weissberg**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3029 Q St NW  
City Washington State DC Zip Code 20007-3081  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Gloria Weissberg Occupation Designer  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 201.60

Date of Receipt **04 / 06 / 2015**  
**Transaction ID : VN8ECDDPS98**  
Amount of Each Receipt this Period 201.60  
Contribution-IE Only Account

**B. Nina Weissberg**  
Full Name (Last, First, Middle Initial)  
Mailing Address 39237 Mount Gilead Rd  
City Leesburg State VA Zip Code 20175-6728  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Weissberg Corp. Occupation Real Estate  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 2500.00

Date of Receipt **03 / 23 / 2015**  
**Transaction ID : VN8ECDCBTS9**  
Amount of Each Receipt this Period 2500.00  
Contribution-IE Only Account

**C. Jennifer Welch**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6435 N Olie Ave  
City Oklahoma City State OK Zip Code 73116-7313  
FEC ID number of contributing federal political committee. **C**  
Name of Employer self Occupation Interior Designer  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 250.00

Date of Receipt **04 / 12 / 2015**  
**Transaction ID : VN8ECDDW3H4**  
Amount of Each Receipt this Period 250.00  
Contribution-IE Only Account

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2951.60  
**TOTAL** This Period (last page this line number only)..... ▶

**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 824 OF 1282
<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

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NAME OF COMMITTEE (In Full)  
**Ready PAC**

Full Name (Last, First, Middle Initial) <b>A. Bob Weller</b>		Date of Receipt MM / DD / YYYY 03 / 09 / 2015 <b>Transaction ID : VN8ECDBX785</b>
Mailing Address 508 Prudential Rd Ste 100		Amount of Each Receipt this Period 1500.00
City Horsham	State PA	Zip Code 19044-2393
FEC ID number of contributing federal political committee. C	Contribution-IE Only Account	
Name of Employer Interstate Building Maintenance	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

Full Name (Last, First, Middle Initial) <b>B. Katharina Wells</b>		Date of Receipt MM / DD / YYYY 02 / 28 / 2015 <b>Transaction ID : VN8ECDBQ076</b>
Mailing Address 6557 Tam Oshanter Dr		Amount of Each Receipt this Period 1201.60
City San Jose	State CA	Zip Code 95120-4029
FEC ID number of contributing federal political committee. C	Contribution-IE Only Account	
Name of Employer Santa Clara County	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1201.60	

Full Name (Last, First, Middle Initial) <b>C. Wendell Wenneker</b>		Date of Receipt MM / DD / YYYY 04 / 12 / 2015 <b>Transaction ID : VN8ECDDWRP8</b>
Mailing Address 941 El Centro Ave		Amount of Each Receipt this Period 1000.00
City Napa	State CA	Zip Code 94558-1968
FEC ID number of contributing federal political committee. C	Contribution-IE Only Account	
Name of Employer none	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3701.60
<b>TOTAL</b> This Period (last page this line number only).....▶	



**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 825 OF 1282
	<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	

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NAME OF COMMITTEE (In Full)  
**Ready PAC**

Full Name (Last, First, Middle Initial) <b>A. Brycd West</b>		Date of Receipt MM / DD / YYYY 02 / 13 / 2015 <b>Transaction ID : VN8ECDB6TB0</b>
Mailing Address 8815 Conroy Windermere Rd # 418		Amount of Each Receipt this Period 1000.00
City Orlando State FL Zip Code 32835-3129	FEC ID number of contributing federal political committee. C	Contribution-IE Only Account
Name of Employer The Bryce L West Foundation Occupation Exec. Director	Aggregate Year-to-Date 1000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Westcliff Manor Apartments LLC</b>		Date of Receipt MM / DD / YYYY 03 / 13 / 2015 <b>Transaction ID : VN8ECDC9EV5</b>
Mailing Address 76-78 Sanhican Drive		Amount of Each Receipt this Period 500.00
City Trenton State NJ Zip Code 08618	FEC ID number of contributing federal political committee. C	Contribution-IE Only Account
Name of Employer Occupation	Aggregate Year-to-Date 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Catherine Westergaard</b>		Date of Receipt MM / DD / YYYY 02 / 06 / 2015 <b>Transaction ID : VN8ECDAZ195</b>
Mailing Address 11056 35th Ave NE		Amount of Each Receipt this Period 500.00
City Seattle State WA Zip Code 98125-6810	FEC ID number of contributing federal political committee. C	Contribution-IE Only Account
Name of Employer University of Washington Occupation fiscal specialies	Aggregate Year-to-Date 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 826 OF 1282
<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

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NAME OF COMMITTEE (In Full)  
**Ready PAC**

**A. Walter H. White, Jr**  
Full Name (Last, First, Middle Initial)

Mailing Address 2001 K St NW

City Washington State DC Zip Code 20006-1037

FEC ID number of contributing federal political committee. **C**

Name of Employer McGuirewoods Occupation Lawyer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 01 / 09 / 2015  
**Transaction ID : VN8ECDAB521**

Amount of Each Receipt this Period  
1000.00

Contribution-IE Only Account

**B. Paul White**  
Full Name (Last, First, Middle Initial)

Mailing Address 274 Poipu Dr

City Honolulu State HI Zip Code 96825-2128

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.16

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 03 / 17 / 2015  
**Transaction ID : VN8ECD7CJ4**

Amount of Each Receipt this Period  
220.16

Contribution-IE Only Account

**C. William White**  
Full Name (Last, First, Middle Initial)

Mailing Address 450 W 17th St Apt 2108

City New York State NY Zip Code 10011-5834

FEC ID number of contributing federal political committee. **C**

Name of Employer Constellations Group Occupation CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 03 / 01 / 2015  
**Transaction ID : VN8ECDBQFR2**

Amount of Each Receipt this Period  
5000.00

Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	6220.16
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 827 OF 1282
<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

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NAME OF COMMITTEE (In Full)  
**Ready PAC**

**A. William White**  
Full Name (Last, First, Middle Initial)

Mailing Address 450 W 17th St  
Apt 2108

City New York State NY Zip Code 10011-5834

FEC ID number of contributing federal political committee. **C**

Name of Employer Constellations Group Occupation CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  
03 / 30 / 2015  
Transaction ID : VN8ECDBJ31

Amount of Each Receipt this Period  
5000.00

Contribution-IE Only Account

**B. Bernard Whitman**  
Full Name (Last, First, Middle Initial)

Mailing Address 265 W 14th St  
Ste 1210

City New York State NY Zip Code 10011

FEC ID number of contributing federal political committee. **C**

Name of Employer Whitman Insight Strategies. Occupation Consultant

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
201.60

Date of Receipt  
01 / 15 / 2015  
Transaction ID : VN8ECDADW76

Amount of Each Receipt this Period  
201.60

Contribution-IE Only Account

**C. Deborah Wiener**  
Full Name (Last, First, Middle Initial)

Mailing Address 2124 Edgewater Pkwy

City Silver Spring State MD Zip Code 20903-1242

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Entrepreneur

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
04 / 10 / 2015  
Transaction ID : VN8ECDDT5N4

Amount of Each Receipt this Period  
500.00

Contribution-IE Only Account

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 5701.60

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 828 OF 1282  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**Ready PAC**

**A. Willett Wiggins**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7341 Lydia Ave  
 City Kansas City State MO Zip Code 64131-1813  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: retired Occupation: none  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 50.00

Date of Receipt: 01 / 09 / 2015  
**Transaction ID : VN8ECDAB671**  
 Amount of Each Receipt this Period: 50.00  
 Contribution-IE Only Account

**B. Willett Wiggins**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7341 Lydia Ave  
 City Kansas City State MO Zip Code 64131-1813  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: retired Occupation: none  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 100.00

Date of Receipt: 02 / 09 / 2015  
**Transaction ID : VN8ECDB0C21**  
 Amount of Each Receipt this Period: 50.00  
 Contribution-IE Only Account

**C. Willett Wiggins**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7341 Lydia Ave  
 City Kansas City State MO Zip Code 64131-1813  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: retired Occupation: none  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 150.00

Date of Receipt: 03 / 09 / 2015  
**Transaction ID : VN8ECDBYGZ4**  
 Amount of Each Receipt this Period: 50.00  
 Contribution-IE Only Account

**SUBTOTAL** of Receipts This Page (optional).....▶ 150.00  
**TOTAL** This Period (last page this line number only).....▶

**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 829 OF 1282
<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**

**A. Willett Wiggins**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7341 Lydia Ave

City Kansas City	State MO	Zip Code 64131-1813
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer retired	Occupation none
-----------------------------	--------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
200.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		09		2015

**Transaction ID : VN8ECDDR DW1**

Amount of Each Receipt this Period  
50.00

Contribution-IE Only Account

**B. Willett Wiggins**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7341 Lydia Ave

City Kansas City	State MO	Zip Code 64131-1813
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer retired	Occupation none
-----------------------------	--------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		09		2015

**Transaction ID : VN8ECDEGKT7**

Amount of Each Receipt this Period  
50.00

Contribution-IE Only Account

**C. Lindsey Wilkins**  
Full Name (Last, First, Middle Initial)  
Mailing Address 14 Cedar Crst

City Saint Louis	State MO	Zip Code 63132-4205
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired	Occupation Retired
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02		16		2015

**Transaction ID : VN8ECDB93G2**

Amount of Each Receipt this Period  
250.00

Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	350.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 830 OF 1282
	<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	

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NAME OF COMMITTEE (In Full)  
**Ready PAC**

**A. Brandi Williams**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6934 Tanners Creek Dr  
 City State Zip Code  
 Huntersville NC 28078-2376  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Principle Studio B Public Relations  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 27 / 2015  
**Transaction ID : VN8ECDD9E79**  
 Amount of Each Receipt this Period  
 1000.00  
 Contribution-IE Only Account

**B. Forrest Williams**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6311 Culvert Dr  
 City State Zip Code  
 San Jose CA 95123-4859  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 N/A None  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 201.60

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 25 / 2015  
**Transaction ID : VN8ECDF7QE0**  
 Amount of Each Receipt this Period  
 201.60  
 IE Only Account

**C. Laurie Williams**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 1209  
 City State Zip Code  
 Ardmore OK 73402-1209  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 self Attorney  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 90.30

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 03 / 2015  
**Transaction ID : VN8ECDA7231**  
 Amount of Each Receipt this Period  
 36.30  
 Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1237.90
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 831 OF 1282
<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

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NAME OF COMMITTEE (In Full)  
**Ready PAC**

**A. Laurie Williams**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 1209

City Ardmore	State OK	Zip Code 73402-1209
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer self	Occupation Attorney
--------------------------	------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
90.30

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	03	/	2015

**Transaction ID : VN8ECDA76P9**

Amount of Each Receipt this Period  
54.00

Contribution-IE Only Account

**B. Laurie Williams**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 1209

City Ardmore	State OK	Zip Code 73402-1209
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer self	Occupation Attorney
--------------------------	------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
204.30

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	11	/	2015

**Transaction ID : VN8ECDABR79**

Amount of Each Receipt this Period  
114.00

Contribution-IE Only Account

**C. LUPE WILLIAMS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1455 McNutt Dr

City Wooster	State OH	Zip Code 44691
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer The Ohio State University	Occupation Lecturer
---	------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
20.16

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	15	/	2015

**Transaction ID : VN8ECDAE8J7**

Amount of Each Receipt this Period  
20.16

Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	188.16
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 832 OF 1282
<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

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NAME OF COMMITTEE (In Full)  
**Ready PAC**

**A. LUPE WILLIAMS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1455 McNutt Dr

City Wooster	State OH	Zip Code 44691
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer The Ohio State University	Occupation Lecturer
---	------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
55.16

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	21	/	2015

**Transaction ID : VN8ECDAHC73**

Amount of Each Receipt this Period  
35.00

Contribution-IE Only Account

**B. LUPE WILLIAMS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1455 McNutt Dr

City Wooster	State OH	Zip Code 44691
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer The Ohio State University	Occupation Lecturer
---	------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
256.76

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	27	/	2015

**Transaction ID : VN8ECDAPGZ9**

Amount of Each Receipt this Period  
201.60

Contribution-IE Only Account

**C. Ozzie Williams**  
Full Name (Last, First, Middle Initial)  
Mailing Address 240 Dolores St  
Apt 204

City San Francisco	State CA	Zip Code 94103-2254
-----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired	Occupation Retired
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	11	/	2015

**Transaction ID : VN8ECDB6HX3**

Amount of Each Receipt this Period  
300.00

Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	536.60
<b>TOTAL</b> This Period (last page this line number only).....	



**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 833 OF 1282
<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**

**A. Gloria D. Williamson**  
Full Name (Last, First, Middle Initial)

Mailing Address 521 Holland Ave

City Philadelphia	State MS	Zip Code 39350
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A	Occupation Retired
-------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
100.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
01	/	24	/	2015

**Transaction ID : VN8ECDAJHX6**

Amount of Each Receipt this Period  
100.00

Contribution-IE Only Account

**B. Gloria D. Williamson**  
Full Name (Last, First, Middle Initial)

Mailing Address 521 Holland Ave

City Philadelphia	State MS	Zip Code 39350
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A	Occupation Retired
-------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
200.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
02	/	24	/	2015

**Transaction ID : VN8ECDBKD54**

Amount of Each Receipt this Period  
100.00

Contribution-IE Only Account

**C. Gloria D. Williamson**  
Full Name (Last, First, Middle Initial)

Mailing Address 521 Holland Ave

City Philadelphia	State MS	Zip Code 39350
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A	Occupation Retired
-------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
03	/	24	/	2015

**Transaction ID : VN8ECDCDN09**

Amount of Each Receipt this Period  
100.00

Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 834 OF 1282
	<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	

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NAME OF COMMITTEE (In Full)  
**Ready PAC**

**A. Ken Willner**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 15760 Ventura Blvd  
 Ste 2026  
 City Encino State CA Zip Code 91436-3061  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer willnerheller llc Occupation finance  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 16 / 2015  
**Transaction ID : VN8ECDEJZC8**  
 Amount of Each Receipt this Period  
 500.00  
 Contribution-IE Only Account

**B. Betty M. Wilson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 472 Ayrault Rd  
 City Fairport State NY Zip Code 14450-2938  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Homemaker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 21 / 2015  
**Transaction ID : VN8ECDAH993**  
 Amount of Each Receipt this Period  
 500.00  
 Contribution-IE Only Account

**C. Elisabeth Wilson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 58 Dalton Rd  
 City Belmont State MA Zip Code 02478-3726  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer N/a Occupation Industrial Hygienist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 50.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 25 / 2015  
**Transaction ID : VN8ECDB1V46**  
 Amount of Each Receipt this Period  
 50.00  
 Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1050.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 835 OF 1282
<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

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NAME OF COMMITTEE (In Full)  
**Ready PAC**

**A. Elisabeth Wilson**  
Full Name (Last, First, Middle Initial)  
Mailing Address 58 Dalton Rd  
City Belmont State MA Zip Code 02478-3726  
FEC ID number of contributing federal political committee. **C**  
Name of Employer N/a Occupation Industrial Hygienist  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **100.00**

Date of Receipt **02 / 26 / 2015**  
**Transaction ID : VN8ECDBNAC0**  
Amount of Each Receipt this Period **50.00**  
Contribution-IE Only Account

**B. Elisabeth Wilson**  
Full Name (Last, First, Middle Initial)  
Mailing Address 58 Dalton Rd  
City Belmont State MA Zip Code 02478-3726  
FEC ID number of contributing federal political committee. **C**  
Name of Employer N/a Occupation Industrial Hygienist  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **200.00**

Date of Receipt **03 / 12 / 2015**  
**Transaction ID : VN8ECDC2Y59**  
Amount of Each Receipt this Period **100.00**  
Contribution-IE Only Account

**C. Elisabeth Wilson**  
Full Name (Last, First, Middle Initial)  
Mailing Address 58 Dalton Rd  
City Belmont State MA Zip Code 02478-3726  
FEC ID number of contributing federal political committee. **C**  
Name of Employer N/a Occupation Industrial Hygienist  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **220.16**

Date of Receipt **03 / 15 / 2015**  
**Transaction ID : VN8ECDC4RA3**  
Amount of Each Receipt this Period **20.16**  
Contribution-IE Only Account

**SUBTOTAL** of Receipts This Page (optional)..... **170.16**  
**TOTAL** This Period (last page this line number only).....

**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 836 OF 1282
<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

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NAME OF COMMITTEE (In Full)  
**Ready PAC**

**A. Janet Wilson**  
Full Name (Last, First, Middle Initial)

Mailing Address 80 Long Meadow Cir  
80 Long Meadow Circle

City Pittsford State NY Zip Code 14534

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
03 / 09 / 2015  
**Transaction ID : VN8ECDF0PK3**

Amount of Each Receipt this Period  
500.00

Contribution-IE Only Account

**B. Lorraine Wilson**  
Full Name (Last, First, Middle Initial)

Mailing Address 1324 Kenyon St NW

City Washington State DC Zip Code 20010-2306

FEC ID number of contributing federal political committee. **C**

Name of Employer NEA Occupation Technology Strategist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
251.60

Date of Receipt  
04 / 03 / 2015  
**Transaction ID : VN8ECDDNAA8**

Amount of Each Receipt this Period  
50.00

Contribution-IE Only Account

**C. Lorraine Wilson**  
Full Name (Last, First, Middle Initial)

Mailing Address 1324 Kenyon St NW

City Washington State DC Zip Code 20010-2306

FEC ID number of contributing federal political committee. **C**

Name of Employer NEA Occupation Technology Strategist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
251.60

Date of Receipt  
04 / 03 / 2015  
**Transaction ID : VN8ECDDNAN5**

Amount of Each Receipt this Period  
201.60

Contribution-IE Only Account

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 751.60

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 837 OF 1282  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**Ready PAC**

**A. Lorraine Wilson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1324 Kenyon St NW  
 City Washington State DC Zip Code 20010-2306  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NEA Occupation Technology Strategist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 576.60

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 11 / 2015  
**Transaction ID : VN8ECDDVBF8**  
 Amount of Each Receipt this Period  
 325.00  
 Contribution-IE Only Account

**B. Cynthia Wingate**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 906 Live Oak Ct  
 City Arlington State TX Zip Code 76012-2844  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer none Occupation housewife  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 36.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 04 / 2015  
**Transaction ID : VN8ECDA7CG4**  
 Amount of Each Receipt this Period  
 36.00  
 Contribution-IE Only Account

**C. Cynthia Wingate**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 906 Live Oak Ct  
 City Arlington State TX Zip Code 76012-2844  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer none Occupation housewife  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 136.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 08 / 2015  
**Transaction ID : VN8ECDA9HX4**  
 Amount of Each Receipt this Period  
 100.00  
 Contribution-IE Only Account

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 461.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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 838 OF 1282
<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

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NAME OF COMMITTEE (In Full)  
**Ready PAC**

**A. Cynthia Wingate**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 906 Live Oak Ct  
 City Arlington State TX Zip Code 76012-2844  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer none Occupation housewife  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 236.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 16 / 2015  
**Transaction ID : VN8ECDB9635**  
 Amount of Each Receipt this Period  
 100.00  
 Contribution-IE Only Account

**B. Jason Winocour**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 68 Bradhurst Ave Ph 1H  
 City New York State NY Zip Code 10039-3310  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Hunter Public Relations Occupation Public Relations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 14 / 2015  
**Transaction ID : VN8ECDEJ7J4**  
 Amount of Each Receipt this Period  
 300.00  
 Contribution-IE Only Account

**C. Ellen Wiss**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 112 Sea Hammock Way Ste 260  
 City Ponte Vedra Beach State FL Zip Code 32082-4403  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Homkor Florida, Inc. Occupation Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 20.16

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 30 / 2015  
**Transaction ID : VN8ECDAS6J0**  
 Amount of Each Receipt this Period  
 20.16  
 Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	420.16
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 839 OF 1282
<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

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NAME OF COMMITTEE (In Full)  
**Ready PAC**

Full Name (Last, First, Middle Initial) <b>A. Ellen Wiss</b>		Date of Receipt MM / DD / YYYY 02 / 28 / 2015 <b>Transaction ID : VN8ECDBPY13</b>
Mailing Address 112 Sea Hammock Way Ste 260		Amount of Each Receipt this Period 20.16
City Ponte Vedra Beach	State FL	Zip Code 32082-4403
FEC ID number of contributing federal political committee. C	Name of Employer Homkor Florida, Inc.	
Occupation Vice President		Contribution-IE Only Account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 40.32	

Full Name (Last, First, Middle Initial) <b>B. Ellen Wiss</b>		Date of Receipt MM / DD / YYYY 03 / 24 / 2015 <b>Transaction ID : VN8ECDCDMD9</b>
Mailing Address 112 Sea Hammock Way Ste 260		Amount of Each Receipt this Period 20.16
City Ponte Vedra Beach	State FL	Zip Code 32082-4403
FEC ID number of contributing federal political committee. C	Name of Employer Homkor Florida, Inc.	
Occupation Vice President		Contribution-IE Only Account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 60.48	

Full Name (Last, First, Middle Initial) <b>C. Ellen Wiss</b>		Date of Receipt MM / DD / YYYY 03 / 30 / 2015 <b>Transaction ID : VN8ECDBSB9</b>
Mailing Address 112 Sea Hammock Way Ste 260		Amount of Each Receipt this Period 20.16
City Ponte Vedra Beach	State FL	Zip Code 32082-4403
FEC ID number of contributing federal political committee. C	Name of Employer Homkor Florida, Inc.	
Occupation Vice President		Contribution-IE Only Account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 80.64	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	60.48
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 840 OF 1282
<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

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NAME OF COMMITTEE (In Full)  
**Ready PAC**

Full Name (Last, First, Middle Initial) <b>A. Ellen Wiss</b>		Date of Receipt MM / DD / YYYY 04 / 24 / 2015 <b>Transaction ID : VN8ECDE5W04</b>
Mailing Address 112 Sea Hammock Way Ste 260		Amount of Each Receipt this Period 20.16
City Ponte Vedra Beach	State FL	Zip Code 32082-4403
FEC ID number of contributing federal political committee. C	Name of Employer Homkor Florida, Inc.	
Occupation Vice President		Contribution-IE Only Account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 100.80	

Full Name (Last, First, Middle Initial) <b>B. Ellen Wiss</b>		Date of Receipt MM / DD / YYYY 04 / 30 / 2015 <b>Transaction ID : VN8ECDE96B6</b>
Mailing Address 112 Sea Hammock Way Ste 260		Amount of Each Receipt this Period 20.16
City Ponte Vedra Beach	State FL	Zip Code 32082-4403
FEC ID number of contributing federal political committee. C	Name of Employer Homkor Florida, Inc.	
Occupation Vice President		Contribution-IE Only Account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 120.96	

Full Name (Last, First, Middle Initial) <b>C. Ellen Wiss</b>		Date of Receipt MM / DD / YYYY 05 / 24 / 2015 <b>Transaction ID : VN8ECDEPM91</b>
Mailing Address 112 Sea Hammock Way Ste 260		Amount of Each Receipt this Period 20.16
City Ponte Vedra Beach	State FL	Zip Code 32082-4403
FEC ID number of contributing federal political committee. C	Name of Employer Homkor Florida, Inc.	
Occupation Vice President		Contribution-IE Only Account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 141.12	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	60.48
<b>TOTAL</b> This Period (last page this line number only).....▶	



**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 841 OF 1282
<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

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NAME OF COMMITTEE (In Full)  
**Ready PAC**

Full Name (Last, First, Middle Initial) <b>A. Ellen Wiss</b>		Date of Receipt MM / DD / YYYY 05 / 30 / 2015 <b>Transaction ID : VN8ECDERQB0</b>
Mailing Address 112 Sea Hammock Way Ste 260		Amount of Each Receipt this Period 20.16
City Ponte Vedra Beach	State FL	Zip Code 32082-4403
FEC ID number of contributing federal political committee. C	Name of Employer Homkor Florida, Inc.	
Occupation Vice President		Contribution-IE Only Account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 161.28	

Full Name (Last, First, Middle Initial) <b>B. Ellen Wiss</b>		Date of Receipt MM / DD / YYYY 06 / 24 / 2015 <b>Transaction ID : VN8ECDFB2T4</b>
Mailing Address 112 Sea Hammock Way Ste 260		Amount of Each Receipt this Period 20.16
City Ponte Vedra Beach	State FL	Zip Code 32082-4403
FEC ID number of contributing federal political committee. C	Name of Employer Homkor Florida, Inc.	
Occupation Vice President		Contribution-IE Only Account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 181.44	

Full Name (Last, First, Middle Initial) <b>C. Ellen Wiss</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2015 <b>Transaction ID : VN8ECDFGK85</b>
Mailing Address 112 Sea Hammock Way Ste 260		Amount of Each Receipt this Period 20.16
City Ponte Vedra Beach	State FL	Zip Code 32082-4403
FEC ID number of contributing federal political committee. C	Name of Employer Homkor Florida, Inc.	
Occupation Vice President		Contribution-IE Only Account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 201.60	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	60.48
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 842 OF 1282
<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

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NAME OF COMMITTEE (In Full)  
**Ready PAC**

**A. Mary Witherow**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5514 Emerson Ave

City Dallas	State TX	Zip Code 75209
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed	Occupation Attorney
-----------------------------------	------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	20	/	2015

**Transaction ID : VN8ECDAGFA5**

Amount of Each Receipt this Period  
250.00

Contribution-IE Only Account

**B. Mary Witherow**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5514 Emerson Ave

City Dallas	State TX	Zip Code 75209
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed	Occupation Attorney
-----------------------------------	------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	11	/	2015

**Transaction ID : VN8ECD27G9**

Amount of Each Receipt this Period  
100.00

Contribution-IE Only Account

**C. Benjamin Wolkov**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4100 NE 2nd Ave  
Ste 304

City Miami	State FL	Zip Code 33137-3525
---------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Wolkov LLP	Occupation Attorney
--------------------------------	------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	11	/	2015

**Transaction ID : VN8ECDB4JG6**

Amount of Each Receipt this Period  
250.00

Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	600.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 843 OF 1282
<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

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NAME OF COMMITTEE (In Full)  
**Ready PAC**

Full Name (Last, First, Middle Initial) <b>A. WomenElect PAC</b>		Date of Receipt
Mailing Address 28 Elmview Pl		<input type="text" value="03"/> / <input type="text" value="27"/> / <input type="text" value="2015"/>
City	State	Zip Code
Buffalo	NY	14207-2908
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : VN8ECDEDA90</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
		<input type="text" value="201.60"/>
Receipt For:	Aggregate Year-to-Date ▼	Contribution-IE Only Account
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="201.60"/>	

Full Name (Last, First, Middle Initial) <b>B. William Wong</b>		Date of Receipt
Mailing Address 4513 Euclid Ave		<input type="text" value="03"/> / <input type="text" value="16"/> / <input type="text" value="2015"/>
City	State	Zip Code
Sacramento	CA	95822-1811
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : VN8ECD6DR5</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Self, Bill Wong LLC	Consultant	<input type="text" value="250.00"/>
Receipt For:	Aggregate Year-to-Date ▼	Contribution-IE Only Account
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="250.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Frank Woo</b>		Date of Receipt
Mailing Address 246 Molimo Dr		<input type="text" value="02"/> / <input type="text" value="04"/> / <input type="text" value="2015"/>
City	State	Zip Code
San Francisco	CA	94127-1850
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : VN8ECDAWSS9</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Wells Fargo Bank, N.A.	Financial Products Acctng Manager	<input type="text" value="250.00"/>
Receipt For:	Aggregate Year-to-Date ▼	Contribution-IE Only Account
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="250.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="701.60"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 844 OF 1282
	<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	

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NAME OF COMMITTEE (In Full)  
**Ready PAC**

**A. Frank Woo**  
Full Name (Last, First, Middle Initial)  
Mailing Address 246 Molimo Dr  
City San Francisco State CA Zip Code 94127-1850  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Wells Fargo Bank, N.A. Occupation Financial Products Acctng Manager  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 270.16

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
02 / 11 / 2015  
**Transaction ID : VN8ECDB4FJ5**  
Amount of Each Receipt this Period  
20.16  
Contribution-IE Only Account

**B. Rebecca Wood**  
Full Name (Last, First, Middle Initial)  
Mailing Address 440 Willow Ct  
City Fort Myers Beach State FL Zip Code 33931  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Harmony Hearing Occupation Clinical Audiologist  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
03 / 18 / 2015  
**Transaction ID : VN8ECDC7P52**  
Amount of Each Receipt this Period  
500.00  
Contribution-IE Only Account

**C. Susan Wood**  
Full Name (Last, First, Middle Initial)  
Mailing Address 39 Oswego Ave  
City Silver Spring State MD Zip Code 20910-5107  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Faculty Occupation George Washington University  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 201.60

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
03 / 08 / 2015  
**Transaction ID : VN8ECDBWN38**  
Amount of Each Receipt this Period  
201.60  
Contribution-IE Only Account

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 721.76  
**TOTAL** This Period (last page this line number only)..... ▶

**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 845 OF 1282
<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

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NAME OF COMMITTEE (In Full)  
**Ready PAC**

**A. Susan Wood**  
Full Name (Last, First, Middle Initial)  
Mailing Address 39 Oswego Ave  
City Silver Spring State MD Zip Code 20910-5107  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Faculty Occupation George Washington University  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **241.92**

Date of Receipt **04 / 11 / 2015**  
**Transaction ID : VN8ECDDV580**  
Amount of Each Receipt this Period **40.32**  
Contribution-IE Only Account

**B. Wilma H Wool**  
Full Name (Last, First, Middle Initial)  
Mailing Address 755 Pierino Ave  
City Sunnyvale State CA Zip Code 94086-8520  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Fremont Union High School District Occupation Teacher  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **400.00**

Date of Receipt **02 / 03 / 2015**  
**Transaction ID : VN8ECDAXS42**  
Amount of Each Receipt this Period **400.00**  
Contribution-IE Only Account

**C. Dan Wooldridge**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 19  
City Cheshire State CT Zip Code 06410-0019  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Not employed Occupation Student  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **500.00**

Date of Receipt **04 / 11 / 2015**  
**Transaction ID : VN8ECDDV4Q6**  
Amount of Each Receipt this Period **500.00**  
Contribution-IE Only Account

**SUBTOTAL** of Receipts This Page (optional)..... **940.32**  
**TOTAL** This Period (last page this line number only).....

**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 846 OF 1282
<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

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NAME OF COMMITTEE (In Full)  
**Ready PAC**

**A. Leslie Ann Woolley**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 609 Oakley Pl  
 City Alexandria State VA Zip Code 22302-3611  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Retired Occupation Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 14 / 2015  
**Transaction ID : VN8ECDAFVJ5**  
 Amount of Each Receipt this Period  
 500.00  
 Contribution-IE Only Account

**B. Aja Worthy-Davis**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 270 Greene Ave Apt 2A  
 City Brooklyn State NY Zip Code 11238-1793  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NYC Public Advocate Occupation Communications  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 201.60

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 02 / 2015  
**Transaction ID : VN8ECDDG101**  
 Amount of Each Receipt this Period  
 201.60  
 Contribution-IE Only Account

**C. Dennis Wu**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 185 Lunado Way  
 City San Francisco State CA Zip Code 94127-2854  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer WU Hoover & Co. Occupation CPA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 20 / 2015  
**Transaction ID : VN8ECDBRV22**  
 Amount of Each Receipt this Period  
 250.00  
 Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	951.60
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 847 OF 1282
	<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	

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NAME OF COMMITTEE (In Full)  
**Ready PAC**

Full Name (Last, First, Middle Initial) <b>A. Hank Wuh</b>		Date of Receipt MM / DD / YYYY 04 / 10 / 2015 <b>Transaction ID : VN8ECDE4BR8</b>
Mailing Address 650 Iwilei Rd Ste 218		Amount of Each Receipt this Period 500.00
City Honolulu	State HI	Zip Code 96817-5395
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer SKAI Ventures LLC	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Wyle Holdings Inc. - WYLEPAC</b>		Date of Receipt MM / DD / YYYY 04 / 07 / 2015 <b>Transaction ID : VN8ECDEYZE7</b>
Mailing Address 1960 E Grand Ave Ste 900		Amount of Each Receipt this Period 3920.00
City El Segundo	State CA	Zip Code 90245-5092
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3920.00	

Full Name (Last, First, Middle Initial) <b>C. Marilyn Yager</b>		Date of Receipt MM / DD / YYYY 04 / 12 / 2015 <b>Transaction ID : VN8ECDDWDZ6</b>
Mailing Address 304 Cameron Station Blvd		Amount of Each Receipt this Period 500.00
City Alexandria	State VA	Zip Code 22304-8622
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Alston & Bird	Occupation public policy	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	4920.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 848 OF 1282
	<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	

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NAME OF COMMITTEE (In Full)  
**Ready PAC**

Full Name (Last, First, Middle Initial) <b>A. Julian Yap</b>		Date of Receipt MM / DD / YYYY 02 / 09 / 2015 <b>Transaction ID : VN8ECDB0FQ3</b>
Mailing Address 1401 Q St NW Apt 602		Amount of Each Receipt this Period 10000.00
City Washington	State DC	Zip Code 20009-7821
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Self-employed	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 10000.00	

Full Name (Last, First, Middle Initial) <b>B. Mehmet Yazicioglu</b>		Date of Receipt MM / DD / YYYY 01 / 26 / 2015 <b>Transaction ID : VN8ECDAYTJ0</b>
Mailing Address 3824 N Ewing Ave		Amount of Each Receipt this Period 250.00
City Kansas City	State MO	Zip Code 64117-7806
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer Self	Occupation Paper & Forest Products	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. George Yeich</b>		Date of Receipt MM / DD / YYYY 02 / 04 / 2015 <b>Transaction ID : VN8ECDAXMJ1</b>
Mailing Address 1517 Hill Rd condo 3k		Amount of Each Receipt this Period 20.16
City Reading	State PA	Zip Code 19602
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer walmart	Occupation manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 20.16	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	10270.16
<b>TOTAL</b> This Period (last page this line number only).....▶	



**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 849 OF 1282
<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

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NAME OF COMMITTEE (In Full)  
**Ready PAC**

Full Name (Last, First, Middle Initial) <b>A. George Yeich</b>		Date of Receipt MM / DD / YYYY 02 / 07 / 2015 <b>Transaction ID : VN8ECDAZ6D6</b>
Mailing Address 1517 Hill Rd condo 3k		Amount of Each Receipt this Period 250.00
City Reading	State PA	Zip Code 19602
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer walmart	Occupation manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.16	

Full Name (Last, First, Middle Initial) <b>B. George Yeich</b>		Date of Receipt MM / DD / YYYY 03 / 27 / 2015 <b>Transaction ID : VN8ECDD9427</b>
Mailing Address 1517 Hill Rd condo 3k		Amount of Each Receipt this Period 20.16
City Reading	State PA	Zip Code 19602
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer walmart	Occupation manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 290.32	

Full Name (Last, First, Middle Initial) <b>C. George Yeich</b>		Date of Receipt MM / DD / YYYY 04 / 10 / 2015 <b>Transaction ID : VN8ECDD5M8</b>
Mailing Address 1517 Hill Rd condo 3k		Amount of Each Receipt this Period 35.00
City Reading	State PA	Zip Code 19602
FEC ID number of contributing federal political committee. C		Contribution-IE Only Account
Name of Employer walmart	Occupation manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.32	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	305.16
<b>TOTAL</b> This Period (last page this line number only).....	

**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 850 OF 1282
	<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	

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NAME OF COMMITTEE (In Full)  
**Ready PAC**

Full Name (Last, First, Middle Initial)  
**A. George Yeich**

Mailing Address 1517 Hill Rd  
condo 3k

City Reading State PA Zip Code 19602

FEC ID number of contributing federal political committee. **C**

Name of Employer walmart Occupation manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
345.48

Date of Receipt  
04 / 24 / 2015  
**Transaction ID : VN8ECDE5A22**

Amount of Each Receipt this Period  
20.16

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)  
**B. Howard Yellen**

Mailing Address 55 Sanchez St

City San Francisco State CA Zip Code 94114-1112

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2016.00

Date of Receipt  
03 / 13 / 2015  
**Transaction ID : VN8ECDC3JC9**

Amount of Each Receipt this Period  
2016.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)  
**C. Miriam Yenkin**

Mailing Address 2720 Brentwood Rd

City Columbus State OH Zip Code 43209-2219

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Historical Renovation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
02 / 21 / 2015  
**Transaction ID : VN8ECDBD138**

Amount of Each Receipt this Period  
500.00

Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2536.16
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 851 OF 1282
	<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	

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NAME OF COMMITTEE (In Full)  
**Ready PAC**

**A. Christos I Yessios**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4740 Shire Ridge Rd E  
 City Hilliard State OH Zip Code 43026-2766  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Auto Design Inc. Occupation Executive  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **01 / 21 / 2015**  
**Transaction ID : VN8ECDAQ8J9**  
 Amount of Each Receipt this Period **500.00**  
 Contribution-IE Only Account

**B. Peg Yorkin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 21348 Pacific Coast Hwy  
 City Malibu State CA Zip Code 90265  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer none Occupation retired  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **20.16**

Date of Receipt **02 / 03 / 2015**  
**Transaction ID : VN8ECDAWPV9**  
 Amount of Each Receipt this Period **20.16**  
 Contribution-IE Only Account

**C. Peg Yorkin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 21348 Pacific Coast Hwy  
 City Malibu State CA Zip Code 90265  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer none Occupation retired  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **120.14**

Date of Receipt **03 / 05 / 2015**  
**Transaction ID : VN8ECDBTTQ0**  
 Amount of Each Receipt this Period **99.98**  
 Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>620.14</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**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 852 OF 1282
	<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	

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NAME OF COMMITTEE (In Full)  
**Ready PAC**

**A. Peg Yorkin**  
Full Name (Last, First, Middle Initial)  
Mailing Address 21348 Pacific Coast Hwy  
City Malibu State CA Zip Code 90265  
FEC ID number of contributing federal political committee. **C**  
Name of Employer none Occupation retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 220.14

Date of Receipt  
03 / 07 / 2015  
**Transaction ID : VN8ECDBW2D5**  
Amount of Each Receipt this Period 100.00  
Contribution-IE Only Account

**B. Peg Yorkin**  
Full Name (Last, First, Middle Initial)  
Mailing Address 21348 Pacific Coast Hwy  
City Malibu State CA Zip Code 90265  
FEC ID number of contributing federal political committee. **C**  
Name of Employer none Occupation retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 320.14

Date of Receipt  
03 / 09 / 2015  
**Transaction ID : VN8ECDF0PV6**  
Amount of Each Receipt this Period 100.00  
Contribution-IE Only Account

**C. Christine Young**  
Full Name (Last, First, Middle Initial)  
Mailing Address 63 Berryessa Way  
City Hillsborough State CA Zip Code 94010-7301  
FEC ID number of contributing federal political committee. **C**  
Name of Employer CKY Financial & Insurance Solutions, I Occupation Brokerage  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
03 / 02 / 2015  
**Transaction ID : VN8ECDBSBV1**  
Amount of Each Receipt this Period 500.00  
Contribution-IE Only Account

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 700.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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 853 OF 1282
<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

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NAME OF COMMITTEE (In Full)  
**Ready PAC**

**A. Hsun M Yu**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 35 San Rafael Way  
 City San Francisco State CA Zip Code 94127-1948  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Apex Components, Inc. Occupation President  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **02 / 20 / 2015**  
**Transaction ID : VN8ECDBQTS2**  
 Amount of Each Receipt this Period **500.00**  
 Contribution-IE Only Account

**B. Jacqueline Yu**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6250 Hollywood Blvd Unit 7L  
 City Hollywood State CA Zip Code 90028-5334  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Moss Adams LLP Occupation Lawyer/Consultant - Tax/Business/Estat  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **201.60**

Date of Receipt **02 / 12 / 2015**  
**Transaction ID : VN8ECDB60R7**  
 Amount of Each Receipt this Period **201.60**  
 Contribution-IE Only Account

**C. Mark R. Yzaguirre**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4237 Childress St  
 City Houston State TX Zip Code 77005-1013  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University of Houston Occupation Attorney: in-house counsel  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **201.60**

Date of Receipt **02 / 26 / 2015**  
**Transaction ID : VN8ECDBN5E4**  
 Amount of Each Receipt this Period **201.60**  
 Contribution-IE Only Account

**SUBTOTAL** of Receipts This Page (optional)..... **903.20**  
**TOTAL** This Period (last page this line number only).....

**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 854 OF 1282
	<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	

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NAME OF COMMITTEE (In Full)  
**Ready PAC**

Full Name (Last, First, Middle Initial) <b>A. Rizwan Zaman</b>		Date of Receipt MM / DD / YYYY 02 / 03 / 2015 <b>Transaction ID : VN8ECDAWQB5</b>
Mailing Address PO Box 948606		Amount of Each Receipt this Period 1000.00
City Maitland	State FL	Zip Code 32794-8606
FEC ID number of contributing federal political committee.	C	
Name of Employer MD Back Office	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
		Contribution-IE Only Account

Full Name (Last, First, Middle Initial) <b>B. Richard Zamora</b>		Date of Receipt MM / DD / YYYY 01 / 23 / 2015 <b>Transaction ID : VN8ECDAJ288</b>
Mailing Address 1013 Montana Ave		Amount of Each Receipt this Period 35.00
City El Paso	State TX	Zip Code 79902-5411
FEC ID number of contributing federal political committee.	C	
Name of Employer Richard Zamora	Occupation attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 35.00	
		Contribution-IE Only Account

Full Name (Last, First, Middle Initial) <b>C. Richard Zamora</b>		Date of Receipt MM / DD / YYYY 02 / 23 / 2015 <b>Transaction ID : VN8ECDBDXM1</b>
Mailing Address 1013 Montana Ave		Amount of Each Receipt this Period 35.00
City El Paso	State TX	Zip Code 79902-5411
FEC ID number of contributing federal political committee.	C	
Name of Employer Richard Zamora	Occupation attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 70.00	
		Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1070.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 855 OF 1282
<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

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NAME OF COMMITTEE (In Full)  
**Ready PAC**

Full Name (Last, First, Middle Initial) <b>A. Richard Zamora</b>		Date of Receipt MM / DD / YYYY 03 / 23 / 2015
Mailing Address 1013 Montana Ave		<b>Transaction ID : VN8ECDCBMA8</b>
City El Paso	State TX	Zip Code 79902-5411
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 35.00	
Name of Employer Richard Zamora	Occupation attorney	Contribution-IE Only Account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 105.00	

Full Name (Last, First, Middle Initial) <b>B. Richard Zamora</b>		Date of Receipt MM / DD / YYYY 04 / 23 / 2015
Mailing Address 1013 Montana Ave		<b>Transaction ID : VN8ECDE6714</b>
City El Paso	State TX	Zip Code 79902-5411
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 35.00	
Name of Employer Richard Zamora	Occupation attorney	Contribution-IE Only Account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 140.00	

Full Name (Last, First, Middle Initial) <b>C. Richard Zamora</b>		Date of Receipt MM / DD / YYYY 05 / 23 / 2015
Mailing Address 1013 Montana Ave		<b>Transaction ID : VN8ECDEPNP7</b>
City El Paso	State TX	Zip Code 79902-5411
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 35.00	
Name of Employer Richard Zamora	Occupation attorney	Contribution-IE Only Account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 175.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	105.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 856 OF 1282
	<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	

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NAME OF COMMITTEE (In Full)  
**Ready PAC**

Full Name (Last, First, Middle Initial) <b>A. Richard Zamora</b>		Date of Receipt MM / DD / YYYY 06 / 23 / 2015
Mailing Address 1013 Montana Ave		<b>Transaction ID : VN8ECDFC8W0</b>
City El Paso	State TX	Zip Code 79902-5411
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 35.00
Name of Employer Richard Zamora	Occupation attorney	Contribution-IE Only Account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) <b>B. William Zanetis</b>		Date of Receipt MM / DD / YYYY 04 / 12 / 2015
Mailing Address 1155 N Dearborn St Apt 1102		<b>Transaction ID : VN8ECDDX085</b>
City Chicago	State IL	Zip Code 60610-6540
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Self	Occupation Hotel Owner	Contribution-IE Only Account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 100.00	

Full Name (Last, First, Middle Initial) <b>C. William Zanetis</b>		Date of Receipt MM / DD / YYYY 05 / 12 / 2015
Mailing Address 1155 N Dearborn St Apt 1102		<b>Transaction ID : VN8ECDEJ792</b>
City Chicago	State IL	Zip Code 60610-6540
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Self	Occupation Hotel Owner	Contribution-IE Only Account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	235.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**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 857 OF 1282
	<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	

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NAME OF COMMITTEE (In Full)  
**Ready PAC**

**A. William Zanetis**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1155 N Dearborn St  
 Apt 1102  
 City Chicago State IL Zip Code 60610-6540  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Hotel Owner  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **300.00**

Date of Receipt **06 / 12 / 2015**  
**Transaction ID : VN8ECDF45R0**  
 Amount of Each Receipt this Period **100.00**  
 Contribution-IE Only Account

**B. Fernando Zazueta**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2131 The Alameda  
 Ste C2  
 City San Jose State CA Zip Code 95126-1142  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Lawyer for Plaintiffs  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **03 / 01 / 2015**  
**Transaction ID : VN8ECDBQHS3**  
 Amount of Each Receipt this Period **500.00**  
 Contribution-IE Only Account

**C. Richard Zbur**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8743 Ashcroft Ave  
 City West Hollywood State CA Zip Code 90048-1801  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Equality California Occupation Executive Director  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **2000.00**

Date of Receipt **03 / 19 / 2015**  
**Transaction ID : VN8ECDD8063**  
 Amount of Each Receipt this Period **2000.00**  
 Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>2600.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**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 858 OF 1282
	<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	

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NAME OF COMMITTEE (In Full)  
**Ready PAC**

**A. William Zeckendorf**  
Full Name (Last, First, Middle Initial)  
Mailing Address 770 Lexington Ave  
City New York State NY Zip Code 10065-8193  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Brown Harris Stevens Occupation Co-Chairman  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **10000.00**

Date of Receipt **03 / 13 / 2015**  
**Transaction ID : VN8ECDC98X6**  
Amount of Each Receipt this Period **10000.00**  
Contribution-IE Only Account

**B. Adrien Zubrin**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1880 Columbia Rd NW Apt 405  
City Washington State DC Zip Code 20009  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Occupation Consultant  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **201.60**

Date of Receipt **01 / 16 / 2015**  
**Transaction ID : VN8ECDAEGN7**  
Amount of Each Receipt this Period **201.60**  
Contribution-IE Only Account

**C. Adrien Zubrin**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1880 Columbia Rd NW Apt 405  
City Washington State DC Zip Code 20009  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Occupation Consultant  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **211.60**

Date of Receipt **02 / 07 / 2015**  
**Transaction ID : VN8ECDAZGJ8**  
Amount of Each Receipt this Period **10.00**  
Contribution-IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>10211.60</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>2235130.50</b>

**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"/> 24	<input type="checkbox"/> 25	<input checked="" type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Ready PAC**

Full Name (Last, First, Middle Initial)

**A. Amalgamated Bank**

Mailing Address 1800 Massachusetts Ave NW

City Washington State DC Zip Code 20036-1222

Purpose of Disbursement  
Repayment of Loan Received; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 07 / 2015

Transaction ID : VN7F49TRCS1

Amount of Each Disbursement this Period

8437.16

[MEMO ITEM]

\*

Full Name (Last, First, Middle Initial)

**B. Amalgamated Bank**

Mailing Address 1800 Massachusetts Ave NW

City Washington State DC Zip Code 20036-1222

Purpose of Disbursement  
Repayment of Loan Received; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 08 / 2015

Transaction ID : VN7F49V3CV4

Amount of Each Disbursement this Period

4500.00

[MEMO ITEM]

\* IE Only Account

Full Name (Last, First, Middle Initial)

**C. Amalgamated Bank**

Mailing Address 1800 Massachusetts Ave NW

City Washington State DC Zip Code 20036-1222

Purpose of Disbursement  
Repayment of Loan Received; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 14 / 2015

Transaction ID : VN7F49V3JQ6

Amount of Each Disbursement this Period

5500.00

[MEMO ITEM]

\* IE Only Account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**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"/> 24	<input type="checkbox"/> 25	<input checked="" type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Ready PAC**

Full Name (Last, First, Middle Initial)

**A. Amalgamated Bank**

Mailing Address 1800 Massachusetts Ave NW

City Washington State DC Zip Code 20036-1222

Purpose of Disbursement  
Repayment of Loan Received; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
01 / 15 / 2015

**Transaction ID : VN7F49V3JT0**

Amount of Each Disbursement this Period

5500.00

**[MEMO ITEM]**  
\* IE Only Account

Full Name (Last, First, Middle Initial)

**B. Amalgamated Bank**

Mailing Address 1800 Massachusetts Ave NW

City Washington State DC Zip Code 20036-1222

Purpose of Disbursement  
Repayment of Loan Received; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
01 / 16 / 2015

**Transaction ID : VN7F49V3JY1**

Amount of Each Disbursement this Period

1250.00

**[MEMO ITEM]**  
\* IE Only Account

Full Name (Last, First, Middle Initial)

**C. Amalgamated Bank**

Mailing Address 1800 Massachusetts Ave NW

City Washington State DC Zip Code 20036-1222

Purpose of Disbursement  
Repayment of Loan Received; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
01 / 22 / 2015

**Transaction ID : VN7F49V3K05**

Amount of Each Disbursement this Period

4500.00

**[MEMO ITEM]**  
\* IE Only Account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**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"/> 24	<input type="checkbox"/> 25	<input checked="" type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Ready PAC**

Full Name (Last, First, Middle Initial)

**A. Amalgamated Bank**

Mailing Address 1800 Massachusetts Ave NW

City Washington State DC Zip Code 20036-1222

Purpose of Disbursement  
Repayment of Loan Received; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
01 / 23 / 2015

**Transaction ID : VN7F49V3K21**

Amount of Each Disbursement this Period

190000.00

**[MEMO ITEM]**  
\* IE Only Account

Full Name (Last, First, Middle Initial)

**B. Amalgamated Bank**

Mailing Address 1800 Massachusetts Ave NW

City Washington State DC Zip Code 20036-1222

Purpose of Disbursement  
Repayment of Loan Received; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
01 / 27 / 2015

**Transaction ID : VN7F49V3K47**

Amount of Each Disbursement this Period

18700.00

**[MEMO ITEM]**  
\* IE Only Account

Full Name (Last, First, Middle Initial)

**C. Amalgamated Bank**

Mailing Address 1800 Massachusetts Ave NW

City Washington State DC Zip Code 20036-1222

Purpose of Disbursement  
Repayment of Loan Received; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
01 / 27 / 2015

**Transaction ID : VN7F49V3K62**

Amount of Each Disbursement this Period

11612.84

**[MEMO ITEM]**  
\* IE Only Account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**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"/> 24	<input type="checkbox"/> 25	<input checked="" type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Ready PAC**

Full Name (Last, First, Middle Initial)

**A. Amalgamated Bank**

Mailing Address 1800 Massachusetts Ave NW

City Washington State DC Zip Code 20036-1222

Purpose of Disbursement  
Repayment of Loan Received; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 06 / 2015

**Transaction ID : VN7F49V3KC0**

Amount of Each Disbursement this Period

48385.80

**[MEMO ITEM]**  
\* IE Only Account

Full Name (Last, First, Middle Initial)

**B. Amalgamated Bank**

Mailing Address 1800 Massachusetts Ave NW

City Washington State DC Zip Code 20036-1222

Purpose of Disbursement  
Repayment of Loan Received; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 10 / 2015

**Transaction ID : VN7F49V3KE6**

Amount of Each Disbursement this Period

60000.00

**[MEMO ITEM]**  
\* IE Only Account

Full Name (Last, First, Middle Initial)

**C. Amalgamated Bank**

Mailing Address 1800 Massachusetts Ave NW

City Washington State DC Zip Code 20036-1222

Purpose of Disbursement  
Repayment of Loan Received; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 11 / 2015

**Transaction ID : VN7F49V3KH9**

Amount of Each Disbursement this Period

22000.00

**[MEMO ITEM]**  
\* IE Only Account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**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"/> 24	<input type="checkbox"/> 25	<input checked="" type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Ready PAC**

Full Name (Last, First, Middle Initial)

**A. Amalgamated Bank**

Mailing Address 1800 Massachusetts Ave NW

City Washington State DC Zip Code 20036-1222

Purpose of Disbursement  
Repayment of Loan Received; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 12 / 2015

**Transaction ID : VN7F49V3KK5**

Amount of Each Disbursement this Period

13000.00

**[MEMO ITEM]**  
\* IE Only Account

Full Name (Last, First, Middle Initial)

**B. Amalgamated Bank**

Mailing Address 1800 Massachusetts Ave NW

City Washington State DC Zip Code 20036-1222

Purpose of Disbursement  
Repayment of Loan Received; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 13 / 2015

**Transaction ID : VN7F49V3KP9**

Amount of Each Disbursement this Period

13000.00

**[MEMO ITEM]**  
\* IE Only Account

Full Name (Last, First, Middle Initial)

**C. Amalgamated Bank**

Mailing Address 1800 Massachusetts Ave NW

City Washington State DC Zip Code 20036-1222

Purpose of Disbursement  
Repayment of Loan Received; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 17 / 2015

**Transaction ID : VN7F49V3KR5**

Amount of Each Disbursement this Period

33000.00

**[MEMO ITEM]**  
\* IE Only Account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**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"/> 24	<input type="checkbox"/> 25	<input checked="" type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Ready PAC**

Full Name (Last, First, Middle Initial)

**A. Amalgamated Bank**

Mailing Address 1800 Massachusetts Ave NW

City Washington State DC Zip Code 20036-1222

Purpose of Disbursement  
Repayment of Loan Received; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		20		2015

**Transaction ID : VN7F49V3KW6**

Amount of Each Disbursement this Period

310614.20
-----------

**[MEMO ITEM]**  
\* IE Only Account

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Disbursement this Period

--

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Disbursement this Period

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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00
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0.00
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**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"/> 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 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)

**A. 270 Strategies**

Mailing Address 401 W Superior St  
FI 3

City Chicago State IL Zip Code 60654-3430

Purpose of Disbursement  
Field Consulting-IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
02 / 06 / 2015

Transaction ID : VN7F49TSKC3

Amount of Each Disbursement this Period

30000.00

IE Only Account

Full Name (Last, First, Middle Initial)

**B. 270 Strategies**

Mailing Address 401 W Superior St  
FI 3

City Chicago State IL Zip Code 60654-3430

Purpose of Disbursement  
Field Consulting-IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
04 / 14 / 2015

Transaction ID : VN7F49TZ8X0

Amount of Each Disbursement this Period

5000.00

IE Only Account

Full Name (Last, First, Middle Initial)

**C. A & A Catering**

Mailing Address 3315 Brickell Ave

City Miami State FL Zip Code 33129

Purpose of Disbursement  
Event Catering; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
03 / 16 / 2015

Transaction ID : VN7F49TZ7W9

Amount of Each Disbursement this Period

3003.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

38003.00

**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"/> 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 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)

**A. AAAA Self Storage & Moving**

Mailing Address 2305 S Walter Reed Dr

City State Zip Code  
Arlington VA 22206-1107

Purpose of Disbursement  
Storage Fee- IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01	/	29	/	2015

Transaction ID : VN7F49TTAS3

Amount of Each Disbursement this Period

265.00
--------

IE Only Account

Full Name (Last, First, Middle Initial)

**B. AAAA Self Storage & Moving**

Mailing Address 2305 S Walter Reed Dr

City State Zip Code  
Arlington VA 22206-1107

Purpose of Disbursement  
Storage Fee- IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	11	/	2015

Transaction ID : VN7F49V0EN8

Amount of Each Disbursement this Period

240.00
--------

IE Only Account

Full Name (Last, First, Middle Initial)

**C. ABC Store**

Mailing Address 426 Maple Ave E  
# 598

City State Zip Code  
Vienna VA 22180-4721

Purpose of Disbursement  
Meal Expense; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01	/	02	/	2015

Transaction ID : VN7F49TRFJ2

Amount of Each Disbursement this Period

264.79
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IE Only Account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

769.79
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**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"/> 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 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)

**A. ActBlue Technical Services**

Mailing Address 14 Arrow St

City Cambridge State MA Zip Code 02138-5106

Purpose of Disbursement  
Service Fee-IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
01 / 04 / 2015

Transaction ID : VN7F49TPGH0

Amount of Each Disbursement this Period

6.60

IE Only Account

Full Name (Last, First, Middle Initial)

**B. ActBlue Technical Services**

Mailing Address 14 Arrow St

City Cambridge State MA Zip Code 02138-5106

Purpose of Disbursement  
Service Fee; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
01 / 11 / 2015

Transaction ID : VN7F49TQBB1

Amount of Each Disbursement this Period

164.20

IE Only Account

Full Name (Last, First, Middle Initial)

**C. ActBlue Technical Services**

Mailing Address 14 Arrow St

City Cambridge State MA Zip Code 02138-5106

Purpose of Disbursement  
Service Fee; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
01 / 18 / 2015

Transaction ID : VN7F49TS8A2

Amount of Each Disbursement this Period

26.10

IE Only Account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

196.90

**TOTAL** 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"/> 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 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)

**A. ActBlue Technical Services**

Mailing Address 14 Arrow St

City Cambridge State MA Zip Code 02138-5106

Purpose of Disbursement Service Fee; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
01 / 25 / 2015

Transaction ID : VN7F49TS8B0

Amount of Each Disbursement this Period

908.09

IE Only Account

Full Name (Last, First, Middle Initial)

**B. ActBlue Technical Services**

Mailing Address 14 Arrow St

City Cambridge State MA Zip Code 02138-5106

Purpose of Disbursement Service Fee; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
02 / 01 / 2015

Transaction ID : VN7F49TS8C8

Amount of Each Disbursement this Period

280.51

IE Only Account

Full Name (Last, First, Middle Initial)

**C. ActBlue Technical Services**

Mailing Address 14 Arrow St

City Cambridge State MA Zip Code 02138-5106

Purpose of Disbursement Service Fee; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
02 / 20 / 2015

Transaction ID : VN7F49TYPR0

Amount of Each Disbursement this Period

1.61

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

1190.21

**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"/> 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 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)

**A. ActBlue Technical Services**

Mailing Address 14 Arrow St

City Cambridge State MA Zip Code 02138-5106

Purpose of Disbursement  
Service Fee; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : VN7F49TYP58**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. ActBlue Technical Services**

Mailing Address 14 Arrow St

City Cambridge State MA Zip Code 02138-5106

Purpose of Disbursement  
Refund of Contribution; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : VN7F49TYQ11**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. ActBlue Technical Services**

Mailing Address 14 Arrow St

City Cambridge State MA Zip Code 02138-5106

Purpose of Disbursement  
Service Fee; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : VN7F49TYQ53**

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** 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"/> 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 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)

**A. ActBlue Technical Services**

Mailing Address 14 Arrow St

City Cambridge State MA Zip Code 02138-5106

Purpose of Disbursement  
Service Fee; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : VN7F49TYQ61**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. ActBlue Technical Services**

Mailing Address 14 Arrow St

City Cambridge State MA Zip Code 02138-5106

Purpose of Disbursement  
Service Fee; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : VN7F49TYQ86**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. ActBlue Technical Services**

Mailing Address 14 Arrow St

City Cambridge State MA Zip Code 02138-5106

Purpose of Disbursement  
Service Fee; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : VN7F49TYQB0**

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** 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"/> 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 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)

**A. ActBlue Technical Services**

Mailing Address 14 Arrow St

City Cambridge State MA Zip Code 02138-5106

Purpose of Disbursement  
Service Fee; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
03 / 20 / 2015

Transaction ID : VN7F49TYQC8

Amount of Each Disbursement this Period

1.32

Full Name (Last, First, Middle Initial)

**B. ActBlue Technical Services**

Mailing Address 14 Arrow St

City Cambridge State MA Zip Code 02138-5106

Purpose of Disbursement  
Service Fee; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
03 / 20 / 2015

Transaction ID : VN7F49TYQD6

Amount of Each Disbursement this Period

100.54

Full Name (Last, First, Middle Initial)

**C. ActBlue Technical Services**

Mailing Address 14 Arrow St

City Cambridge State MA Zip Code 02138-5106

Purpose of Disbursement  
Service Fee; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
03 / 23 / 2015

Transaction ID : VN7F49TYQE4

Amount of Each Disbursement this Period

11.40

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

113.26

# 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"/> 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 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)

### A. ActBlue Technical Services

Mailing Address 14 Arrow St

City Cambridge State MA Zip Code 02138-5106

Purpose of Disbursement  
Service Fee; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 31 / 2015

Transaction ID : VN7F49TYQX2

Amount of Each Disbursement this Period

25.01

Full Name (Last, First, Middle Initial)

### B. ActBlue Technical Services

Mailing Address 14 Arrow St

City Cambridge State MA Zip Code 02138-5106

Purpose of Disbursement  
Service Fee; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 07 / 2015

Transaction ID : VN7F49TYR14

Amount of Each Disbursement this Period

138.36

Full Name (Last, First, Middle Initial)

### C. ActBlue Technical Services

Mailing Address 14 Arrow St

City Cambridge State MA Zip Code 02138-5106

Purpose of Disbursement  
Service Fee; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 07 / 2015

Transaction ID : VN7F49TYR71

Amount of Each Disbursement this Period

225.28

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

388.65



**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"/> 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 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)

**A. ActBlue Technical Services**

Mailing Address 14 Arrow St

City Cambridge State MA Zip Code 02138-5106

Purpose of Disbursement  
Service Fee; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : VN7F49TYRF4

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. ActBlue Technical Services**

Mailing Address 14 Arrow St

City Cambridge State MA Zip Code 02138-5106

Purpose of Disbursement  
Service Fee; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : VN7F49TYRG2

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. ActBlue Technical Services**

Mailing Address 14 Arrow St

City Cambridge State MA Zip Code 02138-5106

Purpose of Disbursement  
Service Fee; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : VN7F49TYRH0

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** 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"/> 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 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)

**A. ActBlue Technical Services**

Mailing Address 14 Arrow St

City Cambridge State MA Zip Code 02138-5106

Purpose of Disbursement Service Fee; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 01 / 2015

Transaction ID : VN7F49TYRJ8

Amount of Each Disbursement this Period

7.75

Full Name (Last, First, Middle Initial)

**B. ActBlue Technical Services**

Mailing Address 14 Arrow St

City Cambridge State MA Zip Code 02138-5106

Purpose of Disbursement Service Fee; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 11 / 2015

Transaction ID : VN7F49TYRM4

Amount of Each Disbursement this Period

9.13

Full Name (Last, First, Middle Initial)

**C. ActBlue Technical Services**

Mailing Address 14 Arrow St

City Cambridge State MA Zip Code 02138-5106

Purpose of Disbursement Service Fee; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 11 / 2015

Transaction ID : VN7F49TYS A8

Amount of Each Disbursement this Period

1.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

17.88

**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"/> 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 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)

**A. ActBlue**

Mailing Address PO Box 441146

City West Somerville State MA Zip Code 02144-0031

Purpose of Disbursement  
Service Charges; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
05 / 28 / 2015

**Transaction ID : VN7F49TZZ75**

Amount of Each Disbursement this Period

1782.24

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. Adobe Systems, Inc.**

Mailing Address 801 N 34th St

City Seattle State WA Zip Code 98103-8882

Purpose of Disbursement  
Software Purchase; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
01 / 20 / 2015

**Transaction ID : VN7F49V0CT2**

Amount of Each Disbursement this Period

74.99

Category/  
Type

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Aloft New York Brooklyn**

Mailing Address 216 Duffield St

City Brooklyn State NY Zip Code 11201-5303

Purpose of Disbursement  
Travel; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
04 / 07 / 2015

**Transaction ID : VN7F49V16F1**

Amount of Each Disbursement this Period

1046.52

Category/  
Type

IE Only Account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

2903.75

**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"/> 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 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)

**A. Amalgamated Bank**

Mailing Address 1800 Massachusetts Ave NW

City Washington State DC Zip Code 20036-1222

Purpose of Disbursement  
Repayment of Loan Received; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	7		2	0	1	5

Transaction ID : VN7F49TRYK1

Amount of Each Disbursement this Period

8	4	3	7	.	1	6
---	---	---	---	---	---	---

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Amalgamated Bank**

Mailing Address 1800 Massachusetts Ave NW

City Washington State DC Zip Code 20036-1222

Purpose of Disbursement  
Repayment of Loan Received; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	7		2	0	1	5

Transaction ID : VN7F49V3CS8

Amount of Each Disbursement this Period

4	5	6	2	.	8	4
---	---	---	---	---	---	---

Interest Payment

Full Name (Last, First, Middle Initial)

**C. Amalgamated Bank**

Mailing Address 1800 Massachusetts Ave NW

City Washington State DC Zip Code 20036-1222

Purpose of Disbursement  
Repayment of Loan Received; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	8		2	0	1	5

Transaction ID : VN7F49V3CT6

Amount of Each Disbursement this Period

4	5	0	0	.	0	0
---	---	---	---	---	---	---

IE Only Account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

1	7	5	0	.	0	0
---	---	---	---	---	---	---

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**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"/> 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 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)

**A. Amalgamated Bank**

Mailing Address 1800 Massachusetts Ave NW

City Washington State DC Zip Code 20036-1222

Purpose of Disbursement  
Repayment of Loan Received; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
01 / 14 / 2015

**Transaction ID : VN7F49V3JM2**

Amount of Each Disbursement this Period

5500.00

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Amalgamated Bank**

Mailing Address 1800 Massachusetts Ave NW

City Washington State DC Zip Code 20036-1222

Purpose of Disbursement  
Repayment of Loan Received; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
01 / 15 / 2015

**Transaction ID : VN7F49V3JR4**

Amount of Each Disbursement this Period

5500.00

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Amalgamated Bank**

Mailing Address 1800 Massachusetts Ave NW

City Washington State DC Zip Code 20036-1222

Purpose of Disbursement  
Repayment of Loan Received; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
01 / 16 / 2015

**Transaction ID : VN7F49V3JW5**

Amount of Each Disbursement this Period

1250.00

IE Only Account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

12250.00

**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"/> 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 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)

**A. Amalgamated Bank**

Mailing Address 1800 Massachusetts Ave NW

City Washington State DC Zip Code 20036-1222

Purpose of Disbursement  
Service Fee; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
01 / 20 / 2015

**Transaction ID : VN7F49V0CH1**

Amount of Each Disbursement this Period

881.78

Full Name (Last, First, Middle Initial)

**B. Amalgamated Bank**

Mailing Address 1800 Massachusetts Ave NW

City Washington State DC Zip Code 20036-1222

Purpose of Disbursement  
Repayment of Loan Received; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
01 / 22 / 2015

**Transaction ID : VN7F49V3JZ9**

Amount of Each Disbursement this Period

4500.00

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Amalgamated Bank**

Mailing Address 1800 Massachusetts Ave NW

City Washington State DC Zip Code 20036-1222

Purpose of Disbursement  
Repayment of Loan Received; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
01 / 23 / 2015

**Transaction ID : VN7F49V3K13**

Amount of Each Disbursement this Period

190000.00

IE Only Account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

195381.78

**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"/> 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 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)

**A. Amalgamated Bank**

Mailing Address 1800 Massachusetts Ave NW

City Washington State DC Zip Code 20036-1222

Purpose of Disbursement  
Repayment of Loan Received; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
01 / 27 / 2015

**Transaction ID : VN7F49V3K39**

Amount of Each Disbursement this Period

18700.00

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Amalgamated Bank**

Mailing Address 1800 Massachusetts Ave NW

City Washington State DC Zip Code 20036-1222

Purpose of Disbursement  
Repayment of Loan Received; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
01 / 27 / 2015

**Transaction ID : VN7F49V3K54**

Amount of Each Disbursement this Period

11612.84

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Amalgamated Bank**

Mailing Address 1800 Massachusetts Ave NW

City Washington State DC Zip Code 20036-1222

Purpose of Disbursement  
Service Fee; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 02 / 2015

**Transaction ID : VN7F49V0DJ2**

Amount of Each Disbursement this Period

233.32

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

30546.16

**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"/> 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 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)

**A. Amalgamated Bank**

Mailing Address 1800 Massachusetts Ave NW

City Washington State DC Zip Code 20036-1222

Purpose of Disbursement  
Service Fee; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	02	/	2015

**Transaction ID : VN7F49V0DK9**

Amount of Each Disbursement this Period

5819.84
---------

Full Name (Last, First, Middle Initial)

**B. Amalgamated Bank**

Mailing Address 1800 Massachusetts Ave NW

City Washington State DC Zip Code 20036-1222

Purpose of Disbursement  
Repayment of Loan Received; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	04	/	2015

**Transaction ID : VN7F49V3K70**

Amount of Each Disbursement this Period

1800.00
---------

Interest Payment; IE Only Account

Full Name (Last, First, Middle Initial)

**C. Amalgamated Bank**

Mailing Address 1800 Massachusetts Ave NW

City Washington State DC Zip Code 20036-1222

Purpose of Disbursement  
Repayment of Loan Received; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	06	/	2015

**Transaction ID : VN7F49V3K96**

Amount of Each Disbursement this Period

1614.20
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Interest Payment; IE Only Account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

9234.04
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**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"/> 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 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)

**A. Amalgamated Bank**

Mailing Address 1800 Massachusetts Ave NW

City Washington State DC Zip Code 20036-1222

Purpose of Disbursement  
Repayment of Loan Received; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 06 / 2015

Transaction ID : VN7F49V3KB2

Amount of Each Disbursement this Period

48385.80

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Amalgamated Bank**

Mailing Address 1800 Massachusetts Ave NW

City Washington State DC Zip Code 20036-1222

Purpose of Disbursement  
Repayment of Loan Received; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 10 / 2015

Transaction ID : VN7F49V3KD8

Amount of Each Disbursement this Period

60000.00

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Amalgamated Bank**

Mailing Address 1800 Massachusetts Ave NW

City Washington State DC Zip Code 20036-1222

Purpose of Disbursement  
Repayment of Loan Received; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 11 / 2015

Transaction ID : VN7F49V3KF3

Amount of Each Disbursement this Period

22000.00

IE Only Account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

130385.80

**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"/> 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 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)

**A. Amalgamated Bank**

Mailing Address 1800 Massachusetts Ave NW

City Washington State DC Zip Code 20036-1222

Purpose of Disbursement  
Repayment of Loan Received; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	2		2	0	1	5

**Transaction ID : VN7F49V3KJ7**

Amount of Each Disbursement this Period

1	3	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Amalgamated Bank**

Mailing Address 1800 Massachusetts Ave NW

City Washington State DC Zip Code 20036-1222

Purpose of Disbursement  
Repayment of Loan Received; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	3		2	0	1	5

**Transaction ID : VN7F49V3KN1**

Amount of Each Disbursement this Period

1	3	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Amalgamated Bank**

Mailing Address 1800 Massachusetts Ave NW

City Washington State DC Zip Code 20036-1222

Purpose of Disbursement  
Repayment of Loan Received; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	7		2	0	1	5

**Transaction ID : VN7F49V3KQ7**

Amount of Each Disbursement this Period

3	3	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

IE Only Account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

5	9	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

5	9	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**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"/> 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 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)

**A. Amalgamated Bank**

Mailing Address 1800 Massachusetts Ave NW

City Washington State DC Zip Code 20036-1222

Purpose of Disbursement  
Repayment of Loan Received; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
02 / 20 / 2015

Transaction ID : VN7F49V3KS2

Amount of Each Disbursement this Period

896.65

Interest Payment; IE Only Account

Full Name (Last, First, Middle Initial)

**B. Amalgamated Bank**

Mailing Address 1800 Massachusetts Ave NW

City Washington State DC Zip Code 20036-1222

Purpose of Disbursement  
Repayment of Loan Received; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
02 / 20 / 2015

Transaction ID : VN7F49V3KV8

Amount of Each Disbursement this Period

310614.20

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Amalgamated Bank**

Mailing Address 1800 Massachusetts Ave NW

City Washington State DC Zip Code 20036-1222

Purpose of Disbursement  
Service Fee; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
03 / 20 / 2015

Transaction ID : VN7F49V0SP8

Amount of Each Disbursement this Period

885.88

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

312396.73

**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"/> 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 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)  
**A. Amalgamated Bank**

Mailing Address 1800 Massachusetts Ave NW

City Washington State DC Zip Code 20036-1222

Purpose of Disbursement Service Fee; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
04 / 23 / 2015

Transaction ID : VN7F49V1678

Amount of Each Disbursement this Period: 1371.62

Category/Type

Full Name (Last, First, Middle Initial)  
**B. Amalgamated Bank**

Mailing Address 1800 Massachusetts Ave NW

City Washington State DC Zip Code 20036-1222

Purpose of Disbursement Service Fee; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
04 / 23 / 2015

Transaction ID : VN7F49V1686

Amount of Each Disbursement this Period: 1372.94

Category/Type

Full Name (Last, First, Middle Initial)  
**C. Amalgamated Bank**

Mailing Address 1800 Massachusetts Ave NW

City Washington State DC Zip Code 20036-1222

Purpose of Disbursement Service Fees; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
05 / 04 / 2015

Transaction ID : VN7F49V1CN1

Amount of Each Disbursement this Period: 36.28

Category/Type

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 2780.84

**TOTAL** 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"/> 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 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)

**A. Amalgamated Bank**

Mailing Address 1800 Massachusetts Ave NW

City Washington State DC Zip Code 20036-1222

Purpose of Disbursement  
Service Fee; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : VN7F49V1CR5

Amount of Each Disbursement this Period

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Amalgamated Bank**

Mailing Address 1800 Massachusetts Ave NW

City Washington State DC Zip Code 20036-1222

Purpose of Disbursement  
Service Fees; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : VN7F49V21Y6

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Amalgamated Bank**

Mailing Address 1800 Massachusetts Ave NW

City Washington State DC Zip Code 20036-1222

Purpose of Disbursement  
Service Fees; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : VN7F49V2E73

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** 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"/> 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 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)

**A. Amalgamated Bank**

Mailing Address 1800 Massachusetts Ave NW

City Washington State DC Zip Code 20036-1222

Purpose of Disbursement  
Service Fees; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		01		2015

**Transaction ID : VN7F49V2F83**

Amount of Each Disbursement this Period

1678.68
---------

Full Name (Last, First, Middle Initial)

**B. Amazon.com**

Mailing Address PO Box 81226

City Seattle State WA Zip Code 98108-1300

Purpose of Disbursement  
Office Supplies; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		26		2015

**Transaction ID : VN7F49TTAW7**

Amount of Each Disbursement this Period

72.00
-------

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Amazon.com**

Mailing Address PO Box 81226

City Seattle State WA Zip Code 98108-1300

Purpose of Disbursement  
Office Supplies; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		26		2015

**Transaction ID : VN7F49TTAX4**

Amount of Each Disbursement this Period

162.00
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IE Only Account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

1912.68
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**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"/> 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 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)

**A. Amazon.com**

Mailing Address PO Box 81226

City State Zip Code  
Seattle WA 98108-1300

Purpose of Disbursement  
Office Supplies; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
01 / 29 / 2015

**Transaction ID : VN7F49TTAY2**

Amount of Each Disbursement this Period

48.00

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Amazon.com**

Mailing Address PO Box 81226

City State Zip Code  
Seattle WA 98108-1300

Purpose of Disbursement  
Office Supplies; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
04 / 20 / 2015

**Transaction ID : VN7F49V1583**

Amount of Each Disbursement this Period

34.77

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Amazon.com**

Mailing Address PO Box 81226

City State Zip Code  
Seattle WA 98108-1300

Purpose of Disbursement  
Office Supplies; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
04 / 24 / 2015

**Transaction ID : VN7F49V1591**

Amount of Each Disbursement this Period

58.45

IE Only Account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

141.22

**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"/> 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 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)

**A. Amazon.com**

Mailing Address PO Box 81226

City State Zip Code  
Seattle WA 98108-1300

Purpose of Disbursement  
Office Supplies; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
04 / 27 / 2015

**Transaction ID : VN7F49V15A9**

Amount of Each Disbursement this Period

103.67

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Amazon.com**

Mailing Address PO Box 81226

City State Zip Code  
Seattle WA 98108-1300

Purpose of Disbursement  
Office Supplies; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
04 / 28 / 2015

**Transaction ID : VN7F49V1567**

Amount of Each Disbursement this Period

13.98

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Amazon.com**

Mailing Address PO Box 81226

City State Zip Code  
Seattle WA 98108-1300

Purpose of Disbursement  
Office Supplies; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
04 / 29 / 2015

**Transaction ID : VN7F49V1575**

Amount of Each Disbursement this Period

30.78

IE Only Account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

148.43



**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"/> 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 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)

**A. American Airlines**

Mailing Address PO Box 619616

City Dallas State TX Zip Code 75261-9616

Purpose of Disbursement  
Travel; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 02 / 2015

**Transaction ID : VN7F49V0TZ2**

Amount of Each Disbursement this Period

475.10

IE Only Account

Full Name (Last, First, Middle Initial)

**B. American Airlines**

Mailing Address PO Box 619616

City Dallas State TX Zip Code 75261-9616

Purpose of Disbursement  
Travel; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 02 / 2015

**Transaction ID : VN7F49V0V00**

Amount of Each Disbursement this Period

475.10

IE Only Account

Full Name (Last, First, Middle Initial)

**C. American Airlines**

Mailing Address PO Box 619616

City Dallas State TX Zip Code 75261-9616

Purpose of Disbursement  
Travel; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 06 / 2015

**Transaction ID : VN7F49V0V17**

Amount of Each Disbursement this Period

244.60

IE Only Account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

1194.80

**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"/> 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 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. American Airlines</b>		Date of Disbursement MM / DD / YYYY 03 / 06 / 2015
Mailing Address PO Box 619616		<b>Transaction ID : VN7F49V0V25</b>
City Dallas	State TX	
Purpose of Disbursement Travel; IE Only Account		Amount of Each Disbursement this Period 244.60
Candidate Name		IE Only Account
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:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. American Express</b>		Date of Disbursement MM / DD / YYYY 01 / 30 / 2015
Mailing Address PO Box 297812		<b>Transaction ID : VN7F49V4Y32</b>
City Ft Lauderdale	State FL	
Purpose of Disbursement Credit Card Processing Fees-IE Only Account		Amount of Each Disbursement this Period 1911.82
Candidate Name		IE Only Account
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:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. American Express</b>		Date of Disbursement MM / DD / YYYY 02 / 27 / 2015
Mailing Address PO Box 297812		<b>Transaction ID : VN7F49V4Y40</b>
City Ft Lauderdale	State FL	
Purpose of Disbursement Credit Card Processing Fees-IE Only Account		Amount of Each Disbursement this Period 2421.90
Candidate Name		IE Only Account
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:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional)..... ▶	4578.32
<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"/> 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 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)

**A. American Express**

Mailing Address PO Box 297812

City State Zip Code  
Ft Lauderdale FL 33329-7812

Purpose of Disbursement  
Credit Card Processing Fees-IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 30 / 2015

**Transaction ID : VN7F49V4Y58**

Amount of Each Disbursement this Period

2445.09

IE Only Account

Full Name (Last, First, Middle Initial)

**B. American Express**

Mailing Address PO Box 297812

City State Zip Code  
Ft Lauderdale FL 33329-7812

Purpose of Disbursement  
Credit Card Processing Fees-IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 30 / 2015

**Transaction ID : VN7F49V4Y66**

Amount of Each Disbursement this Period

1660.57

IE Only Account

Full Name (Last, First, Middle Initial)

**C. American Express**

Mailing Address PO Box 297812

City State Zip Code  
Ft Lauderdale FL 33329-7812

Purpose of Disbursement  
Credit Card Processing Fees-IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 30 / 2015

**Transaction ID : VN7F49V4Y74**

Amount of Each Disbursement this Period

352.64

IE Only Account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

4458.30

**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"/> 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 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)

**A. American Express**

Mailing Address PO Box 297812

City Ft Lauderdale State FL Zip Code 33329-7812

Purpose of Disbursement  
Credit Card Processing Fees-IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 30 / 2015

**Transaction ID : VN7F49V4Y82**

Amount of Each Disbursement this Period

310.73

IE Only Account

Full Name (Last, First, Middle Initial)

**B. American Self Storage**

Mailing Address 4551 Eisenhower Ave

City Alexandria State VA Zip Code 22304-4801

Purpose of Disbursement  
Storage Fee; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
02 / 13 / 2015

**Transaction ID : VN7F49V3ET1**

Amount of Each Disbursement this Period

212.50

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Amtrak**

Mailing Address 50 Massachusetts Ave NE

City Washington State DC Zip Code 20002-4214

Purpose of Disbursement  
Travel; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
01 / 09 / 2015

**Transaction ID : VN7F49TTAZ0**

Amount of Each Disbursement this Period

396.00

IE Only Account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

919.23

**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"/> 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 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)

**A. Amtrak**

Mailing Address 50 Massachusetts Ave NE

City Washington State DC Zip Code 20002-4214

Purpose of Disbursement  
Travel Food; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
01 / 09 / 2015

**Transaction ID : VN7F49TTB81**

Amount of Each Disbursement this Period

8.00

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Amtrak**

Mailing Address 50 Massachusetts Ave NE

City Washington State DC Zip Code 20002-4214

Purpose of Disbursement  
Travel Food; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
01 / 12 / 2015

**Transaction ID : VN7F49TTB99**

Amount of Each Disbursement this Period

18.00

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Amtrak**

Mailing Address 50 Massachusetts Ave NE

City Washington State DC Zip Code 20002-4214

Purpose of Disbursement  
Travel Food; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
01 / 12 / 2015

**Transaction ID : VN7F49TTBA7**

Amount of Each Disbursement this Period

11.50

IE Only Account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

37.50

**TOTAL** 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"/> 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 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)

**A. Amtrak**

Mailing Address 50 Massachusetts Ave NE

City Washington State DC Zip Code 20002-4214

Purpose of Disbursement  
Travel; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
01 / 12 / 2015

**Transaction ID : VN7F49TTBE9**

Amount of Each Disbursement this Period

80.00

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Amtrak**

Mailing Address 50 Massachusetts Ave NE

City Washington State DC Zip Code 20002-4214

Purpose of Disbursement  
Travel; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
01 / 15 / 2015

**Transaction ID : VN7F49TTB16**

Amount of Each Disbursement this Period

238.00

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Amtrak**

Mailing Address 50 Massachusetts Ave NE

City Washington State DC Zip Code 20002-4214

Purpose of Disbursement  
Travel; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
01 / 16 / 2015

**Transaction ID : VN7F49V0CV0**

Amount of Each Disbursement this Period

246.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

564.00

**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"/> 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 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)

**A. Amtrak**

Mailing Address 50 Massachusetts Ave NE

City Washington State DC Zip Code 20002-4214

Purpose of Disbursement  
Travel; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
01 / 20 / 2015

**Transaction ID : VN7F49TTB58**

Amount of Each Disbursement this Period

167.00

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Amtrak**

Mailing Address 50 Massachusetts Ave NE

City Washington State DC Zip Code 20002-4214

Purpose of Disbursement  
Travel Food; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
01 / 20 / 2015

**Transaction ID : VN7F49TTBD1**

Amount of Each Disbursement this Period

17.25

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Amtrak**

Mailing Address 50 Massachusetts Ave NE

City Washington State DC Zip Code 20002-4214

Purpose of Disbursement  
Travel; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
01 / 21 / 2015

**Transaction ID : VN7F49TTB66**

Amount of Each Disbursement this Period

184.00

IE Only Account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

368.25

**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"/> 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 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)

**A. Amtrak**

Mailing Address 50 Massachusetts Ave NE

City Washington State DC Zip Code 20002-4214

Purpose of Disbursement  
Travel Food; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
01 / 21 / 2015

**Transaction ID : VN7F49TTBB5**

Amount of Each Disbursement this Period

15.50

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Amtrak**

Mailing Address 50 Massachusetts Ave NE

City Washington State DC Zip Code 20002-4214

Purpose of Disbursement  
Travel; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
01 / 26 / 2015

**Transaction ID : VN7F49TTB73**

Amount of Each Disbursement this Period

267.00

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Amtrak**

Mailing Address 50 Massachusetts Ave NE

City Washington State DC Zip Code 20002-4214

Purpose of Disbursement  
Travel Food; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
01 / 26 / 2015

**Transaction ID : VN7F49TTBC3**

Amount of Each Disbursement this Period

15.75

IE Only Account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

298.25



**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"/> 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 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)

**A. Amtrak**

Mailing Address 50 Massachusetts Ave NE

City Washington State DC Zip Code 20002-4214

Purpose of Disbursement  
Travel; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
02 / 02 / 2015

**Transaction ID : VN7F49V0EQ4**

Amount of Each Disbursement this Period

184.00

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Amtrak**

Mailing Address 50 Massachusetts Ave NE

City Washington State DC Zip Code 20002-4214

Purpose of Disbursement  
Travel; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
02 / 02 / 2015

**Transaction ID : VN7F49V0EY9**

Amount of Each Disbursement this Period

202.00

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Amtrak**

Mailing Address 50 Massachusetts Ave NE

City Washington State DC Zip Code 20002-4214

Purpose of Disbursement  
Travel; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
02 / 02 / 2015

**Transaction ID : VN7F49V0EZ7**

Amount of Each Disbursement this Period

285.00

IE Only Account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

671.00

**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"/> 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 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)

**A. Amtrak**

Mailing Address 50 Massachusetts Ave NE

City Washington State DC Zip Code 20002-4214

Purpose of Disbursement  
Travel; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
02 / 06 / 2015

**Transaction ID : VN7F49V0ER2**

Amount of Each Disbursement this Period

357.00

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Amtrak**

Mailing Address 50 Massachusetts Ave NE

City Washington State DC Zip Code 20002-4214

Purpose of Disbursement  
Travel; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
02 / 09 / 2015

**Transaction ID : VN7F49V0ES0**

Amount of Each Disbursement this Period

386.00

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Amtrak**

Mailing Address 50 Massachusetts Ave NE

City Washington State DC Zip Code 20002-4214

Purpose of Disbursement  
Travel; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
02 / 12 / 2015

**Transaction ID : VN7F49V0ET8**

Amount of Each Disbursement this Period

330.00

IE Only Account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

1073.00

**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"/> 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 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)

**A. Amtrak**

Mailing Address 50 Massachusetts Ave NE

City Washington State DC Zip Code 20002-4214

Purpose of Disbursement  
Travel; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
02 / 17 / 2015

**Transaction ID : VN7F49V0EV5**

Amount of Each Disbursement this Period

386.00

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Amtrak**

Mailing Address 50 Massachusetts Ave NE

City Washington State DC Zip Code 20002-4214

Purpose of Disbursement  
Travel; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
02 / 19 / 2015

**Transaction ID : VN7F49V0EW3**

Amount of Each Disbursement this Period

425.00

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Amtrak**

Mailing Address 50 Massachusetts Ave NE

City Washington State DC Zip Code 20002-4214

Purpose of Disbursement  
Travel; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
02 / 25 / 2015

**Transaction ID : VN7F49V0DS7**

Amount of Each Disbursement this Period

138.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

949.00

**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"/> 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 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)

**A. Amtrak**

Mailing Address 50 Massachusetts Ave NE

City Washington State DC Zip Code 20002-4214

Purpose of Disbursement  
Travel; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
02 / 26 / 2015

**Transaction ID : VN7F49V0EX1**

Amount of Each Disbursement this Period

303.00

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Amtrak**

Mailing Address 50 Massachusetts Ave NE

City Washington State DC Zip Code 20002-4214

Purpose of Disbursement  
Travel; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
03 / 02 / 2015

**Transaction ID : VN7F49V3F17**

Amount of Each Disbursement this Period

277.00

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Amtrak**

Mailing Address 50 Massachusetts Ave NE

City Washington State DC Zip Code 20002-4214

Purpose of Disbursement  
Travel; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
03 / 05 / 2015

**Transaction ID : VN7F49V3EW7**

Amount of Each Disbursement this Period

242.00

IE Only Account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

822.00

**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"/> 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 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)

**A. Amtrak**

Mailing Address 50 Massachusetts Ave NE

City Washington State DC Zip Code 20002-4214

Purpose of Disbursement  
Travel; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : VN7F49V3EY3**

Amount of Each Disbursement this Period

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Amtrak**

Mailing Address 50 Massachusetts Ave NE

City Washington State DC Zip Code 20002-4214

Purpose of Disbursement  
Travel; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : VN7F49V0T07**

Amount of Each Disbursement this Period

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Amtrak**

Mailing Address 50 Massachusetts Ave NE

City Washington State DC Zip Code 20002-4214

Purpose of Disbursement  
Travel; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : VN7F49V0V33**

Amount of Each Disbursement this Period

IE Only Account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** 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"/> 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 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)

**A. Amtrak**

Mailing Address 50 Massachusetts Ave NE

City Washington State DC Zip Code 20002-4214

Purpose of Disbursement  
Travel; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : VN7F49V3EZ1**

Amount of Each Disbursement this Period

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Amtrak**

Mailing Address 50 Massachusetts Ave NE

City Washington State DC Zip Code 20002-4214

Purpose of Disbursement  
Travel; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : VN7F49V3F09**

Amount of Each Disbursement this Period

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Amtrak**

Mailing Address 50 Massachusetts Ave NE

City Washington State DC Zip Code 20002-4214

Purpose of Disbursement  
Travel; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : VN7F49V16J5**

Amount of Each Disbursement this Period

IE Only Account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** 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"/> 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 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)

**A. Amtrak**

Mailing Address 50 Massachusetts Ave NE

City Washington State DC Zip Code 20002-4214

Purpose of Disbursement  
Travel; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 07 / 2015

**Transaction ID : VN7F49V16G9**

Amount of Each Disbursement this Period

386.00

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Amtrak**

Mailing Address 50 Massachusetts Ave NE

City Washington State DC Zip Code 20002-4214

Purpose of Disbursement  
Travel; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 07 / 2015

**Transaction ID : VN7F49V16H7**

Amount of Each Disbursement this Period

772.00

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Amtrak**

Mailing Address 50 Massachusetts Ave NE

City Washington State DC Zip Code 20002-4214

Purpose of Disbursement  
Travel; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 07 / 2015

**Transaction ID : VN7F49V16K2**

Amount of Each Disbursement this Period

211.00

IE Only Account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

1369.00

**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"/> 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 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)

**A. Anzalone Liszt Grove Research Inc.**

Mailing Address 260 Commerce St  
FI 4

City Montgomery State AL Zip Code 36104-2546

Purpose of Disbursement  
Fundraising Consulting Expenses; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
04 / 01 / 2015

**Transaction ID : VN7F49V41K6**

Amount of Each Disbursement this Period

1478.36

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Apple Store**

Mailing Address 2700 Clarendon Blvd  
Ste R200

City Arlington State VA Zip Code 22201-7007

Purpose of Disbursement  
Office Supply-IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
02 / 03 / 2015

**Transaction ID : VN7F49V0F03**

Amount of Each Disbursement this Period

1126.68

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Apple Store**

Mailing Address 2700 Clarendon Blvd  
Ste R200

City Arlington State VA Zip Code 22201-7007

Purpose of Disbursement  
Office Supply-IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
02 / 13 / 2015

**Transaction ID : VN7F49V0F11**

Amount of Each Disbursement this Period

86.01

IE Only Account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

2691.05



**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"/> 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 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. Arlington County Treasurer's Office</b>		Date of Disbursement MM / DD / YYYY 04 / 03 / 2015
Mailing Address 2100 Clarendon Blvd		<b>Transaction ID : VN7F49V1693</b>
City Arlington	State VA	
Zip Code 22201-5447	Purpose of Disbursement Property Taxes; IE Only Account	Amount of Each Disbursement this Period 1704.79
Candidate Name	Category/Type	IE Only Account
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>B. Norma Asnes</b>		Date of Disbursement MM / DD / YYYY 01 / 02 / 2015
Mailing Address 1035 5th Ave # 14C		<b>Transaction ID : VN7F49TRZ79</b>
City New York	State NY	
Zip Code 10028-0135	Purpose of Disbursement Refund of Contribution; IE Only Account	Amount of Each Disbursement this Period 25000.00
Candidate Name	Category/Type	IE Only Account
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. AT&amp;T</b>		Date of Disbursement MM / DD / YYYY 01 / 29 / 2015
Mailing Address 208 S Akard St		<b>Transaction ID : VN7F49TTBM6</b>
City Dallas	State TX	
Zip Code 75202-4295	Purpose of Disbursement Phone Expense-IE Only Account	Amount of Each Disbursement this Period 308.56
Candidate Name	Category/Type	IE Only Account
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	27013.35
<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"/> 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 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)

**A. AT&T**

Mailing Address 208 S Akard St

City Dallas State TX Zip Code 75202-4295

Purpose of Disbursement  
Phone Expense-IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 25 / 2015

**Transaction ID : VN7F49V0F45**

Amount of Each Disbursement this Period

362.19

IE Only Account

Full Name (Last, First, Middle Initial)

**B. AT&T**

Mailing Address 208 S Akard St

City Dallas State TX Zip Code 75202-4295

Purpose of Disbursement  
Phone Expense-IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 24 / 2015

**Transaction ID : VN7F49V3F90**

Amount of Each Disbursement this Period

297.96

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Bank of America**

Mailing Address 100 N Tryon St

City Charlotte State NC Zip Code 28202-2135

Purpose of Disbursement  
Service Fee-IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
01 / 02 / 2015

**Transaction ID : VN7F49TTRD8**

Amount of Each Disbursement this Period

29.95

IE Only Account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

690.10

# 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"/> 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 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)

### A. Bank of America

Mailing Address 100 N Tryon St

City Charlotte State NC Zip Code 28202-2135

Purpose of Disbursement  
Service Fee-IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	7		2	0	1	5

Transaction ID : VN7F49TSHX1

Amount of Each Disbursement this Period

2	0	.	0	0
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IE Only Account

Full Name (Last, First, Middle Initial)

### B. Bank of America

Mailing Address 100 N Tryon St

City Charlotte State NC Zip Code 28202-2135

Purpose of Disbursement  
Service Fee-IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	7		2	0	1	5

Transaction ID : VN7F49TSHZ7

Amount of Each Disbursement this Period

2	0	.	0	0
---	---	---	---	---

IE Only Account

Full Name (Last, First, Middle Initial)

### C. Bank of America

Mailing Address 100 N Tryon St

City Charlotte State NC Zip Code 28202-2135

Purpose of Disbursement  
Service Fee-IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	8		2	0	1	5

Transaction ID : VN7F49TTRE6

Amount of Each Disbursement this Period

1	0	.	0	0
---	---	---	---	---

IE Only Account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

5	0	.	0	0
---	---	---	---	---

5	0	.	0	0
---	---	---	---	---

**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"/> 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 checked="" 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)  
**Ready PAC**

Full Name (Last, First, Middle Initial) <b>A. Bank of America</b>		Date of Disbursement MM / DD / YYYY 01 / 15 / 2015
Mailing Address 100 N Tryon St		<b>Transaction ID : VN7F49TSJ13</b>
City Charlotte	State NC	
Zip Code 28202-2135	Purpose of Disbursement Service Fee-IE Only Account	Amount of Each Disbursement this Period 20.00
Candidate Name	Category/Type	IE Only Account
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>B. Bank of America</b>		Date of Disbursement MM / DD / YYYY 01 / 15 / 2015
Mailing Address 100 N Tryon St		<b>Transaction ID : VN7F49V0DG6</b>
City Charlotte	State NC	
Zip Code 28202-2135	Purpose of Disbursement Service Fee-IE Only Account	Amount of Each Disbursement this Period 421.10
Candidate Name	Category/Type	IE Only Account
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. Bank of America</b>		Date of Disbursement MM / DD / YYYY 01 / 20 / 2015
Mailing Address 100 N Tryon St		<b>Transaction ID : VN7F49TSHM0</b>
City Charlotte	State NC	
Zip Code 28202-2135	Purpose of Disbursement Service Fee-IE Only Account	Amount of Each Disbursement this Period 20.00
Candidate Name	Category/Type	IE Only Account
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	461.10
<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"/> 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 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)

**A. Bank of America**

Mailing Address 100 N Tryon St

City Charlotte State NC Zip Code 28202-2135

Purpose of Disbursement  
Service Fee-IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	0		2	0	1	5

Transaction ID : VN7F49TTRC0

Amount of Each Disbursement this Period

2	1	.	0	0
---	---	---	---	---

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Bank of America**

Mailing Address 100 N Tryon St

City Charlotte State NC Zip Code 28202-2135

Purpose of Disbursement  
Service Fee; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	0		2	0	1	5

Transaction ID : VN7F49V0D59

Amount of Each Disbursement this Period

1	7	5	.	0	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. Bank of America**

Mailing Address 100 N Tryon St

City Charlotte State NC Zip Code 28202-2135

Purpose of Disbursement  
Service Fee-IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	1		2	0	1	5

Transaction ID : VN7F49TSJ21

Amount of Each Disbursement this Period

2	0	.	0	0
---	---	---	---	---

IE Only Account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

2	1	6	.	0	0
---	---	---	---	---	---

2	1	6	.	0	0
---	---	---	---	---	---

**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"/> 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 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)

**A. Bank of America**

Mailing Address 100 N Tryon St

City Charlotte State NC Zip Code 28202-2135

Purpose of Disbursement  
Service Fee-IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
01 / 23 / 2015

**Transaction ID : VN7F49TTRF4**

Amount of Each Disbursement this Period

35.00

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Bank of America**

Mailing Address 100 N Tryon St

City Charlotte State NC Zip Code 28202-2135

Purpose of Disbursement  
Service Fee-IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
01 / 26 / 2015

**Transaction ID : VN7F49TTRG2**

Amount of Each Disbursement this Period

35.00

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Bank of America**

Mailing Address 100 N Tryon St

City Charlotte State NC Zip Code 28202-2135

Purpose of Disbursement  
Service Fee-IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
01 / 26 / 2015

**Transaction ID : VN7F49TTRH0**

Amount of Each Disbursement this Period

35.00

IE Only Account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

105.00

**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"/> 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 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)

**A. Bank of America**

Mailing Address 100 N Tryon St

City Charlotte State NC Zip Code 28202-2135

Purpose of Disbursement  
Service Fee-IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
01 / 27 / 2015

Transaction ID : VN7F49TSJF4

Amount of Each Disbursement this Period

20.00

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Bank of America**

Mailing Address 100 N Tryon St

City Charlotte State NC Zip Code 28202-2135

Purpose of Disbursement  
Service Fee-IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
01 / 30 / 2015

Transaction ID : VN7F49TSJN1

Amount of Each Disbursement this Period

20.00

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Bank of America**

Mailing Address 100 N Tryon St

City Charlotte State NC Zip Code 28202-2135

Purpose of Disbursement  
Service Fee-IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02 / 02 / 2015

Transaction ID : VN7F49TSHK2

Amount of Each Disbursement this Period

20.00

IE Only Account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

60.00

**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"/> 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 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)

**A. Bank of America**

Mailing Address 100 N Tryon St

City Charlotte State NC Zip Code 28202-2135

Purpose of Disbursement  
Service Fee; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
02 / 02 / 2015

Transaction ID : VN7F49V0NW6

Amount of Each Disbursement this Period

29.95

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Bank of America**

Mailing Address 100 N Tryon St

City Charlotte State NC Zip Code 28202-2135

Purpose of Disbursement  
Service Fee-IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
02 / 03 / 2015

Transaction ID : VN7F49TSJS3

Amount of Each Disbursement this Period

20.00

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Bank of America**

Mailing Address 100 N Tryon St

City Charlotte State NC Zip Code 28202-2135

Purpose of Disbursement  
Service Fee-IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
02 / 05 / 2015

Transaction ID : VN7F49V0DP3

Amount of Each Disbursement this Period

84.00

IE Only Account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

133.95



**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"/> 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 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)

**A. Bank of America**

Mailing Address 100 N Tryon St

City Charlotte State NC Zip Code 28202-2135

Purpose of Disbursement  
Service Fee; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
02 / 06 / 2015

Transaction ID : VN7F49V0NX4

Amount of Each Disbursement this Period

10.00

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Bank of America**

Mailing Address 100 N Tryon St

City Charlotte State NC Zip Code 28202-2135

Purpose of Disbursement  
Service Fee-IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
02 / 09 / 2015

Transaction ID : VN7F49TSKA7

Amount of Each Disbursement this Period

20.00

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Bank of America**

Mailing Address 100 N Tryon St

City Charlotte State NC Zip Code 28202-2135

Purpose of Disbursement  
Service Fee; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
02 / 09 / 2015

Transaction ID : VN7F49V0EE3

Amount of Each Disbursement this Period

105.00

IE Only Account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

135.00

**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"/> 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 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)

**A. Bank of America**

Mailing Address 100 N Tryon St

City Charlotte State NC Zip Code 28202-2135

Purpose of Disbursement  
Service Fee-IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02 / 10 / 2015

**Transaction ID : VN7F49TSK99**

Amount of Each Disbursement this Period

20.00

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Bank of America**

Mailing Address 100 N Tryon St

City Charlotte State NC Zip Code 28202-2135

Purpose of Disbursement  
Service Fee-IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02 / 17 / 2015

**Transaction ID : VN7F49V0DQ1**

Amount of Each Disbursement this Period

316.58

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Bank of America**

Mailing Address 100 N Tryon St

City Charlotte State NC Zip Code 28202-2135

Purpose of Disbursement  
Service Fee-IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 02 / 2015

**Transaction ID : VN7F49V0TW8**

Amount of Each Disbursement this Period

14.00

IE Only Account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

350.58

**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"/> 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 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)

**A. Bank of America**

Mailing Address 100 N Tryon St

City Charlotte State NC Zip Code 28202-2135

Purpose of Disbursement  
Service Fee; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 02 / 2015

**Transaction ID : VN7F49V1409**

Amount of Each Disbursement this Period

805.00

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Bank of America**

Mailing Address 100 N Tryon St

City Charlotte State NC Zip Code 28202-2135

Purpose of Disbursement  
Service Fee; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 02 / 2015

**Transaction ID : VN7F49V1417**

Amount of Each Disbursement this Period

805.00

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Bank of America**

Mailing Address 100 N Tryon St

City Charlotte State NC Zip Code 28202-2135

Purpose of Disbursement  
Service Fee-IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 02 / 2015

**Transaction ID : VN7F49V3FB6**

Amount of Each Disbursement this Period

35.00

IE Only Account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

1645.00

**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"/> 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 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)

**A. Bank of America**

Mailing Address 100 N Tryon St

City Charlotte State NC Zip Code 28202-2135

Purpose of Disbursement  
Service Fee-IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
03 / 02 / 2015

Transaction ID : VN7F49V3FM7

Amount of Each Disbursement this Period

29.95

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Bank of America**

Mailing Address 100 N Tryon St

City Charlotte State NC Zip Code 28202-2135

Purpose of Disbursement  
Service Fee-IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
03 / 04 / 2015

Transaction ID : VN7F49TZ4T7

Amount of Each Disbursement this Period

20.00

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Bank of America**

Mailing Address 100 N Tryon St

City Charlotte State NC Zip Code 28202-2135

Purpose of Disbursement  
Service Fee-IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
03 / 06 / 2015

Transaction ID : VN7F49TZ504

Amount of Each Disbursement this Period

20.00

IE Only Account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

69.95

**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"/> 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 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)		Date of Disbursement											
<b>A. Bank of America</b>		<table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>03</td> <td></td> <td>06</td> <td></td> <td>2015</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	03		06		2015
M M M	/	D D D	/	Y Y Y Y Y Y									
03		06		2015									
Mailing Address 100 N Tryon St		<b>Transaction ID : VN7F49V3FN5</b>											
City Charlotte	State NC	Zip Code 28202-2135	Amount of Each Disbursement this Period										
Purpose of Disbursement Service Fee-IE Only Account		<input type="checkbox"/>	<input type="checkbox"/> 23.00										
Candidate Name		Category/Type											
Office Sought:	Disbursement For:	IE Only Account											
<input type="checkbox"/> House	<input type="checkbox"/> Primary <input type="checkbox"/> General												
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼												
<input type="checkbox"/> President													
State:	District:												

Full Name (Last, First, Middle Initial)		Date of Disbursement											
<b>B. Bank of America</b>		<table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>03</td> <td></td> <td>06</td> <td></td> <td>2015</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	03		06		2015
M M M	/	D D D	/	Y Y Y Y Y Y									
03		06		2015									
Mailing Address 100 N Tryon St		<b>Transaction ID : VN7F49V3FP3</b>											
City Charlotte	State NC	Zip Code 28202-2135	Amount of Each Disbursement this Period										
Purpose of Disbursement Service Fee-IE Only Account		<input type="checkbox"/>	<input type="checkbox"/> 10.00										
Candidate Name		Category/Type											
Office Sought:	Disbursement For:	IE Only Account											
<input type="checkbox"/> House	<input type="checkbox"/> Primary <input type="checkbox"/> General												
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼												
<input type="checkbox"/> President													
State:	District:												

Full Name (Last, First, Middle Initial)		Date of Disbursement											
<b>C. Bank of America</b>		<table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>03</td> <td></td> <td>06</td> <td></td> <td>2015</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	03		06		2015
M M M	/	D D D	/	Y Y Y Y Y Y									
03		06		2015									
Mailing Address 100 N Tryon St		<b>Transaction ID : VN7F49V3FR8</b>											
City Charlotte	State NC	Zip Code 28202-2135	Amount of Each Disbursement this Period										
Purpose of Disbursement Service Fee-IE Only Account		<input type="checkbox"/>	<input type="checkbox"/> 2.50										
Candidate Name		Category/Type											
Office Sought:	Disbursement For:	IE Only Account											
<input type="checkbox"/> House	<input type="checkbox"/> Primary <input type="checkbox"/> General												
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼												
<input type="checkbox"/> President													
State:	District:												

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	<input type="checkbox"/> 35.50
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="checkbox"/>

**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"/> 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 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)

**A. Bank of America**

Mailing Address 100 N Tryon St

City Charlotte State NC Zip Code 28202-2135

Purpose of Disbursement  
Service Fee-IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
03 / 09 / 2015

Transaction ID : VN7F49TTXS3

Amount of Each Disbursement this Period

20.00

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Bank of America**

Mailing Address 100 N Tryon St

City Charlotte State NC Zip Code 28202-2135

Purpose of Disbursement  
Service Fee-IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
03 / 10 / 2015

Transaction ID : VN7F49TZ512

Amount of Each Disbursement this Period

20.00

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Bank of America**

Mailing Address 100 N Tryon St

City Charlotte State NC Zip Code 28202-2135

Purpose of Disbursement  
Service Fee-IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
03 / 12 / 2015

Transaction ID : VN7F49V3FC4

Amount of Each Disbursement this Period

35.00

IE Only Account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

75.00

# 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"/> 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 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)

### A. Bank of America

Mailing Address 100 N Tryon St

City Charlotte State NC Zip Code 28202-2135

Purpose of Disbursement  
Service Fee-IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	12	/	2015

Transaction ID : VN7F49V3FD1

Amount of Each Disbursement this Period

35.00
-------

IE Only Account

Full Name (Last, First, Middle Initial)

### B. Bank of America

Mailing Address 100 N Tryon St

City Charlotte State NC Zip Code 28202-2135

Purpose of Disbursement  
Service Fee-IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	12	/	2015

Transaction ID : VN7F49V3FE9

Amount of Each Disbursement this Period

35.00
-------

IE Only Account

Full Name (Last, First, Middle Initial)

### C. Bank of America

Mailing Address 100 N Tryon St

City Charlotte State NC Zip Code 28202-2135

Purpose of Disbursement  
Service Fee-IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	12	/	2015

Transaction ID : VN7F49V3FF7

Amount of Each Disbursement this Period

35.00
-------

IE Only Account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

105.00
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**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"/> 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 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)

**A. Bank of America**

Mailing Address 100 N Tryon St

City Charlotte State NC Zip Code 28202-2135

Purpose of Disbursement  
Service Fee-IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
03 / 12 / 2015

Transaction ID : VN7F49V3FG5

Amount of Each Disbursement this Period

35.00

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Bank of America**

Mailing Address 100 N Tryon St

City Charlotte State NC Zip Code 28202-2135

Purpose of Disbursement  
Service Fee-IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
03 / 12 / 2015

Transaction ID : VN7F49V3FH3

Amount of Each Disbursement this Period

35.00

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Bank of America**

Mailing Address 100 N Tryon St

City Charlotte State NC Zip Code 28202-2135

Purpose of Disbursement  
Service Fee-IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
03 / 12 / 2015

Transaction ID : VN7F49V3FJ1

Amount of Each Disbursement this Period

35.00

IE Only Account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

105.00



**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"/> 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 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)

**A. Bank of America**

Mailing Address 100 N Tryon St

City Charlotte State NC Zip Code 28202-2135

Purpose of Disbursement  
Service Fee-IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

/  /

Transaction ID : VN7F49V3FK9

Amount of Each Disbursement this Period

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Bank of America**

Mailing Address 100 N Tryon St

City Charlotte State NC Zip Code 28202-2135

Purpose of Disbursement  
Service Fee-IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

/  /

Transaction ID : VN7F49V0TY4

Amount of Each Disbursement this Period

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Bank of America**

Mailing Address 100 N Tryon St

City Charlotte State NC Zip Code 28202-2135

Purpose of Disbursement  
Service Fee-IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

/  /

Transaction ID : VN7F49TZ520

Amount of Each Disbursement this Period

IE Only Account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** 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"/> 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 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)

**A. Bank of America**

Mailing Address 100 N Tryon St

City Charlotte State NC Zip Code 28202-2135

Purpose of Disbursement  
Service Fee-IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 18 / 2015

Transaction ID : VN7F49TZ538

Amount of Each Disbursement this Period

20.00

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Bank of America**

Mailing Address 100 N Tryon St

City Charlotte State NC Zip Code 28202-2135

Purpose of Disbursement  
Service Fee-IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 19 / 2015

Transaction ID : VN7F49TTXR5

Amount of Each Disbursement this Period

20.00

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Bank of America**

Mailing Address 100 N Tryon St

City Charlotte State NC Zip Code 28202-2135

Purpose of Disbursement  
Service Fee-IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 23 / 2015

Transaction ID : VN7F49TTXT1

Amount of Each Disbursement this Period

20.00

IE Only Account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

60.00

**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"/> 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 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)

**A. Bank of America**

Mailing Address 100 N Tryon St

City Charlotte State NC Zip Code 28202-2135

Purpose of Disbursement  
Service Fee-IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 24 / 2015

Transaction ID : VN7F49V3FA8

Amount of Each Disbursement this Period

43.50

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Bank of America**

Mailing Address 100 N Tryon St

City Charlotte State NC Zip Code 28202-2135

Purpose of Disbursement  
Service Fee-IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 24 / 2015

Transaction ID : VN7F49V3FQ0

Amount of Each Disbursement this Period

2.50

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Bank of America**

Mailing Address 100 N Tryon St

City Charlotte State NC Zip Code 28202-2135

Purpose of Disbursement  
Service Fee-IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 26 / 2015

Transaction ID : VN7F49V0V91

Amount of Each Disbursement this Period

35.00

IE Only Account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

81.00

**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"/> 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 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)

**A. Bank of America**

Mailing Address 100 N Tryon St

City Charlotte State NC Zip Code 28202-2135

Purpose of Disbursement  
Service Fee-IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : VN7F49V0TX6

Amount of Each Disbursement this Period

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Bank of America**

Mailing Address 100 N Tryon St

City Charlotte State NC Zip Code 28202-2135

Purpose of Disbursement  
Service Fee-IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : VN7F49V16C7

Amount of Each Disbursement this Period

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Bank of America**

Mailing Address 100 N Tryon St

City Charlotte State NC Zip Code 28202-2135

Purpose of Disbursement  
Service Fee-IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : VN7F49V16V6

Amount of Each Disbursement this Period

IE Only Account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** 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"/> 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 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)

**A. Bank of America**

Mailing Address 100 N Tryon St

City Charlotte State NC Zip Code 28202-2135

Purpose of Disbursement  
Service Fee; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
04 / 06 / 2015

Transaction ID : VN7F49V4122

Amount of Each Disbursement this Period

20.00

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Bank of America**

Mailing Address 100 N Tryon St

City Charlotte State NC Zip Code 28202-2135

Purpose of Disbursement  
Service Fee-IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
04 / 07 / 2015

Transaction ID : VN7F49V1770

Amount of Each Disbursement this Period

10.00

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Bank of America**

Mailing Address 100 N Tryon St

City Charlotte State NC Zip Code 28202-2135

Purpose of Disbursement  
Service Fee-IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
04 / 15 / 2015

Transaction ID : VN7F49V16B9

Amount of Each Disbursement this Period

270.52

IE Only Account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

300.52

**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"/> 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 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)		Date of Disbursement	
<b>A. Bank of America</b>		MM / DD / YYYY 04 / 17 / 2015	
Mailing Address 100 N Tryon St		<b>Transaction ID : VN7F49TZCW9</b>	
City Charlotte	State NC	Zip Code 28202-2135	Amount of Each Disbursement this Period
Purpose of Disbursement Service Fee-IE Only Account	Candidate Name		20.00
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) ▼		IE Only Account
State: District:	Category/Type		

Full Name (Last, First, Middle Initial)		Date of Disbursement	
<b>B. Bank of America</b>		MM / DD / YYYY 05 / 01 / 2015	
Mailing Address 100 N Tryon St		<b>Transaction ID : VN7F49V26P5</b>	
City Charlotte	State NC	Zip Code 28202-2135	Amount of Each Disbursement this Period
Purpose of Disbursement Service Fee-IE Only Account	Candidate Name		144.95
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) ▼		IE Only Account
State: District:	Category/Type		

Full Name (Last, First, Middle Initial)		Date of Disbursement	
<b>C. Bank of America</b>		MM / DD / YYYY 05 / 01 / 2015	
Mailing Address 100 N Tryon St		<b>Transaction ID : VN7F49V2D56</b>	
City Charlotte	State NC	Zip Code 28202-2135	Amount of Each Disbursement this Period
Purpose of Disbursement Service Fee-IE Only Account	Candidate Name		14.00
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) ▼		IE Only Account
State: District:	Category/Type		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	178.95
<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"/> 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 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)

**A. Bank of America**

Mailing Address 100 N Tryon St

City Charlotte State NC Zip Code 28202-2135

Purpose of Disbursement  
Service Fee-IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
05 / 15 / 2015

Transaction ID : VN7F49V2DR4

Amount of Each Disbursement this Period

224.84

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Bank of America**

Mailing Address 100 N Tryon St

City Charlotte State NC Zip Code 28202-2135

Purpose of Disbursement  
Service Fee-IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
06 / 01 / 2015

Transaction ID : VN7F49V2DS2

Amount of Each Disbursement this Period

74.95

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Bank of America**

Mailing Address 100 N Tryon St

City Charlotte State NC Zip Code 28202-2135

Purpose of Disbursement  
Service Fee-IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
06 / 01 / 2015

Transaction ID : VN7F49V2DZ9

Amount of Each Disbursement this Period

14.00

IE Only Account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

313.79

**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"/> 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 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)

**A. Bank of America**

Mailing Address 100 N Tryon St

City Charlotte State NC Zip Code 28202-2135

Purpose of Disbursement  
Service Fee-IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : VN7F49V2E07**

Amount of Each Disbursement this Period

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Becky Beaver**

Mailing Address 816 Congress Ave  
Ste 1600

City Austin State TX Zip Code 78701-2638

Purpose of Disbursement  
Refund of Contribution; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : VN7F49TSQNO**

Amount of Each Disbursement this Period

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Belvedere Hotel**

Mailing Address 319 W 48th St

City New York State NY Zip Code 10036-1331

Purpose of Disbursement  
Travel; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : VN7F49V0NV8**

Amount of Each Disbursement this Period

IE Only Account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** 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"/> 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 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. Belvedere Hotel</b>		Date of Disbursement MM / DD / YYYY 03 / 02 / 2015
Mailing Address 319 W 48th St		<b>Transaction ID : VN7F49V3FY3</b>
City New York	State NY	
Purpose of Disbursement Travel; IE Only Account		Amount of Each Disbursement this Period 4.21
Candidate Name		IE Only Account
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>B. Belvedere Hotel</b>		Date of Disbursement MM / DD / YYYY 03 / 02 / 2015
Mailing Address 319 W 48th St		<b>Transaction ID : VN7F49V3FZ1</b>
City New York	State NY	
Purpose of Disbursement Travel; IE Only Account		Amount of Each Disbursement this Period 297.06
Candidate Name		IE Only Account
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. Belvedere Hotel</b>		Date of Disbursement MM / DD / YYYY 03 / 02 / 2015
Mailing Address 319 W 48th St		<b>Transaction ID : VN7F49V3G09</b>
City New York	State NY	
Purpose of Disbursement Travel; IE Only Account		Amount of Each Disbursement this Period 220.58
Candidate Name		IE Only Account
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	521.85
<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"/> 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 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)

**A. Kendall Bentsen**

Mailing Address 1557 19th St N  
Apt 1

City Arlington State VA Zip Code 22209-1443

Purpose of Disbursement  
Administrative Consulting-IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : VN7F49TSK81**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Kendall Bentsen**

Mailing Address 1557 19th St N  
Apt 1

City Arlington State VA Zip Code 22209-1443

Purpose of Disbursement  
Field Organization Consulting-IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : VN7F49V42R7**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Kendall Bentsen**

Mailing Address 1557 19th St N  
Apt 1

City Arlington State VA Zip Code 22209-1443

Purpose of Disbursement  
Field Organization Consulting-IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : VN7F49TZDG7**

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** 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"/> 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 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. Allida Black</b>		Date of Disbursement MM / DD / YYYY 01 / 27 / 2015
Mailing Address 2001 N Kenilworth St		<b>Transaction ID : VN7F49TSJ96</b>
City Arlington	State VA	
Purpose of Disbursement Finance Consulting-IE Only Account		Amount of Each Disbursement this Period 5000.00
Candidate Name		IE Only Account
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>B. Allida Black</b>		Date of Disbursement MM / DD / YYYY 03 / 13 / 2015
Mailing Address 2001 N Kenilworth St		<b>Transaction ID : VN7F49TZ0P6</b>
City Arlington	State VA	
Purpose of Disbursement Finance Consulting-IE Only Account		Amount of Each Disbursement this Period 5000.00
Candidate Name		IE Only Account
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. Allida Black</b>		Date of Disbursement MM / DD / YYYY 03 / 20 / 2015
Mailing Address 2001 N Kenilworth St		<b>Transaction ID : VN7F49TTXX5</b>
City Arlington	State VA	
Purpose of Disbursement Finance Consulting-IE Only Account		Amount of Each Disbursement this Period 5000.00
Candidate Name		IE Only Account
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	15000.00
<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"/> 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 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)

**A. Allida Black**

Mailing Address 2001 N Kenilworth St

City Arlington State VA Zip Code 22205-3130

Purpose of Disbursement  
Travel Reimbursement; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

**B. Amtrak**

Mailing Address 50 Massachusetts Ave NE

City Washington State DC Zip Code 20002-4214

Purpose of Disbursement  
Travel; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

**C. Neisha Blandin**

Mailing Address 2511 Q St NW  
Apt 306

City Washington State DC Zip Code 20007

Purpose of Disbursement  
Copy Fee Reimbursement; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 09 / 2015

Transaction ID : VN7F49TZD01

Amount of Each Disbursement this Period

129.00

Date of Disbursement

MM / DD / YYYY  
04 / 09 / 2015

Transaction ID : VN7F49TZD19

Amount of Each Disbursement this Period

129.00

[MEMO ITEM]

\*

Date of Disbursement

MM / DD / YYYY  
01 / 20 / 2015

Transaction ID : VN7F49TYVT8

Amount of Each Disbursement this Period

49.32

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

178.32

**TOTAL** 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"/> 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 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)

**A. BLT Steak**

Mailing Address 1625 I St NW

City Washington State DC Zip Code 20006-4061

Purpose of Disbursement  
Meal Expense; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
02 / 11 / 2015

**Transaction ID : VN7F49V0F60**

Amount of Each Disbursement this Period

497.78

IE Only Account

Full Name (Last, First, Middle Initial)

**B. BLT Steak**

Mailing Address 1625 I St NW

City Washington State DC Zip Code 20006-4061

Purpose of Disbursement  
Meal Expense; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
02 / 11 / 2015

**Transaction ID : VN7F49V0F78**

Amount of Each Disbursement this Period

58.50

IE Only Account

Full Name (Last, First, Middle Initial)

**C. BLT Steak**

Mailing Address 1625 I St NW

City Washington State DC Zip Code 20006-4061

Purpose of Disbursement  
Meal Expense; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
02 / 17 / 2015

**Transaction ID : VN7F49V0F86**

Amount of Each Disbursement this Period

378.28

IE Only Account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

934.56

**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"/> 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 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)

**A. BLT Steak**

Mailing Address 1625 I St NW

City Washington State DC Zip Code 20006-4061

Purpose of Disbursement  
Meal Expense; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
02 / 20 / 2015

**Transaction ID : VN7F49V0F94**

Amount of Each Disbursement this Period

349.03

IE Only Account

Full Name (Last, First, Middle Initial)

**B. BLT Steak**

Mailing Address 1625 I St NW

City Washington State DC Zip Code 20006-4061

Purpose of Disbursement  
Meal Expense; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
02 / 20 / 2015

**Transaction ID : VN7F49V0FA2**

Amount of Each Disbursement this Period

14.00

IE Only Account

Full Name (Last, First, Middle Initial)

**C. BLT Steak**

Mailing Address 1625 I St NW

City Washington State DC Zip Code 20006-4061

Purpose of Disbursement  
Meal Expense; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
02 / 23 / 2015

**Transaction ID : VN7F49V0FB0**

Amount of Each Disbursement this Period

347.38

IE Only Account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

710.41

**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"/> 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 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)

**A. BLT Steak**

Mailing Address 1625 I St NW

City Washington State DC Zip Code 20006-4061

Purpose of Disbursement  
Meal Expense; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
03 / 03 / 2015

Transaction ID : VN7F49V3G24

Amount of Each Disbursement this Period: 774.88

IE Only Account

Full Name (Last, First, Middle Initial)

**B. BLT Steak**

Mailing Address 1625 I St NW

City Washington State DC Zip Code 20006-4061

Purpose of Disbursement  
Meal Expense; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
03 / 05 / 2015

Transaction ID : VN7F49V3G32

Amount of Each Disbursement this Period: 65.35

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Blue Sky RV Insurance**

Mailing Address 202 Montrose West Ave Ste 200

City Copley State OH Zip Code 44321-2951

Purpose of Disbursement  
Insurance Premium; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
01 / 02 / 2015

Transaction ID : VN7F49V0CA6

Amount of Each Disbursement this Period: 493.29

IE Only Account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 1333.52

**TOTAL** 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"/> 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 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)

**A. Blue Sky RV Insurance**

Mailing Address 202 Montrose West Ave  
Ste 200

City Copley State OH Zip Code 44321-2951

Purpose of Disbursement  
Insurance Premium; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
01 / 26 / 2015

Transaction ID : VN7F49V0CK7

Amount of Each Disbursement this Period

493.29

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Blue Sky RV Insurance**

Mailing Address 202 Montrose West Ave  
Ste 200

City Copley State OH Zip Code 44321-2951

Purpose of Disbursement  
Insurance Premium; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
03 / 24 / 2015

Transaction ID : VN7F49V0SX3

Amount of Each Disbursement this Period

493.29

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Bonner Group, Inc.**

Mailing Address 455 Massachusetts Ave NW  
Ste 640

City Washington State DC Zip Code 20001-2621

Purpose of Disbursement  
Finance Consulting-IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
03 / 13 / 2015

Transaction ID : VN7F49TZ044

Amount of Each Disbursement this Period

25000.00

IE only

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

25986.58



**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"/> 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 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. Bonner Group, Inc.</b>		Date of Disbursement MM / DD / YYYY 04 / 14 / 2015
Mailing Address 455 Massachusetts Ave NW Ste 640		<b>Transaction ID : VN7F49TZB22</b>
City Washington	State DC	
Zip Code 20001-2621	Purpose of Disbursement Finance Consulting-IE Only Account	Amount of Each Disbursement this Period 31075.00
Candidate Name	Category/Type	IE only
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>B. Bonner Group, Inc.</b>		Date of Disbursement MM / DD / YYYY 04 / 28 / 2015
Mailing Address 455 Massachusetts Ave NW Ste 640		<b>Transaction ID : VN7F49TZ827</b>
City Washington	State DC	
Zip Code 20001-2621	Purpose of Disbursement Finance Consulting-IE Only Account	Amount of Each Disbursement this Period 25000.00
Candidate Name	Category/Type	IE only
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. Bonner Group, Inc.</b>		Date of Disbursement MM / DD / YYYY 05 / 08 / 2015
Mailing Address 455 Massachusetts Ave NW Ste 640		<b>Transaction ID : VN7F49TZC3</b>
City Washington	State DC	
Zip Code 20001-2621	Purpose of Disbursement Finance Consulting-IE Only Account	Amount of Each Disbursement this Period 20000.00
Candidate Name	Category/Type	IE only
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:		

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

76075.00

**TOTAL** 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"/> 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 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)

**A. Bonner Group, Inc.**

Mailing Address 455 Massachusetts Ave NW  
Ste 640

City Washington State DC Zip Code 20001-2621

Purpose of Disbursement  
Finance Consulting-IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 22 / 2015

**Transaction ID : VN7F49V0001**

Amount of Each Disbursement this Period

25000.00

IE only

Full Name (Last, First, Middle Initial)

**B. Mary Pat Bonner**

Mailing Address 11499 Quailwood Manor Dr

City Fairfax Station State VA Zip Code 22039-2036

Purpose of Disbursement  
Inkind; Fundraising Consulting

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02 / 09 / 2015

**Transaction ID : VN7F49TS7X9**

Amount of Each Disbursement this Period

25000.00

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Seth Bringman**

Mailing Address 1143 Harrison Ave

City Columbus State OH Zip Code 43201

Purpose of Disbursement  
Gas Reimbursement; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
01 / 21 / 2015

**Transaction ID : VN7F49TYXE7**

Amount of Each Disbursement this Period

125.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

50125.00

**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"/> 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 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)

**A. Seth Bringman**

Mailing Address 1143 Harrison Ave

City Columbus State OH Zip Code 43201

Purpose of Disbursement  
Travel Reimbursement; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	01	/	2015

**Transaction ID : VN7F49V42T2**

Amount of Each Disbursement this Period

38.26
-------

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Uber**

Mailing Address 800 Market St

City San Francisco State CA Zip Code 94102-3033

Purpose of Disbursement  
Travel; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	01	/	2015

**Transaction ID : VN7F49V42V0**

Amount of Each Disbursement this Period

38.26
-------

**[MEMO ITEM]**  
\*

Full Name (Last, First, Middle Initial)

**C. Seth Bringman**

Mailing Address 1143 Harrison Ave

City Columbus State OH Zip Code 43201

Purpose of Disbursement  
Travel Reimbursement; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	15	/	2015

**Transaction ID : VN7F49V43E0**

Amount of Each Disbursement this Period

114.31
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IE Only Account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

152.57
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**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"/> 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 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)

**A. Exxon Mobil**

Mailing Address 2410 Lee Hwy

City Arlington State VA Zip Code 22201-3517

Purpose of Disbursement  
Gas; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : VN7F49V43F8**

Amount of Each Disbursement this Period

**[MEMO ITEM]**

\*

Full Name (Last, First, Middle Initial)

**B. Skip Brutkiewicz**

Mailing Address 56 S Conception St

City Mobile State AL Zip Code 36602-2704

Purpose of Disbursement  
Refund of Contribution; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : VN7F49TXZW6**

Amount of Each Disbursement this Period

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Cafe Deluxe**

Mailing Address 1800 International Dr

City McLean State VA Zip Code 22102-4414

Purpose of Disbursement  
Meal Expense; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : VN7F49TTBP2**

Amount of Each Disbursement this Period

**[MEMO ITEM]**

\*

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** 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"/> 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 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)

**A. Cafe Deluxe**

Mailing Address 1800 International Dr

City McLean State VA Zip Code 22102-4414

Purpose of Disbursement  
Meal Expense; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
01 / 13 / 2015

Transaction ID : VN7F49TTBQ0

Amount of Each Disbursement this Period

67.92

[MEMO ITEM]

\*

Full Name (Last, First, Middle Initial)

**B. Cafe Deluxe**

Mailing Address 1800 International Dr

City McLean State VA Zip Code 22102-4414

Purpose of Disbursement  
Meal Expense; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
01 / 20 / 2015

Transaction ID : VN7F49TTBR8

Amount of Each Disbursement this Period

57.75

[MEMO ITEM]

\*

Full Name (Last, First, Middle Initial)

**C. Cafe Deluxe**

Mailing Address 1800 International Dr

City McLean State VA Zip Code 22102-4414

Purpose of Disbursement  
Meal Expense; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
01 / 20 / 2015

Transaction ID : VN7F49TTBS6

Amount of Each Disbursement this Period

44.15

[MEMO ITEM]

\*

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

0.00

**TOTAL** 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"/> 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 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)

**A. Cafe Deluxe**

Mailing Address 1800 International Dr

City McLean State VA Zip Code 22102-4414

Purpose of Disbursement  
Meal Expense; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	0			2	0	1	5		

**Transaction ID : VN7F49TTBT4**

Amount of Each Disbursement this Period

6	7	.	4	5
---	---	---	---	---

**[MEMO ITEM]**

\*

Full Name (Last, First, Middle Initial)

**B. Cafe Deluxe**

Mailing Address 1800 International Dr

City McLean State VA Zip Code 22102-4414

Purpose of Disbursement  
Meal Expense; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	2			2	0	1	5		

**Transaction ID : VN7F49V0FE4**

Amount of Each Disbursement this Period

4	8	.	9	7
---	---	---	---	---

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Andy Camacho**

Mailing Address 845 N Alameda St

City Los Angeles State CA Zip Code 90012-2901

Purpose of Disbursement  
Refund of Contribution; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	0			2	0	1	5		

**Transaction ID : VN7F49TSP70**

Amount of Each Disbursement this Period

7	5	0	.	0	0
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IE Only Account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

7	9	8	.	9	7
---	---	---	---	---	---

7	9	8	.	9	7
---	---	---	---	---	---

**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"/> 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 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)

**A. Iran Campana**

Mailing Address 6817 Long Needle Ct

City Orlando State FL Zip Code 32822-3089

Purpose of Disbursement  
Travel Reimbursement; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	1	5

**Transaction ID : VN7F49TZDD3**

Amount of Each Disbursement this Period

3	6	4	.	6	7
---	---	---	---	---	---

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. Department of Safety**

Mailing Address PO Box 3938

City Concord State NH Zip Code 03302-3938

Purpose of Disbursement  
Ticket Payment; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	1	5

**Transaction ID : VN7F49TZDE1**

Amount of Each Disbursement this Period

3	6	4	.	6	7
---	---	---	---	---	---

Category/  
Type

**[MEMO ITEM]**  
\*

Full Name (Last, First, Middle Initial)

**C. Capitol Movement Inc.**

Mailing Address 315 G St SE

City Washington State DC Zip Code 20003-4214

Purpose of Disbursement  
Ticket Expense; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	3		2	0	1	5

**Transaction ID : VN7F49V0G89**

Amount of Each Disbursement this Period

3	7	8	.	7	5
---	---	---	---	---	---

Category/  
Type

IE Only Account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

7	4	3	.	4	2
---	---	---	---	---	---

3	7	8	.	7	5
---	---	---	---	---	---

**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"/> 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 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)

**A. CareFirst BlueChoice, Inc.**

Mailing Address 840 1st St NE

City Washington State DC Zip Code 20065-0003

Purpose of Disbursement  
Health Insurance Premium-IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1		3	0		2	0	1	5		

**Transaction ID : VN7F49TSK32**

Amount of Each Disbursement this Period

2	2	0	1	9	.	5	1
---	---	---	---	---	---	---	---

IE Only Account

Full Name (Last, First, Middle Initial)

**B. CareFirst BlueChoice, Inc.**

Mailing Address 840 1st St NE

City Washington State DC Zip Code 20065-0003

Purpose of Disbursement  
Health Insurance Premium-IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	4		0	8		2	0	1	5		

**Transaction ID : VN7F49V41G3**

Amount of Each Disbursement this Period

3	3	2	4	6	.	6	3
---	---	---	---	---	---	---	---

IE Only Account

Full Name (Last, First, Middle Initial)

**C. CareFirst BlueChoice, Inc.**

Mailing Address 840 1st St NE

City Washington State DC Zip Code 20065-0003

Purpose of Disbursement  
Health Insurance Premium-IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	4		2	8		2	0	1	5		

**Transaction ID : VN7F49TZ819**

Amount of Each Disbursement this Period

1	9	3	3	6	.	6	4
---	---	---	---	---	---	---	---

IE Only Account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

5	7	1	9	9	.	7	8
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5	7	1	9	9	.	7	8
---	---	---	---	---	---	---	---



**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"/> 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 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. CareFirst BlueChoice, Inc.</b>		Date of Disbursement MM / DD / YYYY 05 / 28 / 2015
Mailing Address 840 1st St NE		<b>Transaction ID : VN7F49TZZ83</b>
City Washington	State DC	
Zip Code 20065-0003	Purpose of Disbursement Health Insurance Premium-IE Only Account	Amount of Each Disbursement this Period 2412.76
Candidate Name	Category/Type	IE Only Account
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>B. Chipotle</b>		Date of Disbursement MM / DD / YYYY 01 / 28 / 2015
Mailing Address 1735 N Lynn St Lbby 15		<b>Transaction ID : VN7F49TTBY5</b>
City Arlington	State VA	
Zip Code 22209-2019	Purpose of Disbursement Meal Expense-IE Only Account	Amount of Each Disbursement this Period 13.20
Candidate Name	Category/Type	IE Only Account
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. Chipotle</b>		Date of Disbursement MM / DD / YYYY 01 / 30 / 2015
Mailing Address 1735 N Lynn St Lbby 15		<b>Transaction ID : VN7F49V0CY4</b>
City Arlington	State VA	
Zip Code 22209-2019	Purpose of Disbursement Meal Expense; IE Only Account	Amount of Each Disbursement this Period 35.15
Candidate Name	Category/Type	IE Only Account
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	2461.11
<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"/> 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 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)

**A. Chipotle**

Mailing Address 1735 N Lynn St  
Lbby 15

City Arlington State VA Zip Code 22209-2019

Purpose of Disbursement  
Meal Expense; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
02 / 03 / 2015

Transaction ID : VN7F49V0FJ5

Amount of Each Disbursement this Period

39.88

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Chipotle**

Mailing Address 1735 N Lynn St  
Lbby 15

City Arlington State VA Zip Code 22209-2019

Purpose of Disbursement  
Meal Expense; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
02 / 09 / 2015

Transaction ID : VN7F49V0FK3

Amount of Each Disbursement this Period

16.94

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Chipotle**

Mailing Address 1735 N Lynn St  
Lbby 15

City Arlington State VA Zip Code 22209-2019

Purpose of Disbursement  
Meal Expense; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
02 / 24 / 2015

Transaction ID : VN7F49V0FM1

Amount of Each Disbursement this Period

44.11

IE Only Account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

100.93

**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"/> 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 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)

**A. Chipotle**

Mailing Address 1735 N Lynn St  
Lbby 15

City Arlington State VA Zip Code 22209-2019

Purpose of Disbursement  
Meal Expense; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
03 / 10 / 2015

Transaction ID : VN7F49V3GG5

Amount of Each Disbursement this Period

44.06

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Chipotle**

Mailing Address 1735 N Lynn St  
Lbby 15

City Arlington State VA Zip Code 22209-2019

Purpose of Disbursement  
Meal Expense; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
03 / 24 / 2015

Transaction ID : VN7F49V3GH3

Amount of Each Disbursement this Period

44.88

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Chipotle**

Mailing Address 1735 N Lynn St  
Lbby 15

City Arlington State VA Zip Code 22209-2019

Purpose of Disbursement  
Meal Expense; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
03 / 26 / 2015

Transaction ID : VN7F49V3GJ1

Amount of Each Disbursement this Period

13.53

IE Only Account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

102.47

**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"/> 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 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. Chipotle</b>		Date of Disbursement MM / DD / YYYY 03 / 26 / 2015
Mailing Address 1735 N Lynn St Lbby 15		<b>Transaction ID : VN7F49V3GK9</b>
City Arlington	State VA	
Zip Code 22209-2019	Purpose of Disbursement Meal Expense; IE Only Account	Amount of Each Disbursement this Period 21.84
Candidate Name	Category/Type	IE Only Account
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>B. Colonial Parking</b>		Date of Disbursement MM / DD / YYYY 01 / 02 / 2015
Mailing Address 1333 New Hampshire Ave NW		<b>Transaction ID : VN7F49TTBZ3</b>
City Washington	State DC	
Zip Code 20036-1500	Purpose of Disbursement Parking Fee- IE Only Account	Amount of Each Disbursement this Period 19.00
Candidate Name	Category/Type	IE Only Account
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. Colonial Parking</b>		Date of Disbursement MM / DD / YYYY 01 / 05 / 2015
Mailing Address 1333 New Hampshire Ave NW		<b>Transaction ID : VN7F49TTC01</b>
City Washington	State DC	
Zip Code 20036-1500	Purpose of Disbursement Parking Fee- IE Only Account	Amount of Each Disbursement this Period 19.00
Candidate Name	Category/Type	IE Only Account
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional)..... ▶	59.84
<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"/> 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 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)		Date of Disbursement											
<b>A. Colonial Parking</b>		<table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>01</td> <td></td> <td>13</td> <td></td> <td>2015</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	01		13		2015
M M M	/	D D D	/	Y Y Y Y Y Y									
01		13		2015									
Mailing Address 1333 New Hampshire Ave NW		<b>Transaction ID : VN7F49TTC19</b>											
City Washington	State DC	Zip Code 20036-1500	Amount of Each Disbursement this Period										
Purpose of Disbursement Parking Fee- IE Only Account	Category/Type		14.00										
Candidate Name	Disbursement For:		IE Only Account										
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼												
State: District:													

Full Name (Last, First, Middle Initial)		Date of Disbursement											
<b>B. Colonial Parking</b>		<table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>01</td> <td></td> <td>14</td> <td></td> <td>2015</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	01		14		2015
M M M	/	D D D	/	Y Y Y Y Y Y									
01		14		2015									
Mailing Address 1333 New Hampshire Ave NW		<b>Transaction ID : VN7F49TTC27</b>											
City Washington	State DC	Zip Code 20036-1500	Amount of Each Disbursement this Period										
Purpose of Disbursement Parking Fee- IE Only Account	Category/Type		19.00										
Candidate Name	Disbursement For:		IE Only Account										
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼												
State: District:													

Full Name (Last, First, Middle Initial)		Date of Disbursement											
<b>C. Colonial Parking</b>		<table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>01</td> <td></td> <td>20</td> <td></td> <td>2015</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	01		20		2015
M M M	/	D D D	/	Y Y Y Y Y Y									
01		20		2015									
Mailing Address 1333 New Hampshire Ave NW		<b>Transaction ID : VN7F49TTC35</b>											
City Washington	State DC	Zip Code 20036-1500	Amount of Each Disbursement this Period										
Purpose of Disbursement Parking Fee- IE Only Account	Category/Type		19.00										
Candidate Name	Disbursement For:		IE Only Account										
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼												
State: District:													

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	52.00
<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"/> 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 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)

**A. Colonial Parking**

Mailing Address 1333 New Hampshire Ave NW

City Washington State DC Zip Code 20036-1500

Purpose of Disbursement  
Parking Fee- IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
01 / 21 / 2015

**Transaction ID : VN7F49TTC43**

Amount of Each Disbursement this Period

19.00

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Colonial Parking**

Mailing Address 1333 New Hampshire Ave NW

City Washington State DC Zip Code 20036-1500

Purpose of Disbursement  
Parking Fee; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02 / 11 / 2015

**Transaction ID : VN7F49V0FT8**

Amount of Each Disbursement this Period

3.00

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Colonial Parking**

Mailing Address 1333 New Hampshire Ave NW

City Washington State DC Zip Code 20036-1500

Purpose of Disbursement  
Parking Fee; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02 / 11 / 2015

**Transaction ID : VN7F49V0FV6**

Amount of Each Disbursement this Period

26.00

IE Only Account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

48.00

**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"/> 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 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)

**A. Colonial Parking**

Mailing Address 1333 New Hampshire Ave NW

City Washington State DC Zip Code 20036-1500

Purpose of Disbursement  
Parking Fee; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	19	/	2015

Transaction ID : VN7F49V0FP7

Amount of Each Disbursement this Period

21.00
-------

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Colonial Parking**

Mailing Address 1333 New Hampshire Ave NW

City Washington State DC Zip Code 20036-1500

Purpose of Disbursement  
Parking Fee; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	20	/	2015

Transaction ID : VN7F49V0FQ5

Amount of Each Disbursement this Period

21.00
-------

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Colonial Parking**

Mailing Address 1333 New Hampshire Ave NW

City Washington State DC Zip Code 20036-1500

Purpose of Disbursement  
Parking Fee; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	23	/	2015

Transaction ID : VN7F49V0FR3

Amount of Each Disbursement this Period

21.00
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IE Only Account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

63.00
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**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"/> 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 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)

**A. Colonial Parking**

Mailing Address 1333 New Hampshire Ave NW

City Washington State DC Zip Code 20036-1500

Purpose of Disbursement  
Parking Fee; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 23 / 2015

**Transaction ID : VN7F49V0FW4**

Amount of Each Disbursement this Period

19.00

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Colonial Parking**

Mailing Address 1333 New Hampshire Ave NW

City Washington State DC Zip Code 20036-1500

Purpose of Disbursement  
Parking Fee; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 24 / 2015

**Transaction ID : VN7F49V0FS0**

Amount of Each Disbursement this Period

11.00

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Colonial Parking**

Mailing Address 1333 New Hampshire Ave NW

City Washington State DC Zip Code 20036-1500

Purpose of Disbursement  
Parking Fee; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 25 / 2015

**Transaction ID : VN7F49V0FX2**

Amount of Each Disbursement this Period

19.00

IE Only Account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

49.00



**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"/> 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 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)		Date of Disbursement	
<b>A. Colonial Parking</b>		MM / DD / YYYY 03 / 02 / 2015	
Mailing Address 1333 New Hampshire Ave NW		<b>Transaction ID : VN7F49V3H92</b>	
City Washington	State DC	Zip Code 20036-1500	Amount of Each Disbursement this Period
Purpose of Disbursement Parking Fee; IE Only Account	Candidate Name		19.00
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) ▼		IE Only Account
State: District:	Category/Type		

Full Name (Last, First, Middle Initial)		Date of Disbursement	
<b>B. Colonial Parking</b>		MM / DD / YYYY 03 / 09 / 2015	
Mailing Address 1333 New Hampshire Ave NW		<b>Transaction ID : VN7F49V3H77</b>	
City Washington	State DC	Zip Code 20036-1500	Amount of Each Disbursement this Period
Purpose of Disbursement Parking Fee; IE Only Account	Candidate Name		10.00
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) ▼		IE Only Account
State: District:	Category/Type		

Full Name (Last, First, Middle Initial)		Date of Disbursement	
<b>C. Colonial Parking</b>		MM / DD / YYYY 03 / 24 / 2015	
Mailing Address 1333 New Hampshire Ave NW		<b>Transaction ID : VN7F49V3H27</b>	
City Washington	State DC	Zip Code 20036-1500	Amount of Each Disbursement this Period
Purpose of Disbursement Parking Fee; IE Only Account	Candidate Name		5.00
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) ▼		IE Only Account
State: District:	Category/Type		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	34.00
<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"/> 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 checked="" 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)  
**Ready PAC**

Full Name (Last, First, Middle Initial)

**A. Colonial Parking**

Mailing Address 1333 New Hampshire Ave NW

City Washington State DC Zip Code 20036-1500

Purpose of Disbursement  
Parking Fee; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : VN7F49V3H43**

Amount of Each Disbursement this Period

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Colonial Parking**

Mailing Address 1333 New Hampshire Ave NW

City Washington State DC Zip Code 20036-1500

Purpose of Disbursement  
Parking Fee; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : VN7F49V3H51**

Amount of Each Disbursement this Period

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Colonial Parking**

Mailing Address 1333 New Hampshire Ave NW

City Washington State DC Zip Code 20036-1500

Purpose of Disbursement  
Parking Fee; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : VN7F49V3H69**

Amount of Each Disbursement this Period

IE Only Account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** 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"/> 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 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)

**A. Comcast**

Mailing Address 370 S Pickett St

City Alexandria State VA Zip Code 22304-4704

Purpose of Disbursement  
Internet Fee; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : VN7F49V0ST9**

Amount of Each Disbursement this Period

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Comcast**

Mailing Address 370 S Pickett St

City Alexandria State VA Zip Code 22304-4704

Purpose of Disbursement  
Internet Service Fee; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : VN7F49V15C4**

Amount of Each Disbursement this Period

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Comcast**

Mailing Address 370 S Pickett St

City Alexandria State VA Zip Code 22304-4704

Purpose of Disbursement  
Internet & Cable Fees; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : VN7F49V1D16**

Amount of Each Disbursement this Period

IE Only Account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** 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"/> 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 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)

**A. Comptroller of Maryland**

Mailing Address Revenue Administration Division  
110 Carroll St

City Annapolis State MD Zip Code 21411-0001

Purpose of Disbursement  
Withholding Taxes; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
01 / 20 / 2015

Transaction ID : VN7F49TYSD1

Amount of Each Disbursement this Period

677.93

Full Name (Last, First, Middle Initial)

**B. Kathleen Conroy**

Mailing Address 1016 2nd Ave N

City Seattle State WA Zip Code 98109-3741

Purpose of Disbursement  
Refund of Contribution; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 23 / 2015

Transaction ID : VN7F49V03A6

Amount of Each Disbursement this Period

1700.00

Full Name (Last, First, Middle Initial)

**C. Jon Corzine**

Mailing Address PO Box 200419

City Newark State NJ Zip Code 07102-0307

Purpose of Disbursement  
Refund of Contribution; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 24 / 2015

Transaction ID : VN7F49TTM23

Amount of Each Disbursement this Period

25000.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

27377.93

**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"/> 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 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. Costco Hawaii #120</b>		Date of Disbursement MM / DD / YYYY 06 / 16 / 2015
Mailing Address 333 Keahole St Bldg A		<b>Transaction ID : VN7F49V0050</b>
City Honolulu	State HI Zip Code 96825-3428	
Purpose of Disbursement Food for Event; IE Only Account		Amount of Each Disbursement this Period 55.63
Candidate Name		<b>[MEMO ITEM]</b> *
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>B. CTS Global Partners</b>		Date of Disbursement MM / DD / YYYY 01 / 20 / 2015
Mailing Address 801 Arthur Godfrey Rd Ste 401		<b>Transaction ID : VN7F49TSHH7</b>
City Miami Beach	State FL Zip Code 33140-3333	
Purpose of Disbursement Fundraising Consulting; IE Only Account		Amount of Each Disbursement this Period 10000.00
Candidate Name		<b>[MEMO ITEM]</b> *
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. CTS Global Partners</b>		Date of Disbursement MM / DD / YYYY 02 / 02 / 2015
Mailing Address 801 Arthur Godfrey Rd Ste 401		<b>Transaction ID : VN7F49TSK24</b>
City Miami Beach	State FL Zip Code 33140-3333	
Purpose of Disbursement Fundraising Consulting; IE Only Account		Amount of Each Disbursement this Period 10000.00
Candidate Name		<b>[MEMO ITEM]</b> *
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	20000.00
<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"/> 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 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)

**A. CTS Global Partners**

Mailing Address 801 Arthur Godfrey Rd  
Ste 401

City Miami Beach State FL Zip Code 33140-3333

Purpose of Disbursement  
Fundraising Consulting;IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
04 / 13 / 2015

**Transaction ID : VN7F49TZC34**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. CTS Global Partners**

Mailing Address 801 Arthur Godfrey Rd  
Ste 401

City Miami Beach State FL Zip Code 33140-3333

Purpose of Disbursement  
Fundraising Consulting;IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
04 / 14 / 2015

**Transaction ID : VN7F49TZCX7**

Amount of Each Disbursement this Period

10000.00

Full Name (Last, First, Middle Initial)

**C. CTS Global Partners**

Mailing Address 801 Arthur Godfrey Rd  
Ste 401

City Miami Beach State FL Zip Code 33140-3333

Purpose of Disbursement  
Fundraising Consulting;IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
04 / 20 / 2015

**Transaction ID : VN7F49TZ8J3**

Amount of Each Disbursement this Period

5000.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

20000.00

**TOTAL** 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"/> 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 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)

**A. CTS Global Partners**

Mailing Address 801 Arthur Godfrey Rd  
Ste 401

City Miami Beach State FL Zip Code 33140-3333

Purpose of Disbursement  
Fundraising Consulting;IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
04 / 29 / 2015

**Transaction ID : VN7F49TZ801**

Amount of Each Disbursement this Period

10000.00

Full Name (Last, First, Middle Initial)

**B. CTS Global Partners**

Mailing Address 801 Arthur Godfrey Rd  
Ste 401

City Miami Beach State FL Zip Code 33140-3333

Purpose of Disbursement  
Fundraising Consulting;IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
05 / 07 / 2015

**Transaction ID : VN7F49TZM6**

Amount of Each Disbursement this Period

10000.00

Full Name (Last, First, Middle Initial)

**C. CTS Global Partners**

Mailing Address 801 Arthur Godfrey Rd  
Ste 401

City Miami Beach State FL Zip Code 33140-3333

Purpose of Disbursement  
Fundraising Consulting;IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
06 / 22 / 2015

**Transaction ID : VN7F49TZZV1**

Amount of Each Disbursement this Period

10000.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

30000.00

**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"/> 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 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)

**A. Deer Park Water**

Mailing Address 6661 Dixie Hwy  
Ste 4

City Louisville State KY Zip Code 40258-3950

Purpose of Disbursement  
Water Expense-IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : VN7F49V0S04**

Amount of Each Disbursement this Period

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Deer Park Water**

Mailing Address 6661 Dixie Hwy  
Ste 4

City Louisville State KY Zip Code 40258-3950

Purpose of Disbursement  
Water Expense-IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : VN7F49V15D2**

Amount of Each Disbursement this Period

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Delta Airlines**

Mailing Address PO Box 20706

City Atlanta State GA Zip Code 30320-6001

Purpose of Disbursement  
Travel; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : VN7F49V0DW1**

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** 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"/> 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 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)

**A. Delta Airlines**

Mailing Address PO Box 20706

City Atlanta State GA Zip Code 30320-6001

Purpose of Disbursement  
Travel; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : VN7F49V0TS4**

Amount of Each Disbursement this Period

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Digital Office Products**

Mailing Address 1749 Old Meadow Rd  
Ste 100

City McLean State VA Zip Code 22102-4322

Purpose of Disbursement  
Copy Machine Rental Fee-IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : VN7F49V15E0**

Amount of Each Disbursement this Period

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Duane Reade**

Mailing Address 40 Wall St

City New York State NY Zip Code 10005-1304

Purpose of Disbursement  
Meal Expense; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : VN7F49TTAH0**

Amount of Each Disbursement this Period

IE Only Account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** 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"/> 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 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)

**A. Duane Reade**

Mailing Address 40 Wall St

City New York State NY Zip Code 10005-1304

Purpose of Disbursement  
Meal Expense; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
01 / 21 / 2015

Transaction ID : VN7F49TTAF4

Amount of Each Disbursement this Period

51.78

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Duane Reade**

Mailing Address 40 Wall St

City New York State NY Zip Code 10005-1304

Purpose of Disbursement  
Meal Expense; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
01 / 22 / 2015

Transaction ID : VN7F49TTAG2

Amount of Each Disbursement this Period

25.63

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Duane Reade**

Mailing Address 40 Wall St

City New York State NY Zip Code 10005-1304

Purpose of Disbursement  
Meal Expense; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
01 / 23 / 2015

Transaction ID : VN7F49TTAJ8

Amount of Each Disbursement this Period

16.46

IE Only Account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

93.87

**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"/> 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 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)

**A. Duane Reade**

Mailing Address 40 Wall St

City New York State NY Zip Code 10005-1304

Purpose of Disbursement  
Meal Expense; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
01 / 23 / 2015

**Transaction ID : VN7F49TTAK5**

Amount of Each Disbursement this Period

25.63

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Duane Reade**

Mailing Address 40 Wall St

City New York State NY Zip Code 10005-1304

Purpose of Disbursement  
Event Supplies; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
02 / 02 / 2015

**Transaction ID : VN7F49V0G22**

Amount of Each Disbursement this Period

46.76

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Duane Reade**

Mailing Address 40 Wall St

City New York State NY Zip Code 10005-1304

Purpose of Disbursement  
Event Supplies; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
02 / 12 / 2015

**Transaction ID : VN7F49V0G39**

Amount of Each Disbursement this Period

23.70

IE Only Account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

96.09

**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"/> 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 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)

**A. Duane Reade**

Mailing Address 40 Wall St

City New York State NY Zip Code 10005-1304

Purpose of Disbursement  
Meal Expense; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 26 / 2015

**Transaction ID : VN7F49V0G47**

Amount of Each Disbursement this Period

19.03

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Duane Reade**

Mailing Address 40 Wall St

City New York State NY Zip Code 10005-1304

Purpose of Disbursement  
Meal Expense; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 26 / 2015

**Transaction ID : VN7F49V0G55**

Amount of Each Disbursement this Period

25.63

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Duane Reade**

Mailing Address 40 Wall St

City New York State NY Zip Code 10005-1304

Purpose of Disbursement  
Meal Expense; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 27 / 2015

**Transaction ID : VN7F49V0G63**

Amount of Each Disbursement this Period

25.63

IE Only Account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

70.29

**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"/> 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 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. Duane Reade</b>		Date of Disbursement MM / DD / YYYY 02 / 27 / 2015
Mailing Address 40 Wall St		<b>Transaction ID : VN7F49V0G71</b>
City New York	State NY	
Zip Code 10005-1304	Purpose of Disbursement Meal Expense; IE Only Account	Amount of Each Disbursement this Period 43.17
Candidate Name	Category/Type	IE Only Account
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>B. Dufour &amp; Co. Productions, LLC</b>		Date of Disbursement MM / DD / YYYY 04 / 14 / 2015
Mailing Address 1901 Fort Myer Dr Ste 502		<b>Transaction ID : VN7F49TZ8M9</b>
City Arlington	State VA	
Zip Code 22209-1620	Purpose of Disbursement Event Management; IE Only Account	Amount of Each Disbursement this Period 20000.00
Candidate Name	Category/Type	
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. Dufour &amp; Co. Productions, LLC</b>		Date of Disbursement MM / DD / YYYY 04 / 20 / 2015
Mailing Address 1901 Fort Myer Dr Ste 502		<b>Transaction ID : VN7F49TZ8V4</b>
City Arlington	State VA	
Zip Code 22209-1620	Purpose of Disbursement Event Management; IE Only Account	Amount of Each Disbursement this Period 10000.00
Candidate Name	Category/Type	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional)..... ▶	30043.17
<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"/> 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 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)

**A. Dufour & Co. Productions, LLC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	05	/	2015

Mailing Address 1901 Fort Myer Dr  
Ste 502

City Arlington State VA Zip Code 22209-1620

Purpose of Disbursement  
Event Management; IE Only Account

Candidate Name

Category/  
Type

Transaction ID : VN7F49TZZN4

Amount of Each Disbursement this Period

10000.00
----------

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**B. Dufour & Co. Productions, LLC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	07	/	2015

Mailing Address 1901 Fort Myer Dr  
Ste 502

City Arlington State VA Zip Code 22209-1620

Purpose of Disbursement  
Event Management; IE Only Account

Candidate Name

Category/  
Type

Transaction ID : VN7F49TZZD1

Amount of Each Disbursement this Period

10000.00
----------

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**C. Dufour & Co. Productions, LLC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	22	/	2015

Mailing Address 1901 Fort Myer Dr  
Ste 502

City Arlington State VA Zip Code 22209-1620

Purpose of Disbursement  
Event Management; IE Only Account

Candidate Name

Category/  
Type

Transaction ID : VN7F49V0027

Amount of Each Disbursement this Period

10000.00
----------

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

30000.00
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**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"/> 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 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. Derek Eadon</b>		Date of Disbursement MM / DD / YYYY 01 / 27 / 2015
Mailing Address 4803 Coachlight Dr		<b>Transaction ID : VN7F49TSJB2</b>
City West Des Moines	State IA	
Zip Code 50265-2033	Purpose of Disbursement Fundraising Consulting-IE Only Account	Amount of Each Disbursement this Period 6500.00
Candidate Name	Category/Type	IE Only
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>B. Derek Eadon</b>		Date of Disbursement MM / DD / YYYY 02 / 02 / 2015
Mailing Address 4803 Coachlight Dr		<b>Transaction ID : VN7F49TSJZ0</b>
City West Des Moines	State IA	
Zip Code 50265-2033	Purpose of Disbursement Fundraising Consulting-IE Only Account	Amount of Each Disbursement this Period 10000.00
Candidate Name	Category/Type	IE Only
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. Pamela Eakes</b>		Date of Disbursement MM / DD / YYYY 01 / 05 / 2015
Mailing Address 2015 34th Ave S		<b>Transaction ID : VN7F49TYSB6</b>
City Seattle	State WA	
Zip Code 98144-4922	Purpose of Disbursement Inkind of Event Room Rental; IE Only Account	Amount of Each Disbursement this Period 1208.00
Candidate Name	Category/Type	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	17708.00
<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"/> 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 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)

**A. Egencia**

Mailing Address 333 108th Ave NE

City Bellevue State WA Zip Code 98004-5703

Purpose of Disbursement  
Travel Fees; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 08 / 2015

Transaction ID : VN7F49V0D09

Amount of Each Disbursement this Period

76.00

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Egencia**

Mailing Address 333 108th Ave NE

City Bellevue State WA Zip Code 98004-5703

Purpose of Disbursement  
Travel Fees; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 09 / 2015

Transaction ID : VN7F49V0DX8

Amount of Each Disbursement this Period

554.53

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Egencia**

Mailing Address 333 108th Ave NE

City Bellevue State WA Zip Code 98004-5703

Purpose of Disbursement  
Travel Fees; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 02 / 2015

Transaction ID : VN7F49V0V59

Amount of Each Disbursement this Period

267.76

IE Only Account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

898.29



**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"/> 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 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)

**A. Egencia**

Mailing Address 333 108th Ave NE

City Bellevue State WA Zip Code 98004-5703

Purpose of Disbursement  
Travel Fees; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
03 / 02 / 2015

**Transaction ID : VN7F49V0V75**

Amount of Each Disbursement this Period: 24.00

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Egencia**

Mailing Address 333 108th Ave NE

City Bellevue State WA Zip Code 98004-5703

Purpose of Disbursement  
Travel Fees; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
03 / 02 / 2015

**Transaction ID : VN7F49V0V83**

Amount of Each Disbursement this Period: 128.00

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Egencia**

Mailing Address 333 108th Ave NE

City Bellevue State WA Zip Code 98004-5703

Purpose of Disbursement  
Travel Fees; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
03 / 16 / 2015

**Transaction ID : VN7F49V0V67**

Amount of Each Disbursement this Period: 223.45

IE Only Account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 375.45

**TOTAL** 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"/> 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 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)

**A. Employment Development Department**

Mailing Address PO Box 989061

City West Sacramento State CA Zip Code 95798-9061

Purpose of Disbursement  
Withholding Taxes; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 21 / 2015

**Transaction ID : VN7F49TZ7Y5**

Amount of Each Disbursement this Period

1231.38

Full Name (Last, First, Middle Initial)

**B. Sean England**

Mailing Address 334 Maryland Ave NE

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Office Supply Reimbursement; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
01 / 21 / 2015

**Transaction ID : VN7F49TYXG2**

Amount of Each Disbursement this Period

117.87

Full Name (Last, First, Middle Initial)

**C. Staples**

Mailing Address 3804 Wilson Blvd

City Arlington State VA Zip Code 22203-1920

Purpose of Disbursement  
Office Supplies; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
01 / 21 / 2015

**Transaction ID : VN7F49TYXH0**

Amount of Each Disbursement this Period

102.87

**[MEMO ITEM]**  
\*

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

1349.25

**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"/> 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 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)

**A. Sean England**

Mailing Address 334 Maryland Ave NE

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Travel Reimbursement; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02 / 11 / 2015

**Transaction ID : VN7F49TYZB8**

Amount of Each Disbursement this Period

120.00

Full Name (Last, First, Middle Initial)

**B. Uber**

Mailing Address 800 Market St

City San Francisco State CA Zip Code 94102-3033

Purpose of Disbursement  
Travel; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02 / 11 / 2015

**Transaction ID : VN7F49TYZC6**

Amount of Each Disbursement this Period

105.00

**[MEMO ITEM]**  
\*

Full Name (Last, First, Middle Initial)

**C. Sean England**

Mailing Address 334 Maryland Ave NE

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Meal Expense Reimbursement; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 15 / 2015

**Transaction ID : VN7F49V43B7**

Amount of Each Disbursement this Period

91.46

IE Only Account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

211.46

**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"/> 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 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)

**A. Exxon Mobil**

Mailing Address 2410 Lee Hwy

City Arlington State VA Zip Code 22201-3517

Purpose of Disbursement Gas; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 01 / 07 / 2015

Transaction ID : VN7F49TTC92

Amount of Each Disbursement this Period: 31.08

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Exxon Mobil**

Mailing Address 2410 Lee Hwy

City Arlington State VA Zip Code 22201-3517

Purpose of Disbursement Meal Expense; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 02 / 24 / 2015

Transaction ID : VN7F49V0GA5

Amount of Each Disbursement this Period: 23.36

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Exxon Mobil**

Mailing Address 2410 Lee Hwy

City Arlington State VA Zip Code 22201-3517

Purpose of Disbursement Gas; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 03 / 24 / 2015

Transaction ID : VN7F49V3J87

Amount of Each Disbursement this Period: 19.45

IE Only Account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 73.89

**TOTAL** 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"/> 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 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)

**A. Fabian Nunez for State Treasurer 2018**

Mailing Address 555 Capitol Mall  
Ste 1425

City Sacramento State CA Zip Code 95814-4602

Purpose of Disbursement  
Food & Beverage Inkind; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	8		2	0	1	5

**Transaction ID : VN7F49V0092**

Amount of Each Disbursement this Period

2	6	6	1	.	4	3
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. Felan Strategies, LLC**

Mailing Address 2116 Center Ave

City Bay City State MI Zip Code 48708-6350

Purpose of Disbursement  
Fundraising Consulting-IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	6		2	0	1	5

**Transaction ID : VN7F49TYZG8**

Amount of Each Disbursement this Period

8	0	0	0	.	0	0
---	---	---	---	---	---	---

IE only

Full Name (Last, First, Middle Initial)

**C. Felan Strategies, LLC**

Mailing Address 2116 Center Ave

City Bay City State MI Zip Code 48708-6350

Purpose of Disbursement  
Fundraising Consulting-IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	9		2	0	1	5

**Transaction ID : VN7F49TZ868**

Amount of Each Disbursement this Period

2	0	0	0	.	0	0
---	---	---	---	---	---	---

IE only

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

1	2	6	6	.	4	3
---	---	---	---	---	---	---

2	6	6	1	.	4	3
---	---	---	---	---	---	---

**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"/> 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 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)

**A. Felan Strategies, LLC**

Mailing Address 2116 Center Ave

City Bay City State MI Zip Code 48708-6350

Purpose of Disbursement  
Fundraising Consulting-IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 29 / 2015

**Transaction ID : VN7F49TZC26**

Amount of Each Disbursement this Period

5000.00

IE only

Full Name (Last, First, Middle Initial)

**B. First Data**

Mailing Address 1 Western Maryland Pkwy

City Hagerstown State MD Zip Code 21740-5146

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
01 / 05 / 2015

**Transaction ID : VN7F49V0DH4**

Amount of Each Disbursement this Period

1791.02

IE Only Account

Full Name (Last, First, Middle Initial)

**C. First Data**

Mailing Address 1 Western Maryland Pkwy

City Hagerstown State MD Zip Code 21740-5146

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02 / 03 / 2015

**Transaction ID : VN7F49V0DN5**

Amount of Each Disbursement this Period

39.90

IE Only Account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

6830.92

**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"/> 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 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)

**A. First Data**

Mailing Address 1 Western Maryland Pkwy

City Hagerstown State MD Zip Code 21740-5146

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
03 / 03 / 2015

Transaction ID : VN7F49V0TV0

Amount of Each Disbursement this Period

39.90

IE Only Account

Full Name (Last, First, Middle Initial)

**B. First Data**

Mailing Address 1 Western Maryland Pkwy

City Hagerstown State MD Zip Code 21740-5146

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
04 / 03 / 2015

Transaction ID : VN7F49V16D5

Amount of Each Disbursement this Period

39.90

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Maria Luisa Flores**

Mailing Address 1300 Alta Vista Ave

City Austin State TX Zip Code 78704-2515

Purpose of Disbursement  
Event Catering Inkind; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
04 / 03 / 2015

Transaction ID : VN7F49V00C6

Amount of Each Disbursement this Period

565.82

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

645.62

**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"/> 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 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)

**A. Girl Scouts of the USA**

Mailing Address 420 5th Ave

City New York State NY Zip Code 10018-2729

Purpose of Disbursement  
Meal Expense; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
02 / 03 / 2015

**Transaction ID : VN7F49V0GC1**

Amount of Each Disbursement this Period

344.50

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Gordon and Schwenkmeyer Inc.**

Mailing Address 360 N Sepulveda Blvd  
Ste 1055

City El Segundo State CA Zip Code 90245-4414

Purpose of Disbursement  
Service Fee; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
01 / 31 / 2015

**Transaction ID : VN7F49V4689**

Amount of Each Disbursement this Period

38610.42

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Gordon and Schwenkmeyer Inc.**

Mailing Address 360 N Sepulveda Blvd  
Ste 1055

City El Segundo State CA Zip Code 90245-4414

Purpose of Disbursement  
Service Fee; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
03 / 15 / 2015

**Transaction ID : VN7F49V4697**

Amount of Each Disbursement this Period

16931.25

IE Only Account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

55886.17



**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"/> 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 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. Gordon and Schwenkmeyer Inc.</b>		Date of Disbursement MM / DD / YYYY 03 / 31 / 2015
Mailing Address 360 N Sepulveda Blvd Ste 1055		<b>Transaction ID : VN7F49V46A5</b>
City El Segundo	State CA	
Purpose of Disbursement Service Fee; IE Only Account		Amount of Each Disbursement this Period 9147.55
Candidate Name		IE Only Account
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>B. Gordon and Schwenkmeyer Inc.</b>		Date of Disbursement MM / DD / YYYY 04 / 30 / 2015
Mailing Address 360 N Sepulveda Blvd Ste 1055		<b>Transaction ID : VN7F49V46B3</b>
City El Segundo	State CA	
Purpose of Disbursement Service Fee; IE Only Account		Amount of Each Disbursement this Period 38.41
Candidate Name		IE Only Account
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. Gordon and Schwenkmeyer Inc.</b>		Date of Disbursement MM / DD / YYYY 05 / 31 / 2015
Mailing Address 360 N Sepulveda Blvd Ste 1055		<b>Transaction ID : VN7F49V46C1</b>
City El Segundo	State CA	
Purpose of Disbursement Service Fee; IE Only Account		Amount of Each Disbursement this Period 31.67
Candidate Name		IE Only Account
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	9217.63
<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"/> 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 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. Grand Hyatt New York</b>		Date of Disbursement MM / DD / YYYY 02 / 02 / 2015
Mailing Address 109 E 42nd St		<b>Transaction ID : VN7F49V0GZ1</b>
City New York	State NY	
Purpose of Disbursement Travel Expense; IE Only Account		Amount of Each Disbursement this Period 10.07
Candidate Name		IE Only Account
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:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Grand Hyatt New York</b>		Date of Disbursement MM / DD / YYYY 02 / 09 / 2015
Mailing Address 109 E 42nd St		<b>Transaction ID : VN7F49V0H09</b>
City New York	State NY	
Purpose of Disbursement Travel Expense; IE Only Account		Amount of Each Disbursement this Period 46.00
Candidate Name		IE Only Account
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:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. Grand Hyatt New York</b>		Date of Disbursement MM / DD / YYYY 02 / 09 / 2015
Mailing Address 109 E 42nd St		<b>Transaction ID : VN7F49V0H24</b>
City New York	State NY	
Purpose of Disbursement Travel Expense; IE Only Account		Amount of Each Disbursement this Period 10.08
Candidate Name		IE Only Account
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:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	66.15
<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"/> 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 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. Grand Hyatt New York</b>		Date of Disbursement MM / DD / YYYY 02 / 13 / 2015
Mailing Address 109 E 42nd St		<b>Transaction ID : VN7F49V0H16</b>
City New York	State NY	
Zip Code 10017-8500	Purpose of Disbursement Travel Expense; IE Only Account	Amount of Each Disbursement this Period 601.42
Candidate Name	Category/Type	IE Only Account
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>B. Grand Hyatt New York</b>		Date of Disbursement MM / DD / YYYY 03 / 27 / 2015
Mailing Address 109 E 42nd St		<b>Transaction ID : VN7F49V3ME8</b>
City New York	State NY	
Zip Code 10017-8500	Purpose of Disbursement Travel Expense; IE Only Account	Amount of Each Disbursement this Period 17.98
Candidate Name	Category/Type	IE Only Account
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. Grand Hyatt New York</b>		Date of Disbursement MM / DD / YYYY 04 / 06 / 2015
Mailing Address 109 E 42nd St		<b>Transaction ID : VN7F49V16R2</b>
City New York	State NY	
Zip Code 10017-8500	Purpose of Disbursement Travel Expense; IE Only Account	Amount of Each Disbursement this Period 290.27
Candidate Name	Category/Type	IE Only Account
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:		

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

909.67

**TOTAL** 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"/> 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 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. Grand Hyatt New York</b>		Date of Disbursement MM / DD / YYYY 04 / 07 / 2015
Mailing Address 109 E 42nd St		<b>Transaction ID : VN7F49V16S0</b>
City New York	State NY	
Purpose of Disbursement Travel Expense; IE Only Account		Amount of Each Disbursement this Period 28.95
Candidate Name		IE Only Account
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>B. Granholm Mulhern Associates</b>		Date of Disbursement MM / DD / YYYY 04 / 01 / 2015
Mailing Address 21 Chelsea Ct		<b>Transaction ID : VN7F49V41P0</b>
City Oakland	State CA	
Purpose of Disbursement Travel Reimbursement; IE Only Account		Amount of Each Disbursement this Period 1237.76
Candidate Name		IE Only Account
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. Delta Airlines</b>		Date of Disbursement MM / DD / YYYY 04 / 01 / 2015
Mailing Address PO Box 20706		<b>Transaction ID : VN7F49V41Q8</b>
City Atlanta	State GA	
Purpose of Disbursement Travel; IE Only Account		Amount of Each Disbursement this Period 343.15
Candidate Name		[MEMO ITEM] *
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1266.71
<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"/> 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 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)

**A. The Edgewater Hotel**

Mailing Address 2411 Alaskan Way  
Pier 67

City Seattle State WA Zip Code 98121-1313

Purpose of Disbursement  
Travel; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 01 / 2015

Transaction ID : VN7F49V41W7

Amount of Each Disbursement this Period

365.71

[MEMO ITEM]

\*

Full Name (Last, First, Middle Initial)

**B. Virgin America**

Mailing Address 555 Airport Blvd

City Burlingame State CA Zip Code 94010-2000

Purpose of Disbursement  
Travel; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 01 / 2015

Transaction ID : VN7F49V4233

Amount of Each Disbursement this Period

237.10

[MEMO ITEM]

\*

Full Name (Last, First, Middle Initial)

**C. Amy Gray**

Mailing Address 49392 Limestone Dr

City Macomb State MI Zip Code 48044-1776

Purpose of Disbursement  
Telephone Fee Reimbursement; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 03 / 2015

Transaction ID : VN7F49TZDJ3

Amount of Each Disbursement this Period

120.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

120.00

**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"/> 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 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)

**A. Hilltop Public Solutions**

Mailing Address 3000 K St NW  
Ste 320

City Washington State DC Zip Code 20007-5109

Purpose of Disbursement  
Field Consulting-IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 02 / 2015

**Transaction ID : VN7F49TSKN4**

Amount of Each Disbursement this Period

10000.00

Full Name (Last, First, Middle Initial)

**B. Hilltop Public Solutions**

Mailing Address 3000 K St NW  
Ste 320

City Washington State DC Zip Code 20007-5109

Purpose of Disbursement  
Field Consulting-IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 14 / 2015

**Transaction ID : VN7F49TZ8Q2**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. Hilltop Public Solutions**

Mailing Address 3000 K St NW  
Ste 320

City Washington State DC Zip Code 20007-5109

Purpose of Disbursement  
Field Consulting-IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 29 / 2015

**Transaction ID : VN7F49TZ7Z3**

Amount of Each Disbursement this Period

5000.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

20000.00

**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"/> 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 checked="" 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)  
**Ready PAC**

**A. Hilltop Public Solutions**

Full Name (Last, First, Middle Initial)

Mailing Address 3000 K St NW  
Ste 320

City Washington State DC Zip Code 20007-5109

Purpose of Disbursement Field Consulting-IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
05 / 08 / 2015

**Transaction ID : VN7F49TZZA9**

Amount of Each Disbursement this Period: 8883.66

Category/Type

**B. Kirby A. Hoag**

Full Name (Last, First, Middle Initial)

Mailing Address 2011 N Upton St

City Arlington State VA Zip Code 22207-2326

Purpose of Disbursement Meal & Travel Reimbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
01 / 20 / 2015

**Transaction ID : VN7F49TYSG5**

Amount of Each Disbursement this Period: 463.88

IE Only Account

Category/Type

**C. PJ Drake's**

Full Name (Last, First, Middle Initial)

Mailing Address 1600 K St NW

City Washington State DC Zip Code 20006-2806

Purpose of Disbursement Meal Expense; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
01 / 20 / 2015

**Transaction ID : VN7F49TYSH3**

Amount of Each Disbursement this Period: 219.41

[MEMO ITEM]  
\*

Category/Type

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 9347.54

**TOTAL** 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"/> 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 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)

**A. Kirby A. Hoag**

Mailing Address 2011 N Upton St

City State Zip Code  
Arlington VA 22207-2326

Purpose of Disbursement  
Meal Expense Reimbursement; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	11	/	2015

**Transaction ID : VN7F49TYZ93**

Amount of Each Disbursement this Period

330.15
--------

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. BLT Steak**

Mailing Address 1625 I St NW

City State Zip Code  
Washington DC 20006-4061

Purpose of Disbursement  
Meal Expense; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	11	/	2015

**Transaction ID : VN7F49TYZA1**

Amount of Each Disbursement this Period

330.15
--------

Category/  
Type

**[MEMO ITEM]**  
\*

Full Name (Last, First, Middle Initial)

**C. Kirby A. Hoag**

Mailing Address 2011 N Upton St

City State Zip Code  
Arlington VA 22207-2326

Purpose of Disbursement  
Meal Expense Reimbursement; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	27	/	2015

**Transaction ID : VN7F49TZ0G9**

Amount of Each Disbursement this Period

176.20
--------

Category/  
Type

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

506.35
--------

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**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"/> 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 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)

**A. Metro 29 Diner-Arlington**

Mailing Address 4711 Lee Hwy

City Arlington State VA Zip Code 22207-3406

Purpose of Disbursement  
Meal Expense; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	27	/	2015

Transaction ID : VN7F49TZ0K2

Amount of Each Disbursement this Period

39.67
-------

[MEMO ITEM]

\*

Full Name (Last, First, Middle Initial)

**B. Kirby A. Hoag**

Mailing Address 2011 N Upton St

City Arlington State VA Zip Code 22207-2326

Purpose of Disbursement  
Meal and Travel Reimbursement; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	31	/	2015

Transaction ID : VN7F49TZ052

Amount of Each Disbursement this Period

160.85
--------

Full Name (Last, First, Middle Initial)

**C. Starbucks**

Mailing Address 1735 N Lynn St  
# 20

City Arlington State VA Zip Code 22209-2013

Purpose of Disbursement  
Meal Expense; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	31	/	2015

Transaction ID : VN7F49TZ0C7

Amount of Each Disbursement this Period

2.23
------

[MEMO ITEM]

\*

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

160.85
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**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"/> 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 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)

**A. Hotels.com**

Mailing Address 5400 Lbj Fwy  
Ste 500

City Dallas State TX Zip Code 75240-1019

Purpose of Disbursement  
Travel; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
01 / 15 / 2015

**Transaction ID : VN7F49TTCH5**

Amount of Each Disbursement this Period

372.34

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Hotels.com**

Mailing Address 5400 Lbj Fwy  
Ste 500

City Dallas State TX Zip Code 75240-1019

Purpose of Disbursement  
Travel; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
02 / 02 / 2015

**Transaction ID : VN7F49V0GT1**

Amount of Each Disbursement this Period

231.87

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Hotels.com**

Mailing Address 5400 Lbj Fwy  
Ste 500

City Dallas State TX Zip Code 75240-1019

Purpose of Disbursement  
Travel; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
02 / 12 / 2015

**Transaction ID : VN7F49V0GV9**

Amount of Each Disbursement this Period

569.32

IE Only Account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

1173.53

**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"/> 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 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)

**A. Hotels.com**

Mailing Address 5400 Lbj Fwy  
Ste 500

City Dallas State TX Zip Code 75240-1019

Purpose of Disbursement  
Travel; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
02 / 17 / 2015

Transaction ID : VN7F49V0GW7

Amount of Each Disbursement this Period

216.41

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Hotels.com**

Mailing Address 5400 Lbj Fwy  
Ste 500

City Dallas State TX Zip Code 75240-1019

Purpose of Disbursement  
Travel; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
02 / 26 / 2015

Transaction ID : VN7F49V0DY6

Amount of Each Disbursement this Period

116.94

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Hotels.com**

Mailing Address 5400 Lbj Fwy  
Ste 500

City Dallas State TX Zip Code 75240-1019

Purpose of Disbursement  
Travel; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
02 / 26 / 2015

Transaction ID : VN7F49V0DZ4

Amount of Each Disbursement this Period

103.80

IE Only Account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

437.15

**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"/> 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 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)

**A. Hotels.com**

Mailing Address 5400 Lbj Fwy  
Ste 500

City Dallas State TX Zip Code 75240-1019

Purpose of Disbursement  
Travel; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	02	/	2015

Transaction ID : VN7F49V0VA9

Amount of Each Disbursement this Period

98.60
-------

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Hotels.com**

Mailing Address 5400 Lbj Fwy  
Ste 500

City Dallas State TX Zip Code 75240-1019

Purpose of Disbursement  
Travel; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	02	/	2015

Transaction ID : VN7F49V0VB6

Amount of Each Disbursement this Period

78.99
-------

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Hotels.com**

Mailing Address 5400 Lbj Fwy  
Ste 500

City Dallas State TX Zip Code 75240-1019

Purpose of Disbursement  
Travel; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	25	/	2015

Transaction ID : VN7F49V3M81

Amount of Each Disbursement this Period

323.65
--------

IE Only Account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

501.24
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**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"/> 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 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)

**A. Hotels.com**

Mailing Address 5400 Lbj Fwy  
Ste 500

City Dallas State TX Zip Code 75240-1019

Purpose of Disbursement  
Travel; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			0	7			2	0	1	5		

Transaction ID : VN7F49V16Q4

Amount of Each Disbursement this Period

2	0	9	.	0	1
---	---	---	---	---	---

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Hyatt at The Bellevue**

Mailing Address 200 S Broad St

City Philadelphia State PA Zip Code 19102-3809

Purpose of Disbursement  
Travel; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			0	4			2	0	1	5		

Transaction ID : VN7F49V3MG4

Amount of Each Disbursement this Period

8	2	.	9	5
---	---	---	---	---

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Hyatt at The Bellevue**

Mailing Address 200 S Broad St

City Philadelphia State PA Zip Code 19102-3809

Purpose of Disbursement  
Travel; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			0	9			2	0	1	5		

Transaction ID : VN7F49V3MH2

Amount of Each Disbursement this Period

9	0	.	1	0	6
---	---	---	---	---	---

IE Only Account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

1	1	9	.	0	2
---	---	---	---	---	---

1	1	9	.	0	2
---	---	---	---	---	---

**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"/> 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 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)

**A. Hyatt Hotels**

Mailing Address 1325 Wilson Blvd

City State Zip Code  
Arlington VA 22209-2301

Purpose of Disbursement  
Travel-IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
01 / 20 / 2015

Transaction ID : VN7F49TTCM9

Amount of Each Disbursement this Period

87.02

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Hyatt Hotels**

Mailing Address 1325 Wilson Blvd

City State Zip Code  
Arlington VA 22209-2301

Purpose of Disbursement  
Travel-IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
01 / 23 / 2015

Transaction ID : VN7F49TTCP5

Amount of Each Disbursement this Period

231.85

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Hyatt Hotels**

Mailing Address 1325 Wilson Blvd

City State Zip Code  
Arlington VA 22209-2301

Purpose of Disbursement  
Travel-IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
01 / 26 / 2015

Transaction ID : VN7F49TTCQ3

Amount of Each Disbursement this Period

947.63

IE Only Account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

1266.50

**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"/> 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 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)

**A. Hyatt Hotels**

Mailing Address 1325 Wilson Blvd

City State Zip Code  
Arlington VA 22209-2301

Purpose of Disbursement  
Travel-IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
01 / 26 / 2015

Transaction ID : VN7F49TTCR1

Amount of Each Disbursement this Period

16.07

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Hyatt Hotels**

Mailing Address 1325 Wilson Blvd

City State Zip Code  
Arlington VA 22209-2301

Purpose of Disbursement  
Travel; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
02 / 20 / 2015

Transaction ID : VN7F49V0H40

Amount of Each Disbursement this Period

48.50

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Hyatt Hotels**

Mailing Address 1325 Wilson Blvd

City State Zip Code  
Arlington VA 22209-2301

Purpose of Disbursement  
Travel; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
02 / 23 / 2015

Transaction ID : VN7F49V0H58

Amount of Each Disbursement this Period

39.55

IE Only Account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

104.12

**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"/> 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 checked="" 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)  
**Ready PAC**

Full Name (Last, First, Middle Initial)

**A. Harold Ickes**

Mailing Address 1406 34th St NW

City Washington State DC Zip Code 20007-2803

Purpose of Disbursement  
Meal Reimbursement; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 01 / 2015

**Transaction ID : VN7F49TZD92**

Amount of Each Disbursement this Period

248.00

Full Name (Last, First, Middle Initial)

**B. Harold Ickes**

Mailing Address 1406 34th St NW

City Washington State DC Zip Code 20007-2803

Purpose of Disbursement  
Travel Reimbursement; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 01 / 2015

**Transaction ID : VN7F49TZDB8**

Amount of Each Disbursement this Period

222.00

Itemization Below if Required

Full Name (Last, First, Middle Initial)

**C. Harold Ickes**

Mailing Address 1406 34th St NW

City Washington State DC Zip Code 20007-2803

Purpose of Disbursement  
Travel Reimbursement; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 01 / 2015

**Transaction ID : VN7F49TZDC6**

Amount of Each Disbursement this Period

143.00

Itemization Below if Required

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

613.00



**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"/> 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 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)

**A. Inakaya NY**

Mailing Address 231 W 40th St

City New York State NY Zip Code 10018-1502

Purpose of Disbursement  
Meal Expense; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
01 / 23 / 2015

**Transaction ID : VN7F49TV0X1**

Amount of Each Disbursement this Period

59.81

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Inakaya NY**

Mailing Address 231 W 40th St

City New York State NY Zip Code 10018-1502

Purpose of Disbursement  
Meal Expense; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
02 / 12 / 2015

**Transaction ID : VN7F49V0KH5**

Amount of Each Disbursement this Period

70.00

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Inakaya NY**

Mailing Address 231 W 40th St

City New York State NY Zip Code 10018-1502

Purpose of Disbursement  
Meal Expense; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
02 / 13 / 2015

**Transaction ID : VN7F49V0KJ3**

Amount of Each Disbursement this Period

136.60

IE Only Account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

266.41

**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"/> 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 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)

**A. Jafri Strategies LLC**

Mailing Address 25 Snyder Rd

City Englewood Cliffs State NJ Zip Code 07632-1619

Purpose of Disbursement  
Finance Consulting-IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 20 / 2015

Transaction ID : VN7F49TSH6

Amount of Each Disbursement this Period

8000.00

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Jafri Strategies LLC**

Mailing Address 25 Snyder Rd

City Englewood Cliffs State NJ Zip Code 07632-1619

Purpose of Disbursement  
Finance Consulting-IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 26 / 2015

Transaction ID : VN7F49TYZD4

Amount of Each Disbursement this Period

8000.00

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Jafri Strategies LLC**

Mailing Address 25 Snyder Rd

City Englewood Cliffs State NJ Zip Code 07632-1619

Purpose of Disbursement  
Finance Consulting-IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 13 / 2015

Transaction ID : VN7F49TZ0N8

Amount of Each Disbursement this Period

8000.00

IE Only Account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

24000.00

**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"/> 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 checked="" 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)  
**Ready PAC**

Full Name (Last, First, Middle Initial) <b>A. Jafri Strategies LLC</b>		Date of Disbursement MM / DD / YYYY 03 / 20 / 2015
Mailing Address 25 Snyder Rd		<b>Transaction ID : VN7F49TTXW7</b>
City Englewood Cliffs	State NJ	
Purpose of Disbursement Finance Consulting-IE Only Account		Amount of Each Disbursement this Period 8000.00
Candidate Name		IE Only Account
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>B. Jafri Strategies LLC</b>		Date of Disbursement MM / DD / YYYY 04 / 09 / 2015
Mailing Address 25 Snyder Rd		<b>Transaction ID : VN7F49V41E7</b>
City Englewood Cliffs	State NJ	
Purpose of Disbursement Finance Consulting-IE Only Account		Amount of Each Disbursement this Period 8000.00
Candidate Name		IE Only Account
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. Eric L Jeng</b>		Date of Disbursement MM / DD / YYYY 04 / 15 / 2015
Mailing Address 1436 Meridian PI NW Apt 406		<b>Transaction ID : VN7F49TZ8D3</b>
City Washington	State DC	
Purpose of Disbursement Meal Reimbursement; IE Only Account		Amount of Each Disbursement this Period 300.00
Candidate Name		IE Only Account
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:		

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

16300.00

**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"/> 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 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)

**A. JetBlue**

Mailing Address 8915 S. 700 W.

City State Zip Code  
Salt Lake City UT 84123

Purpose of Disbursement  
Travel-IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	08	/	2015

**Transaction ID : VN7F49V0D17**

Amount of Each Disbursement this Period

154.63
--------

IE Only Account

Full Name (Last, First, Middle Initial)

**B. JetBlue**

Mailing Address 8915 S. 700 W.

City State Zip Code  
Salt Lake City UT 84123

Purpose of Disbursement  
Travel; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	02	/	2015

**Transaction ID : VN7F49V0VD2**

Amount of Each Disbursement this Period

457.32
--------

IE Only Account

Full Name (Last, First, Middle Initial)

**C. JetBlue**

Mailing Address 8915 S. 700 W.

City State Zip Code  
Salt Lake City UT 84123

Purpose of Disbursement  
Travel; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	05	/	2015

**Transaction ID : VN7F49V0VE0**

Amount of Each Disbursement this Period

592.00
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IE Only Account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

1203.95
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**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"/> 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 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)

**A. JetBlue**

Mailing Address 8915 S. 700 W.

City State Zip Code  
Salt Lake City UT 84123

Purpose of Disbursement  
Travel; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		12		2015

**Transaction ID : VN7F49V3MK8**

Amount of Each Disbursement this Period

812.20
--------

IE Only Account

Full Name (Last, First, Middle Initial)

**B. JetBlue**

Mailing Address 8915 S. 700 W.

City State Zip Code  
Salt Lake City UT 84123

Purpose of Disbursement  
Travel; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		20		2015

**Transaction ID : VN7F49V0VF8**

Amount of Each Disbursement this Period

671.96
--------

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Johnny's Half Shell**

Mailing Address 400 N Capitol St NW

City State Zip Code  
Washington DC 20001-1511

Purpose of Disbursement  
Event Venue & Catering; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		25		2015

**Transaction ID : VN7F49V0T23**

Amount of Each Disbursement this Period

2405.00
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IE Only Account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

3889.16
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**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"/> 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 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. Julie Wertz</b>		Date of Disbursement MM / DD / YYYY 04 / 14 / 2015
Mailing Address 475 Connecticut St		<b>Transaction ID : VN7F49TZ8Y8</b>
City San Francisco	State CA	
Zip Code 94107-2817	Purpose of Disbursement Online Store Design-IE Only Account	Amount of Each Disbursement this Period 5000.00
Candidate Name	Category/Type	
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>B. Julie Wertz</b>		Date of Disbursement MM / DD / YYYY 04 / 29 / 2015
Mailing Address 475 Connecticut St		<b>Transaction ID : VN7F49TZ8A0</b>
City San Francisco	State CA	
Zip Code 94107-2817	Purpose of Disbursement Online Store Design-IE Only Account	Amount of Each Disbursement this Period 16600.00
Candidate Name	Category/Type	
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. Katz Watson Group, Inc.</b>		Date of Disbursement MM / DD / YYYY 01 / 27 / 2015
Mailing Address 201 Massachusetts Ave NE		<b>Transaction ID : VN7F49TSJE6</b>
City Washington	State DC	
Zip Code 20002-4957	Purpose of Disbursement Finance Consulting-IE Only Account	Amount of Each Disbursement this Period 5000.00
Candidate Name	Category/Type	
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) ▼	IE Only Account
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	26600.00
<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"/> 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 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)

**A. Katz Watson Group, Inc.**

Mailing Address 201 Massachusetts Ave NE

City Washington State DC Zip Code 20002-4957

Purpose of Disbursement  
Finance Consulting Travel Expenses

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 26 / 2015

Transaction ID : VN7F49TYZJ4

Amount of Each Disbursement this Period

5038.17

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Katz Watson Group, Inc.**

Mailing Address 201 Massachusetts Ave NE

City Washington State DC Zip Code 20002-4957

Purpose of Disbursement  
Travel Reimbursement; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 16 / 2015

Transaction ID : VN7F49TZ5C9

Amount of Each Disbursement this Period

706.22

Full Name (Last, First, Middle Initial)

**C. American Airlines**

Mailing Address PO Box 619616

City Dallas State TX Zip Code 75261-9616

Purpose of Disbursement  
Travel; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 16 / 2015

Transaction ID : VN7F49TZ5D7

Amount of Each Disbursement this Period

564.70

[MEMO ITEM]

\*

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

5744.39

**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"/> 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 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)  
**A. Katz Watson Group, Inc.**

Date of Disbursement: MM / DD / YYYY  
03 / 20 / 2015

Mailing Address 201 Massachusetts Ave NE

City Washington State DC Zip Code 20002-4957

Purpose of Disbursement Finance Consulting-IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID : VN7F49TTXV9

Amount of Each Disbursement this Period: 5000.00

IE Only Account

Full Name (Last, First, Middle Initial)  
**B. Katz Watson Group, Inc.**

Date of Disbursement: MM / DD / YYYY  
03 / 26 / 2015

Mailing Address 201 Massachusetts Ave NE

City Washington State DC Zip Code 20002-4957

Purpose of Disbursement Finance Consulting-IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID : VN7F49TYZH6

Amount of Each Disbursement this Period: 5000.00

IE Only Account

Full Name (Last, First, Middle Initial)  
**C. Kirkland & Ellis LLP**

Date of Disbursement: MM / DD / YYYY  
01 / 20 / 2015

Mailing Address 601 Lexington Ave

City New York State NY Zip Code 10022-4611

Purpose of Disbursement Catering Expense; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID : VN7F49TYSC4

Amount of Each Disbursement this Period: 600.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 10600.00

**TOTAL** 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"/> 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 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. KK Promotions/ AIA Corporation</b>		Date of Disbursement MM / DD / YYYY 01 / 14 / 2015
Mailing Address Kk Promotions/ Aia Corporation 8148 Solutions Center		<b>Transaction ID : VN7F49TPYM4</b>
City Chicago State IL Zip Code 60677-0001	Amount of Each Disbursement this Period 9273.09	
Purpose of Disbursement Union Printing; IE Only Account	Candidate Name	IE Only Account
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

Full Name (Last, First, Middle Initial) <b>B. KK Promotions/ AIA Corporation</b>		Date of Disbursement MM / DD / YYYY 01 / 28 / 2015
Mailing Address Kk Promotions/ Aia Corporation 8148 Solutions Center		<b>Transaction ID : VN7F49TSJM3</b>
City Chicago State IL Zip Code 60677-0001	Amount of Each Disbursement this Period 4562.16	
Purpose of Disbursement Union Printing; IE Only Account	Candidate Name	IE Only Account
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

Full Name (Last, First, Middle Initial) <b>C. KK Promotions/ AIA Corporation</b>		Date of Disbursement MM / DD / YYYY 01 / 30 / 2015
Mailing Address Kk Promotions/ Aia Corporation 8148 Solutions Center		<b>Transaction ID : VN7F49TSK40</b>
City Chicago State IL Zip Code 60677-0001	Amount of Each Disbursement this Period 5516.38	
Purpose of Disbursement Union Printing; IE Only Account	Candidate Name	IE Only Account
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional)..... ▶	19351.63
<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"/> 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 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. KK Promotions/ AIA Corporation</b>		Date of Disbursement MM / DD / YYYY 02 / 02 / 2015
Mailing Address Kk Promotions/ Aia Corporation 8148 Solutions Center		<b>Transaction ID : VN7F49TSJX4</b>
City Chicago State IL Zip Code 60677-0001	Amount of Each Disbursement this Period 5516.38	
Purpose of Disbursement Union Printing; IE Only Account	Candidate Name	IE Only Account
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. KK Promotions/ AIA Corporation</b>		Date of Disbursement MM / DD / YYYY 02 / 03 / 2015
Mailing Address Kk Promotions/ Aia Corporation 8148 Solutions Center		<b>Transaction ID : VN7F49TSJR5</b>
City Chicago State IL Zip Code 60677-0001	Amount of Each Disbursement this Period 6013.00	
Purpose of Disbursement Union Printing; IE Only Account	Candidate Name	IE Only Account
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. KK Promotions/ AIA Corporation</b>		Date of Disbursement MM / DD / YYYY 02 / 06 / 2015
Mailing Address Kk Promotions/ Aia Corporation 8148 Solutions Center		<b>Transaction ID : VN7F49TSKD1</b>
City Chicago State IL Zip Code 60677-0001	Amount of Each Disbursement this Period 44417.22	
Purpose of Disbursement Union Printing; IE Only Account	Candidate Name	IE Only Account
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional)..... ▶	55946.60
<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"/> 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 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)

**A. KK Promotions/ AIA Corporation**

Mailing Address Kk Promotions/ Aia Corporation  
8148 Solutions Center

City Chicago State IL Zip Code 60677-0001

Purpose of Disbursement  
Union Printing; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 13 / 2015

Transaction ID : VN7F49TSK73

Amount of Each Disbursement this Period

10045.18

IE Only Account

Full Name (Last, First, Middle Initial)

**B. KK Promotions/ AIA Corporation**

Mailing Address Kk Promotions/ Aia Corporation  
8148 Solutions Center

City Chicago State IL Zip Code 60677-0001

Purpose of Disbursement  
Union Printing; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 13 / 2015

Transaction ID : VN7F49TYZM0

Amount of Each Disbursement this Period

12554.32

IE Only Account

Full Name (Last, First, Middle Initial)

**C. KK Promotions/ AIA Corporation**

Mailing Address Kk Promotions/ Aia Corporation  
8148 Solutions Center

City Chicago State IL Zip Code 60677-0001

Purpose of Disbursement  
Union Printing; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 03 / 2015

Transaction ID : VN7F49TZ121

Amount of Each Disbursement this Period

23731.26

IE Only Account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

46330.76

**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"/> 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 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)

**A. KK Promotions/ AIA Corporation**

Mailing Address Kk Promotions/ Aia Corporation  
8148 Solutions Center

City Chicago State IL Zip Code 60677-0001

Purpose of Disbursement  
Union Printing; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	7		2	0	1	5

**Transaction ID : VN7F49TZ7X7**

Amount of Each Disbursement this Period

8	0	0	0	0	0	0	0	0	0
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IE Only Account

Full Name (Last, First, Middle Initial)

**B. KK Promotions/ AIA Corporation**

Mailing Address Kk Promotions/ Aia Corporation  
8148 Solutions Center

City Chicago State IL Zip Code 60677-0001

Purpose of Disbursement  
Union Printing; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	0		2	0	1	5

**Transaction ID : VN7F49TZ020**

Amount of Each Disbursement this Period

2	1	4	3	8	1	1	0	0	0
---	---	---	---	---	---	---	---	---	---

IE Only Account

Full Name (Last, First, Middle Initial)

**C. KK Promotions/ AIA Corporation**

Mailing Address Kk Promotions/ Aia Corporation  
8148 Solutions Center

City Chicago State IL Zip Code 60677-0001

Purpose of Disbursement  
Union Printing; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	3		2	0	1	5

**Transaction ID : VN7F49V4YB5**

Amount of Each Disbursement this Period

2	5	2	8	3	0	5	0	0	0
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IE Only Account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

5	4	7	2	1	1	6	0	0	0
---	---	---	---	---	---	---	---	---	---

5	4	7	2	1	1	6	0	0	0
---	---	---	---	---	---	---	---	---	---

**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"/> 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 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)

**A. KK Promotions/ AIA Corporation**

Mailing Address Kk Promotions/ Aia Corporation  
8148 Solutions Center

City Chicago State IL Zip Code 60677-0001

Purpose of Disbursement  
Union Printing; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 29 / 2015

Transaction ID : VN7F49TZ850

Amount of Each Disbursement this Period

2675.00

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Alissa Li-Tsu Ko**

Mailing Address 425 L St NW  
Apt 609

City Washington State DC Zip Code 20001-2599

Purpose of Disbursement  
Travel Reimbursement; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 23 / 2015

Transaction ID : VN7F49V43S7

Amount of Each Disbursement this Period

11232.67

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Advantage Rent A Car**

Mailing Address 25 Brae Boulevard

City Park Ridge State NJ Zip Code 07656

Purpose of Disbursement  
Travel; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 23 / 2015

Transaction ID : VN7F49V45T9

Amount of Each Disbursement this Period

454.25

[MEMO ITEM]

\*

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

13907.67

**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"/> 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 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. Enterprise Rental Car</b>		Date of Disbursement MM / DD / YYYY 04 / 23 / 2015
Mailing Address 600 Corporate Park Dr		<b>Transaction ID : VN7F49V45Y0</b>
City Saint Louis	State MO	
Zip Code 63105-4204	Purpose of Disbursement Travel; IE Only Account	Amount of Each Disbursement this Period 3258.72
Candidate Name	Category/Type	<b>[MEMO ITEM]</b> *
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>B. Exxon Mobil</b>		Date of Disbursement MM / DD / YYYY 04 / 23 / 2015
Mailing Address 2410 Lee Hwy		<b>Transaction ID : VN7F49V45Z8</b>
City Arlington	State VA	
Zip Code 22201-3517	Purpose of Disbursement Travel; IE Only Account	Amount of Each Disbursement this Period 99.84
Candidate Name	Category/Type	<b>[MEMO ITEM]</b> *
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. Hertz Rent-A-Car</b>		Date of Disbursement MM / DD / YYYY 04 / 23 / 2015
Mailing Address 225 Brae Blvd		<b>Transaction ID : VN7F49V4606</b>
City Park Ridge	State NJ	
Zip Code 07656-1870	Purpose of Disbursement Travel; IE Only Account	Amount of Each Disbursement this Period 699.42
Candidate Name	Category/Type	<b>[MEMO ITEM]</b> *
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	0.00
<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"/> 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 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)

**A. La Quinta Inn & Suites Manhattan**

Mailing Address 17 W 32nd St

City New York State NY Zip Code 10001-3820

Purpose of Disbursement  
Travel; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
04 / 23 / 2015

Transaction ID : VN7F49V4614

Amount of Each Disbursement this Period

2271.56

[MEMO ITEM]

\*

Full Name (Last, First, Middle Initial)

**B. Maestro Conference**

Mailing Address 1025 3rd St

City Oakland State CA Zip Code 94607-2507

Purpose of Disbursement  
Conference Call Support; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
04 / 23 / 2015

Transaction ID : VN7F49V4622

Amount of Each Disbursement this Period

353.00

[MEMO ITEM]

\*

Full Name (Last, First, Middle Initial)

**C. Puritan Backroom**

Mailing Address 245 Hooksett Rd

City Manchester State NH Zip Code 03104-2641

Purpose of Disbursement  
Meal Expense; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
04 / 23 / 2015

Transaction ID : VN7F49V4630

Amount of Each Disbursement this Period

918.60

[MEMO ITEM]

\*

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**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"/> 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 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)

**A. Uber**

Mailing Address 800 Market St

City San Francisco State CA Zip Code 94102-3033

Purpose of Disbursement  
Travel; IE Only Account

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	3		2	0	1	5

**Transaction ID : VN7F49V4648**

Amount of Each Disbursement this Period

2	7	.	5	9
---	---	---	---	---

**[MEMO ITEM]**

\*

Full Name (Last, First, Middle Initial)

**B. La Quinta Inn & Suites Manhattan**

Mailing Address 17 W 32nd St

City New York State NY Zip Code 10001-3820

Purpose of Disbursement  
Travel; IE Only Account

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	3		2	0	1	5

**Transaction ID : VN7F49V13Z1**

Amount of Each Disbursement this Period

1	7	.	1	3	5
---	---	---	---	---	---

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Ben Lamm**

Mailing Address 1612 Bauerle Ave

City Austin State TX Zip Code 78704-3302

Purpose of Disbursement  
Venue Rental Inkind; IE Only Account

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	3		2	0	1	5

**Transaction ID : VN7F49V00A0**

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

2	6	7	1	.	3	5
---	---	---	---	---	---	---

2	6	7	1	.	3	5
---	---	---	---	---	---	---



**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"/> 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 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)

**A. Lanakila Kitchen**

Mailing Address 1809 Bachelot St

City Honolulu State HI Zip Code 96817-2430

Purpose of Disbursement  
Event Catering; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
03 / 25 / 2015

Transaction ID : VN7F49V0T15

Amount of Each Disbursement this Period

460.73

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Samantha Levison**

Mailing Address 1761 T St NW  
Lower Apartment

City Washington State DC Zip Code 20009

Purpose of Disbursement  
Travel Reimbursement; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
01 / 21 / 2015

Transaction ID : VN7F49TYXJ8

Amount of Each Disbursement this Period

528.61

Full Name (Last, First, Middle Initial)

**C. Uber**

Mailing Address 800 Market St

City San Francisco State CA Zip Code 94102-3033

Purpose of Disbursement  
Travel; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
01 / 21 / 2015

Transaction ID : VN7F49TYXK6

Amount of Each Disbursement this Period

15.33

[MEMO ITEM]

\*

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

989.34

**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"/> 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 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)

**A. Uber**

Mailing Address 800 Market St

City San Francisco State CA Zip Code 94102-3033

Purpose of Disbursement  
Travel; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
01 / 21 / 2015

Transaction ID : VN7F49TYXN2

Amount of Each Disbursement this Period

16.63

[MEMO ITEM]

\*

Full Name (Last, First, Middle Initial)

**B. Ian Francisco Leviste**

Mailing Address 26762 Claudette St  
Unit 424

City Santa Clarita State CA Zip Code 91351-5586

Purpose of Disbursement  
Travel Reimbursement; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
01 / 14 / 2015

Transaction ID : VN7F49TPYF4

Amount of Each Disbursement this Period

142.58

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Uber**

Mailing Address 800 Market St

City San Francisco State CA Zip Code 94102-3033

Purpose of Disbursement  
Travel; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
01 / 02 / 2015

Transaction ID : VN7F49TTQA2

Amount of Each Disbursement this Period

32.00

[MEMO ITEM]

\*

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

142.58

**TOTAL** 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"/> 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 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)

**A. Uber**

Mailing Address 800 Market St

City San Francisco State CA Zip Code 94102-3033

Purpose of Disbursement  
Travel; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
01 / 14 / 2015

Transaction ID : VN7F49TPYK6

Amount of Each Disbursement this Period

43.56

[MEMO ITEM]

\*

Full Name (Last, First, Middle Initial)

**B. Ian Francisco Leviste**

Mailing Address 26762 Claudette St  
Unit 424

City Santa Clarita State CA Zip Code 91351-5586

Purpose of Disbursement  
Mileage Reimbursement; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
01 / 20 / 2015

Transaction ID : VN7F49TYTW1

Amount of Each Disbursement this Period

231.36

Full Name (Last, First, Middle Initial)

**C. Lillie Schecter Consulting**

Mailing Address 1 Greenway Plz  
Ste 740

City Houston State TX Zip Code 77046-0102

Purpose of Disbursement  
Fundraising Consulting-IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
02 / 06 / 2015

Transaction ID : VN7F49TSKF6

Amount of Each Disbursement this Period

8000.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

8231.36

**TOTAL** 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"/> 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 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. Lillie Schecter Consulting</b>		Date of Disbursement MM / DD / YYYY 03 / 23 / 2015
Mailing Address 1 Greenway Plz Ste 740		<b>Transaction ID : VN7F49TZ0E3</b>
City Houston State TX Zip Code 77046-0102	Amount of Each Disbursement this Period 5691.00	
Purpose of Disbursement Fundraising Consulting-IE Only Account	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

Full Name (Last, First, Middle Initial) <b>B. Lillie Schecter Consulting</b>		Date of Disbursement MM / DD / YYYY 04 / 10 / 2015
Mailing Address 1 Greenway Plz Ste 740		<b>Transaction ID : VN7F49TZCT3</b>
City Houston State TX Zip Code 77046-0102	Amount of Each Disbursement this Period 1500.00	
Purpose of Disbursement Fundraising Consulting-IE Only Account	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

Full Name (Last, First, Middle Initial) <b>C. Maestro Conference</b>		Date of Disbursement MM / DD / YYYY 01 / 16 / 2015
Mailing Address 1025 3rd St		<b>Transaction ID : VN7F49V0D25</b>
City Oakland State CA Zip Code 94607-2507	Amount of Each Disbursement this Period 103.00	
Purpose of Disbursement Conference Call Software; IE Only Account	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional)..... ▶	7294.00
<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"/> 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 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)

**A. Maestro Conference**

Mailing Address 1025 3rd St

City Oakland State CA Zip Code 94607-2507

Purpose of Disbursement  
Conference Call Software; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 01 / 2015

Transaction ID : VN7F49V16T8

Amount of Each Disbursement this Period

147.00

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Taj Magruder**

Mailing Address 29 E Stewart Ave Apt 1A

City Lansdowne State PA Zip Code 19050

Purpose of Disbursement  
Administrative Consulting-IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 11 / 2015

Transaction ID : VN7F49TSKB5

Amount of Each Disbursement this Period

1600.00

Full Name (Last, First, Middle Initial)

**C. Rachel McGreevy**

Mailing Address 317 N St SW

City Washington State DC Zip Code 20024-2903

Purpose of Disbursement  
Refund of Contribution; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 03 / 2015

Transaction ID : VN7F49TV7Y5

Amount of Each Disbursement this Period

299.94

IE Only Account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

2046.94

**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"/> 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 checked="" 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)

**Ready PAC**

Full Name (Last, First, Middle Initial)

**A. Jessica Mejia**

Mailing Address 610 S Main St

City Los Angeles State CA Zip Code 90014-2009

Purpose of Disbursement  
Strategic Planning Consultant Fee-IE Account Only

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
01 / 26 / 2015

Transaction ID : VN7F49TSJH9

Amount of Each Disbursement this Period

6500.00

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Jessica Mejia**

Mailing Address 610 S Main St

City Los Angeles State CA Zip Code 90014-2009

Purpose of Disbursement  
Strategic Planning Consultant Fee-IE Account Only

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
02 / 26 / 2015

Transaction ID : VN7F49TYZF0

Amount of Each Disbursement this Period

6500.00

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Jessica Mejia**

Mailing Address 610 S Main St

City Los Angeles State CA Zip Code 90014-2009

Purpose of Disbursement  
Strategic Planning Consultant Fee-IE Account Only

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
03 / 20 / 2015

Transaction ID : VN7F49TTYX3

Amount of Each Disbursement this Period

13000.00

IE Only Account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

26000.00

**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"/> 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 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)

**A. Jessica Mejia**

Mailing Address 610 S Main St

City Los Angeles State CA Zip Code 90014-2009

Purpose of Disbursement  
Strategic Planning Consultant Fee-IE Account Only

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			2	0			2	0	1	5		

**Transaction ID : VN7F49V43N6**

Amount of Each Disbursement this Period

1	9	3	1	2	.	9	0
---	---	---	---	---	---	---	---

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Merkle Response Management Group**

Mailing Address 100 Jamison Ct

City Hagerstown State MD Zip Code 21740-5185

Purpose of Disbursement  
Direct Mail Expense; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	0			2	0	1	5		

**Transaction ID : VN7F49TSHV6**

Amount of Each Disbursement this Period

2	1	4	5	.	0	0
---	---	---	---	---	---	---

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Merkle Response Management Group**

Mailing Address 100 Jamison Ct

City Hagerstown State MD Zip Code 21740-5185

Purpose of Disbursement  
Direct Mail Expense; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			1	4			2	0	1	5		

**Transaction ID : VN7F49TZBY4**

Amount of Each Disbursement this Period

5	7	4	8	.	0	0
---	---	---	---	---	---	---

IE Only Account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

2	7	2	0	5	.	9	0
---	---	---	---	---	---	---	---

2	7	2	0	5	.	9	0
---	---	---	---	---	---	---	---

**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"/> 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 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. Merkle Response Management Group</b>		Date of Disbursement MM / DD / YYYY 04 / 29 / 2015
Mailing Address 100 Jamison Ct		<b>Transaction ID : VN7F49TZ876</b>
City Hagerstown State MD Zip Code 21740-5185	Amount of Each Disbursement this Period 22036.12	
Purpose of Disbursement Direct Mail Expense; IE Only Account	Candidate Name	IE Only Account
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

Full Name (Last, First, Middle Initial) <b>B. Merkle Response Management Group</b>		Date of Disbursement MM / DD / YYYY 05 / 07 / 2015
Mailing Address 100 Jamison Ct		<b>Transaction ID : VN7F49TZZH2</b>
City Hagerstown State MD Zip Code 21740-5185	Amount of Each Disbursement this Period 1578.56	
Purpose of Disbursement Direct Mail Expense; IE Only Account	Candidate Name	IE Only Account
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

Full Name (Last, First, Middle Initial) <b>C. Metro 29 Diner-Arlington</b>		Date of Disbursement MM / DD / YYYY 01 / 06 / 2015
Mailing Address 4711 Lee Hwy		<b>Transaction ID : VN7F49TTD20</b>
City Arlington State VA Zip Code 22207-3406	Amount of Each Disbursement this Period 44.68	
Purpose of Disbursement Meal Expense-IE Only Account	Candidate Name	IE Only Account
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	23659.36
<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"/> 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 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. Metro 29 Diner-Arlington</b>		Date of Disbursement MM / DD / YYYY 01 / 27 / 2015
Mailing Address 4711 Lee Hwy		<b>Transaction ID : VN7F49TTD37</b>
City Arlington	State VA	
Zip Code 22207-3406	Purpose of Disbursement Meal Expense-IE Only Account	Amount of Each Disbursement this Period 37.57
Candidate Name	Category/Type	IE Only Account
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>B. Metro 29 Diner-Arlington</b>		Date of Disbursement MM / DD / YYYY 02 / 02 / 2015
Mailing Address 4711 Lee Hwy		<b>Transaction ID : VN7F49V0HQ0</b>
City Arlington	State VA	
Zip Code 22207-3406	Purpose of Disbursement Meal Expense; IE Only Account	Amount of Each Disbursement this Period 30.85
Candidate Name	Category/Type	IE Only Account
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. Metro 29 Diner-Arlington</b>		Date of Disbursement MM / DD / YYYY 02 / 23 / 2015
Mailing Address 4711 Lee Hwy		<b>Transaction ID : VN7F49V0HR8</b>
City Arlington	State VA	
Zip Code 22207-3406	Purpose of Disbursement Meal Expense; IE Only Account	Amount of Each Disbursement this Period 102.78
Candidate Name	Category/Type	IE Only Account
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	171.20
<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"/> 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 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)

**A. Microsoft**

Mailing Address 205 108th Ave NE  
Ste 400

City Bellevue State WA Zip Code 98004-5770

Purpose of Disbursement  
Software Purchase; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : VN7F49V0CC1**

Amount of Each Disbursement this Period

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Microsoft**

Mailing Address 205 108th Ave NE  
Ste 400

City Bellevue State WA Zip Code 98004-5770

Purpose of Disbursement  
Software Purchase; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : VN7F49V0D33**

Amount of Each Disbursement this Period

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Microsoft**

Mailing Address 205 108th Ave NE  
Ste 400

City Bellevue State WA Zip Code 98004-5770

Purpose of Disbursement  
Software Purchase; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : VN7F49V0S12**

Amount of Each Disbursement this Period

IE Only Account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** 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"/> 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 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)

**A. Microsoft**

Mailing Address 205 108th Ave NE  
Ste 400

City Bellevue State WA Zip Code 98004-5770

Purpose of Disbursement  
Software Purchase; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
03 / 10 / 2015

Transaction ID : VN7F49V3MX7

Amount of Each Disbursement this Period

19.98

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Microsoft**

Mailing Address 205 108th Ave NE  
Ste 400

City Bellevue State WA Zip Code 98004-5770

Purpose of Disbursement  
Software Purchase; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
03 / 19 / 2015

Transaction ID : VN7F49V0SN0

Amount of Each Disbursement this Period

7.41

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Microsoft**

Mailing Address 205 108th Ave NE  
Ste 400

City Bellevue State WA Zip Code 98004-5770

Purpose of Disbursement  
Software Purchase; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
03 / 24 / 2015

Transaction ID : VN7F49V3MY5

Amount of Each Disbursement this Period

21.08

IE Only Account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

48.47

**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"/> 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 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)

**A. Microsoft**

Mailing Address 205 108th Ave NE  
Ste 400

City Bellevue State WA Zip Code 98004-5770

Purpose of Disbursement  
Software Purchase; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
04 / 02 / 2015

Transaction ID : VN7F49V16W4

Amount of Each Disbursement this Period

9.99

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Microsoft**

Mailing Address 205 108th Ave NE  
Ste 400

City Bellevue State WA Zip Code 98004-5770

Purpose of Disbursement  
Software Purchase; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
04 / 06 / 2015

Transaction ID : VN7F49V15Q1

Amount of Each Disbursement this Period

9.99

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Microsoft**

Mailing Address 205 108th Ave NE  
Ste 400

City Bellevue State WA Zip Code 98004-5770

Purpose of Disbursement  
Software Purchase; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
04 / 13 / 2015

Transaction ID : VN7F49V15R9

Amount of Each Disbursement this Period

106.74

IE Only Account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

126.72

**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"/> 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 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)

**A. Microsoft**

Mailing Address 205 108th Ave NE  
Ste 400

City Bellevue State WA Zip Code 98004-5770

Purpose of Disbursement  
Software Purchase; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
04 / 20 / 2015

**Transaction ID : VN7F49V15P3**

Amount of Each Disbursement this Period

7.41

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Microsoft**

Mailing Address 205 108th Ave NE  
Ste 400

City Bellevue State WA Zip Code 98004-5770

Purpose of Disbursement  
Software Purchase; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
05 / 06 / 2015

**Transaction ID : VN7F49V21T4**

Amount of Each Disbursement this Period

9.99

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Microsoft**

Mailing Address 205 108th Ave NE  
Ste 400

City Bellevue State WA Zip Code 98004-5770

Purpose of Disbursement  
Software Purchase; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
05 / 19 / 2015

**Transaction ID : VN7F49V21W0**

Amount of Each Disbursement this Period

7.41

IE Only Account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

24.81

**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"/> 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 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)

**A. Microsoft**

Mailing Address 205 108th Ave NE  
Ste 400

City Bellevue State WA Zip Code 98004-5770

Purpose of Disbursement  
Software Purchase; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : VN7F49V2E81**

Amount of Each Disbursement this Period

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Microsoft**

Mailing Address 205 108th Ave NE  
Ste 400

City Bellevue State WA Zip Code 98004-5770

Purpose of Disbursement  
Software Purchase; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : VN7F49V2E98**

Amount of Each Disbursement this Period

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Sara E Moe**

Mailing Address 1200 Elm St  
Unit 518

City Manchester State NH Zip Code 03101-2531

Purpose of Disbursement  
Travel Reimbursement; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : VN7F49V42G5**

Amount of Each Disbursement this Period

IE Only Account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** 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"/> 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 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. Regina T. Montoya</b>		Date of Disbursement MM / DD / YYYY 04 / 03 / 2015
Mailing Address 5230 Lobello Dr		<b>Transaction ID : VN7F49V0C30</b>
City Dallas	State TX	
Zip Code 75229-5513	Purpose of Disbursement Event Valet Inkind; IE Only Account	Amount of Each Disbursement this Period 2500.00
Candidate Name	Category/Type	
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>B. Leslie Moore</b>		Date of Disbursement MM / DD / YYYY 04 / 03 / 2015
Mailing Address 919 W 12th St		<b>Transaction ID : VN7F49V00B8</b>
City Austin	State TX	
Zip Code 78703-4117	Purpose of Disbursement Event Catering Inkind; IE Only Account	Amount of Each Disbursement this Period 2150.00
Candidate Name	Category/Type	
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. Morimoto</b>		Date of Disbursement MM / DD / YYYY 03 / 05 / 2015
Mailing Address 723 Chestnut St		<b>Transaction ID : VN7F49V3MV1</b>
City Philadelphia	State PA	
Zip Code 19106-2301	Purpose of Disbursement Meal Expense; IE Only Account	Amount of Each Disbursement this Period 214.10
Candidate Name	Category/Type	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional)..... ▶	4864.10
<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"/> 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 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)

**A. New Hampshire Democratic Party**

Mailing Address 105 N State St

City Concord State NH Zip Code 03301-4334

Purpose of Disbursement  
Data Purchase;IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : VN7F49V4Y99**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. NGP Van**

Mailing Address 1101 15th St NW  
Ste 500

City Washington State DC Zip Code 20005-5006

Purpose of Disbursement  
Online Database Fee-IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : VN7F49TZ554**

Amount of Each Disbursement this Period

IE Only Account

Full Name (Last, First, Middle Initial)

**C. NGP Van**

Mailing Address 1101 15th St NW  
Ste 500

City Washington State DC Zip Code 20005-5006

Purpose of Disbursement  
Online Database Fee-IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : VN7F49TZ8P5**

Amount of Each Disbursement this Period

IE Only Account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** 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"/> 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 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)

**A. NGP Van**

Mailing Address 1101 15th St NW  
Ste 500

City Washington State DC Zip Code 20005-5006

Purpose of Disbursement  
Online Database Fee-IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
04 / 20 / 2015

**Transaction ID : VN7F49TZ8T6**

Amount of Each Disbursement this Period

10000.00

IE Only Account

Full Name (Last, First, Middle Initial)

**B. NGP Van**

Mailing Address 1101 15th St NW  
Ste 500

City Washington State DC Zip Code 20005-5006

Purpose of Disbursement  
Online Database Fee-IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
04 / 24 / 2015

**Transaction ID : VN7F49TZ842**

Amount of Each Disbursement this Period

10000.00

IE Only Account

Full Name (Last, First, Middle Initial)

**C. NGP Van**

Mailing Address 1101 15th St NW  
Ste 500

City Washington State DC Zip Code 20005-5006

Purpose of Disbursement  
Online Database Fee-IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
05 / 07 / 2015

**Transaction ID : VN7F49TZ8K8**

Amount of Each Disbursement this Period

25000.00

IE Only Account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

45000.00

**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"/> 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 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)

**A. NGP Van**

Mailing Address 1101 15th St NW  
Ste 500

City Washington State DC Zip Code 20005-5006

Purpose of Disbursement  
Online Database Fee-IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
06 / 22 / 2015

Transaction ID : VN7F49TZZX7

Amount of Each Disbursement this Period

10000.00

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Nuena Photography**

Mailing Address 588 Sutter St  
Number 326

City San Francisco State CA Zip Code 94102-1102

Purpose of Disbursement  
Photography; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
04 / 03 / 2015

Transaction ID : VN7F49V42X6

Amount of Each Disbursement this Period

2400.00

IE Only Account

Full Name (Last, First, Middle Initial)

**C. NYC Taxi & Limousine Commission**

Mailing Address 3202 Queens Blvd

City Long Island City State NY Zip Code 11101-2319

Purpose of Disbursement  
Travel; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
01 / 09 / 2015

Transaction ID : VN7F49TTSN4

Amount of Each Disbursement this Period

16.60

IE Only Account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

12416.60

**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"/> 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 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)

**A. NYC Taxi & Limousine Commission**

Mailing Address 3202 Queens Blvd

City Long Island City State NY Zip Code 11101-2319

Purpose of Disbursement  
Travel; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
01 / 09 / 2015

**Transaction ID : VN7F49TTSW8**

Amount of Each Disbursement this Period

12.74

IE Only Account

Full Name (Last, First, Middle Initial)

**B. NYC Taxi & Limousine Commission**

Mailing Address 3202 Queens Blvd

City Long Island City State NY Zip Code 11101-2319

Purpose of Disbursement  
Travel; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
01 / 09 / 2015

**Transaction ID : VN7F49TTT59**

Amount of Each Disbursement this Period

8.19

IE Only Account

Full Name (Last, First, Middle Initial)

**C. NYC Taxi & Limousine Commission**

Mailing Address 3202 Queens Blvd

City Long Island City State NY Zip Code 11101-2319

Purpose of Disbursement  
Travel; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
01 / 12 / 2015

**Transaction ID : VN7F49TTSH3**

Amount of Each Disbursement this Period

8.80

IE Only Account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

29.73

**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"/> 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 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)

**A. NYC Taxi & Limousine Commission**

Mailing Address 3202 Queens Blvd

City State Zip Code  
Long Island City NY 11101-2319

Purpose of Disbursement  
Travel; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
01 / 12 / 2015

Transaction ID : VN7F49TTSM6

Amount of Each Disbursement this Period

10.79

IE Only Account

Full Name (Last, First, Middle Initial)

**B. NYC Taxi & Limousine Commission**

Mailing Address 3202 Queens Blvd

City State Zip Code  
Long Island City NY 11101-2319

Purpose of Disbursement  
Travel; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
01 / 12 / 2015

Transaction ID : VN7F49TTSP2

Amount of Each Disbursement this Period

11.30

IE Only Account

Full Name (Last, First, Middle Initial)

**C. NYC Taxi & Limousine Commission**

Mailing Address 3202 Queens Blvd

City State Zip Code  
Long Island City NY 11101-2319

Purpose of Disbursement  
Travel; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
01 / 12 / 2015

Transaction ID : VN7F49TTST2

Amount of Each Disbursement this Period

23.00

IE Only Account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

45.09

**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"/> 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 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)  
**A. NYC Taxi & Limousine Commission**

Mailing Address 3202 Queens Blvd

City State Zip Code  
Long Island City NY 11101-2319

Purpose of Disbursement  
Travel; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement  
MM / DD / YYYY  
01 / 12 / 2015

**Transaction ID : VN7F49TTT17**

Amount of Each Disbursement this Period  
8.30

IE Only Account

Full Name (Last, First, Middle Initial)  
**B. NYC Taxi & Limousine Commission**

Mailing Address 3202 Queens Blvd

City State Zip Code  
Long Island City NY 11101-2319

Purpose of Disbursement  
Travel; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement  
MM / DD / YYYY  
01 / 12 / 2015

**Transaction ID : VN7F49TTT33**

Amount of Each Disbursement this Period  
9.30

IE Only Account

Full Name (Last, First, Middle Initial)  
**C. NYC Taxi & Limousine Commission**

Mailing Address 3202 Queens Blvd

City State Zip Code  
Long Island City NY 11101-2319

Purpose of Disbursement  
Travel; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement  
MM / DD / YYYY  
01 / 15 / 2015

**Transaction ID : VN7F49TTSS4**

Amount of Each Disbursement this Period  
23.75

IE Only Account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 41.35

**TOTAL** 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"/> 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 checked="" 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)

Ready PAC

Full Name (Last, First, Middle Initial)

**A. NYC Taxi & Limousine Commission**

Mailing Address 3202 Queens Blvd

City State Zip Code  
Long Island City NY 11101-2319

Purpose of Disbursement  
Travel; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
01 / 15 / 2015

Transaction ID : VN7F49TTSV0

Amount of Each Disbursement this Period

9.30

IE Only Account

Full Name (Last, First, Middle Initial)

**B. NYC Taxi & Limousine Commission**

Mailing Address 3202 Queens Blvd

City State Zip Code  
Long Island City NY 11101-2319

Purpose of Disbursement  
Travel; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
01 / 16 / 2015

Transaction ID : VN7F49TTSY3

Amount of Each Disbursement this Period

12.08

IE Only Account

Full Name (Last, First, Middle Initial)

**C. NYC Taxi & Limousine Commission**

Mailing Address 3202 Queens Blvd

City State Zip Code  
Long Island City NY 11101-2319

Purpose of Disbursement  
Travel; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
01 / 16 / 2015

Transaction ID : VN7F49TTT25

Amount of Each Disbursement this Period

25.05

IE Only Account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

46.43

**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"/> 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 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)

**A. NYC Taxi & Limousine Commission**

Mailing Address 3202 Queens Blvd

City State Zip Code  
Long Island City NY 11101-2319

Purpose of Disbursement  
Travel-IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	0		2	0	1	5

Transaction ID : VN7F49TTCN7

Amount of Each Disbursement this Period

1	0	5	5
---	---	---	---

IE Only Account

Full Name (Last, First, Middle Initial)

**B. NYC Taxi & Limousine Commission**

Mailing Address 3202 Queens Blvd

City State Zip Code  
Long Island City NY 11101-2319

Purpose of Disbursement  
Travel-IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	0		2	0	1	5

Transaction ID : VN7F49TTCT6

Amount of Each Disbursement this Period

2	0	8	0
---	---	---	---

IE Only Account

Full Name (Last, First, Middle Initial)

**C. NYC Taxi & Limousine Commission**

Mailing Address 3202 Queens Blvd

City State Zip Code  
Long Island City NY 11101-2319

Purpose of Disbursement  
Travel-IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	0		2	0	1	5

Transaction ID : VN7F49TTJP8

Amount of Each Disbursement this Period

1	3	8	0
---	---	---	---

IE Only Account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

4	5	1	5
---	---	---	---

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**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"/> 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 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)  
**A. NYC Taxi & Limousine Commission**

Mailing Address 3202 Queens Blvd

City Long Island City State NY Zip Code 11101-2319

Purpose of Disbursement  
Travel-IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 01 / 20 / 2015

Transaction ID : VN7F49TTJS1

Amount of Each Disbursement this Period: 18.35

IE Only Account

Full Name (Last, First, Middle Initial)  
**B. NYC Taxi & Limousine Commission**

Mailing Address 3202 Queens Blvd

City Long Island City State NY Zip Code 11101-2319

Purpose of Disbursement  
Travel-IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 01 / 20 / 2015

Transaction ID : VN7F49TTJT9

Amount of Each Disbursement this Period: 9.25

IE Only Account

Full Name (Last, First, Middle Initial)  
**C. NYC Taxi & Limousine Commission**

Mailing Address 3202 Queens Blvd

City Long Island City State NY Zip Code 11101-2319

Purpose of Disbursement  
Travel; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 01 / 20 / 2015

Transaction ID : VN7F49TTSQ0

Amount of Each Disbursement this Period: 62.30

IE Only Account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 89.90

**TOTAL** 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"/> 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 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)

**A. NYC Taxi & Limousine Commission**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1		2	0		2	0	1	5		

Mailing Address 3202 Queens Blvd

City State Zip Code  
Long Island City NY 11101-2319

Transaction ID : VN7F49TTT09

Purpose of Disbursement  
Travel; IE Only Account

Amount of Each Disbursement this Period

7	1	.	5	0							

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  
 Other (specify) ▼

IE Only Account

State: District:

Full Name (Last, First, Middle Initial)

**B. NYC Taxi & Limousine Commission**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1		2	0		2	0	1	5		

Mailing Address 3202 Queens Blvd

City State Zip Code  
Long Island City NY 11101-2319

Transaction ID : VN7F49TTT67

Purpose of Disbursement  
Travel; IE Only Account

Amount of Each Disbursement this Period

1	7	.	0	5							

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  
 Other (specify) ▼

IE Only Account

State: District:

Full Name (Last, First, Middle Initial)

**C. NYC Taxi & Limousine Commission**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1		2	0		2	0	1	5		

Mailing Address 3202 Queens Blvd

City State Zip Code  
Long Island City NY 11101-2319

Transaction ID : VN7F49TTT74

Purpose of Disbursement  
Travel; IE Only Account

Amount of Each Disbursement this Period

3	0	.	2	0							

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  
 Other (specify) ▼

IE Only Account

State: District:

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

7	1	.	5	5							

7	1	.	5	5							

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)

Grid for line numbers 21b through 30b, with line 29 checked.

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 (Last, First, Middle Initial)

A. NYC Taxi & Limousine Commission

Mailing Address 3202 Queens Blvd

City Long Island City State NY Zip Code 11101-2319

Purpose of Disbursement Travel; IE Only Account

Candidate Name

Office Sought: House, Senate, President; State: District

Disbursement For: Primary, General, Other (specify)

Date of Disbursement

Date field: MM/DD/YYYY = 01/21/2015

Transaction ID : VN7F49TTSR6

Amount of Each Disbursement this Period

Amount field: 7.50

IE Only Account

Full Name (Last, First, Middle Initial)

B. NYC Taxi & Limousine Commission

Mailing Address 3202 Queens Blvd

City Long Island City State NY Zip Code 11101-2319

Purpose of Disbursement Travel; IE Only Account

Candidate Name

Office Sought: House, Senate, President; State: District

Disbursement For: Primary, General, Other (specify)

Date of Disbursement

Date field: MM/DD/YYYY = 01/21/2015

Transaction ID : VN7F49TTSX5

Amount of Each Disbursement this Period

Amount field: 24.80

IE Only Account

Full Name (Last, First, Middle Initial)

C. NYC Taxi & Limousine Commission

Mailing Address 3202 Queens Blvd

City Long Island City State NY Zip Code 11101-2319

Purpose of Disbursement Travel-IE Only Account

Candidate Name

Office Sought: House, Senate, President; State: District

Disbursement For: Primary, General, Other (specify)

Date of Disbursement

Date field: MM/DD/YYYY = 01/22/2015

Transaction ID : VN7F49TTJM2

Amount of Each Disbursement this Period

Amount field: 9.80

IE Only Account

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

Subtotal amount field: 42.10

Total amount field: 42.10

**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"/> 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 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)

**A. NYC Taxi & Limousine Commission**

Mailing Address 3202 Queens Blvd

City State Zip Code  
Long Island City NY 11101-2319

Purpose of Disbursement  
Travel; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
01 / 22 / 2015

Transaction ID : VN7F49TTSF7

Amount of Each Disbursement this Period

15.30

IE Only Account

Full Name (Last, First, Middle Initial)

**B. NYC Taxi & Limousine Commission**

Mailing Address 3202 Queens Blvd

City State Zip Code  
Long Island City NY 11101-2319

Purpose of Disbursement  
Travel; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
01 / 22 / 2015

Transaction ID : VN7F49TTSZ1

Amount of Each Disbursement this Period

20.50

IE Only Account

Full Name (Last, First, Middle Initial)

**C. NYC Taxi & Limousine Commission**

Mailing Address 3202 Queens Blvd

City State Zip Code  
Long Island City NY 11101-2319

Purpose of Disbursement  
Travel; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
01 / 22 / 2015

Transaction ID : VN7F49TTT41

Amount of Each Disbursement this Period

13.80

IE Only Account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

49.60

**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"/> 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 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)

**A. NYC Taxi & Limousine Commission**

Mailing Address 3202 Queens Blvd

City State Zip Code  
Long Island City NY 11101-2319

Purpose of Disbursement  
Travel-IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
01 / 23 / 2015

Transaction ID : VN7F49TTJQ5

Amount of Each Disbursement this Period

20.30

IE Only Account

Full Name (Last, First, Middle Initial)

**B. NYC Taxi & Limousine Commission**

Mailing Address 3202 Queens Blvd

City State Zip Code  
Long Island City NY 11101-2319

Purpose of Disbursement  
Travel-IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
01 / 23 / 2015

Transaction ID : VN7F49TTJR3

Amount of Each Disbursement this Period

29.80

IE Only Account

Full Name (Last, First, Middle Initial)

**C. NYC Taxi & Limousine Commission**

Mailing Address 3202 Queens Blvd

City State Zip Code  
Long Island City NY 11101-2319

Purpose of Disbursement  
Travel; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
01 / 23 / 2015

Transaction ID : VN7F49TTSK8

Amount of Each Disbursement this Period

7.50

IE Only Account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

57.60

**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"/> 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 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. NYC Taxi &amp; Limousine Commission</b>		Date of Disbursement MM / DD / YYYY 01 / 26 / 2015
Mailing Address 3202 Queens Blvd		<b>Transaction ID : VN7F49TTCX0</b>
City Long Island City	State NY	
Zip Code 11101-2319	Purpose of Disbursement Travel-IE Only Account	Amount of Each Disbursement this Period 20.80
Candidate Name	Category/Type	IE Only Account
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>B. NYC Taxi &amp; Limousine Commission</b>		Date of Disbursement MM / DD / YYYY 01 / 26 / 2015
Mailing Address 3202 Queens Blvd		<b>Transaction ID : VN7F49TTJN0</b>
City Long Island City	State NY	
Zip Code 11101-2319	Purpose of Disbursement Travel-IE Only Account	Amount of Each Disbursement this Period 14.69
Candidate Name	Category/Type	IE Only Account
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. NYC Taxi &amp; Limousine Commission</b>		Date of Disbursement MM / DD / YYYY 01 / 26 / 2015
Mailing Address 3202 Queens Blvd		<b>Transaction ID : VN7F49TTSE9</b>
City Long Island City	State NY	
Zip Code 11101-2319	Purpose of Disbursement Travel; IE Only Account	Amount of Each Disbursement this Period 27.85
Candidate Name	Category/Type	IE Only Account
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional)..... ▶	63.34
<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"/> 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 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)

**A. NYC Taxi & Limousine Commission**

Mailing Address 3202 Queens Blvd

City State Zip Code  
Long Island City NY 11101-2319

Purpose of Disbursement  
Travel; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
01 / 26 / 2015

Transaction ID : VN7F49TTSG5

Amount of Each Disbursement this Period

10.10

IE Only Account

Full Name (Last, First, Middle Initial)

**B. NYC Taxi & Limousine Commission**

Mailing Address 3202 Queens Blvd

City State Zip Code  
Long Island City NY 11101-2319

Purpose of Disbursement  
Travel; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
01 / 26 / 2015

Transaction ID : VN7F49TTSJ1

Amount of Each Disbursement this Period

15.30

IE Only Account

Full Name (Last, First, Middle Initial)

**C. NYC Taxi & Limousine Commission**

Mailing Address 3202 Queens Blvd

City State Zip Code  
Long Island City NY 11101-2319

Purpose of Disbursement  
Travel; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
02 / 02 / 2015

Transaction ID : VN7F49V0HX8

Amount of Each Disbursement this Period

6.85

IE Only Account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

32.25

**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"/> 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 checked="" 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)

Ready PAC

Full Name (Last, First, Middle Initial)

**A. NYC Taxi & Limousine Commission**

Mailing Address 3202 Queens Blvd

City State Zip Code  
Long Island City NY 11101-2319

Purpose of Disbursement  
Travel; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 02 / 2015

Transaction ID : VN7F49V0JH3

Amount of Each Disbursement this Period

13.30

IE Only Account

Full Name (Last, First, Middle Initial)

**B. NYC Taxi & Limousine Commission**

Mailing Address 3202 Queens Blvd

City State Zip Code  
Long Island City NY 11101-2319

Purpose of Disbursement  
Travel; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 06 / 2015

Transaction ID : VN7F49V0J27

Amount of Each Disbursement this Period

14.65

IE Only Account

Full Name (Last, First, Middle Initial)

**C. NYC Taxi & Limousine Commission**

Mailing Address 3202 Queens Blvd

City State Zip Code  
Long Island City NY 11101-2319

Purpose of Disbursement  
Travel; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 06 / 2015

Transaction ID : VN7F49V0JC3

Amount of Each Disbursement this Period

14.30

IE Only Account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

42.25

**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"/> 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 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)

**A. NYC Taxi & Limousine Commission**

Mailing Address 3202 Queens Blvd

City State Zip Code  
Long Island City NY 11101-2319

Purpose of Disbursement  
Travel; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	9			2	0	1	5		

Transaction ID : VN7F49V0J58

Amount of Each Disbursement this Period

8	.	1	5
---	---	---	---

IE Only Account

Full Name (Last, First, Middle Initial)

**B. NYC Taxi & Limousine Commission**

Mailing Address 3202 Queens Blvd

City State Zip Code  
Long Island City NY 11101-2319

Purpose of Disbursement  
Travel; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	9			2	0	1	5		

Transaction ID : VN7F49V0J99

Amount of Each Disbursement this Period

1	9	.	8	9
---	---	---	---	---

IE Only Account

Full Name (Last, First, Middle Initial)

**C. NYC Taxi & Limousine Commission**

Mailing Address 3202 Queens Blvd

City State Zip Code  
Long Island City NY 11101-2319

Purpose of Disbursement  
Travel; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	9			2	0	1	5		

Transaction ID : VN7F49V0JA7

Amount of Each Disbursement this Period

9	.	8	0
---	---	---	---

IE Only Account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

3	7	.	8	4
---	---	---	---	---

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**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"/> 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 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)

**A. NYC Taxi & Limousine Commission**

Mailing Address 3202 Queens Blvd

City State Zip Code  
Long Island City NY 11101-2319

Purpose of Disbursement  
Travel; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
02 / 09 / 2015

**Transaction ID : VN7F49V0JB5**

Amount of Each Disbursement this Period

12.85

IE Only Account

Full Name (Last, First, Middle Initial)

**B. NYC Taxi & Limousine Commission**

Mailing Address 3202 Queens Blvd

City State Zip Code  
Long Island City NY 11101-2319

Purpose of Disbursement  
Travel; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
02 / 09 / 2015

**Transaction ID : VN7F49V0JF7**

Amount of Each Disbursement this Period

12.09

IE Only Account

Full Name (Last, First, Middle Initial)

**C. NYC Taxi & Limousine Commission**

Mailing Address 3202 Queens Blvd

City State Zip Code  
Long Island City NY 11101-2319

Purpose of Disbursement  
Travel; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
02 / 09 / 2015

**Transaction ID : VN7F49V0JJ1**

Amount of Each Disbursement this Period

14.69

IE Only Account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

39.63

**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"/> 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 checked="" 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)  
**Ready PAC**

Full Name (Last, First, Middle Initial)

**A. NYC Taxi & Limousine Commission**

Mailing Address 3202 Queens Blvd

City State Zip Code  
Long Island City NY 11101-2319

Purpose of Disbursement  
Travel; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02 / 09 / 2015

**Transaction ID : VN7F49V0JY5**

Amount of Each Disbursement this Period

21.84

IE Only Account

Full Name (Last, First, Middle Initial)

**B. NYC Taxi & Limousine Commission**

Mailing Address 3202 Queens Blvd

City State Zip Code  
Long Island City NY 11101-2319

Purpose of Disbursement  
Travel; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02 / 09 / 2015

**Transaction ID : VN7F49V0JZ3**

Amount of Each Disbursement this Period

12.25

IE Only Account

Full Name (Last, First, Middle Initial)

**C. NYC Taxi & Limousine Commission**

Mailing Address 3202 Queens Blvd

City State Zip Code  
Long Island City NY 11101-2319

Purpose of Disbursement  
Travel; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02 / 12 / 2015

**Transaction ID : VN7F49V0HY6**

Amount of Each Disbursement this Period

12.30

IE Only Account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

46.39

**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"/> 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 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)

**A. NYC Taxi & Limousine Commission**

Mailing Address 3202 Queens Blvd

City Long Island City State NY Zip Code 11101-2319

Purpose of Disbursement Travel; IE Only Account

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 02 / 12 / 2015

Transaction ID : VN7F49V0J01

Amount of Each Disbursement this Period: 12.30

IE Only Account

Full Name (Last, First, Middle Initial)

**B. NYC Taxi & Limousine Commission**

Mailing Address 3202 Queens Blvd

City Long Island City State NY Zip Code 11101-2319

Purpose of Disbursement Travel; IE Only Account

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 02 / 13 / 2015

Transaction ID : VN7F49V0HZ3

Amount of Each Disbursement this Period: 9.10

IE Only Account

Full Name (Last, First, Middle Initial)

**C. NYC Taxi & Limousine Commission**

Mailing Address 3202 Queens Blvd

City Long Island City State NY Zip Code 11101-2319

Purpose of Disbursement Travel; IE Only Account

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 02 / 13 / 2015

Transaction ID : VN7F49V0J40

Amount of Each Disbursement this Period: 12.30

IE Only Account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 33.70

**TOTAL** 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"/> 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 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)

**A. NYC Taxi & Limousine Commission**

Mailing Address 3202 Queens Blvd

City Long Island City State NY Zip Code 11101-2319

Purpose of Disbursement  
Travel; IE Only Account

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
02 / 13 / 2015

Transaction ID : VN7F49V0J66

Amount of Each Disbursement this Period

15.80

IE Only Account

Full Name (Last, First, Middle Initial)

**B. NYC Taxi & Limousine Commission**

Mailing Address 3202 Queens Blvd

City Long Island City State NY Zip Code 11101-2319

Purpose of Disbursement  
Travel; IE Only Account

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
02 / 13 / 2015

Transaction ID : VN7F49V0J82

Amount of Each Disbursement this Period

17.30

IE Only Account

Full Name (Last, First, Middle Initial)

**C. NYC Taxi & Limousine Commission**

Mailing Address 3202 Queens Blvd

City Long Island City State NY Zip Code 11101-2319

Purpose of Disbursement  
Travel; IE Only Account

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
02 / 13 / 2015

Transaction ID : VN7F49V0JK8

Amount of Each Disbursement this Period

19.24

IE Only Account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

52.34

**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"/> 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 checked="" 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)

Ready PAC

Full Name (Last, First, Middle Initial)

**A. NYC Taxi & Limousine Commission**

Mailing Address 3202 Queens Blvd

City State Zip Code  
Long Island City NY 11101-2319

Purpose of Disbursement  
Travel; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
02 / 13 / 2015

Transaction ID : VN7F49V0JM6

Amount of Each Disbursement this Period

12.80

IE Only Account

Full Name (Last, First, Middle Initial)

**B. NYC Taxi & Limousine Commission**

Mailing Address 3202 Queens Blvd

City State Zip Code  
Long Island City NY 11101-2319

Purpose of Disbursement  
Travel; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
02 / 17 / 2015

Transaction ID : VN7F49V0JD1

Amount of Each Disbursement this Period

9.75

IE Only Account

Full Name (Last, First, Middle Initial)

**C. NYC Taxi & Limousine Commission**

Mailing Address 3202 Queens Blvd

City State Zip Code  
Long Island City NY 11101-2319

Purpose of Disbursement  
Travel; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
02 / 17 / 2015

Transaction ID : VN7F49V0JN4

Amount of Each Disbursement this Period

19.24

IE Only Account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

41.79

**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"/> 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 checked="" 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)  
**Ready PAC**

Full Name (Last, First, Middle Initial)  
**A. NYC Taxi & Limousine Commission**

Mailing Address 3202 Queens Blvd

City Long Island City State NY Zip Code 11101-2319

Purpose of Disbursement Travel; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement MM / DD / YYYY  
02 / 17 / 2015

Transaction ID : VN7F49V0JX7

Amount of Each Disbursement this Period  
14.04

IE Only Account

Full Name (Last, First, Middle Initial)  
**B. NYC Taxi & Limousine Commission**

Mailing Address 3202 Queens Blvd

City Long Island City State NY Zip Code 11101-2319

Purpose of Disbursement Travel; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement MM / DD / YYYY  
02 / 26 / 2015

Transaction ID : VN7F49V0JG5

Amount of Each Disbursement this Period  
9.80

IE Only Account

Full Name (Last, First, Middle Initial)  
**C. NYC Taxi & Limousine Commission**

Mailing Address 3202 Queens Blvd

City Long Island City State NY Zip Code 11101-2319

Purpose of Disbursement Travel; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement MM / DD / YYYY  
02 / 27 / 2015

Transaction ID : VN7F49V0J19

Amount of Each Disbursement this Period  
9.80

IE Only Account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 33.64

**TOTAL** 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"/> 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 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)

**A. NYC Taxi & Limousine Commission**

Mailing Address 3202 Queens Blvd

City State Zip Code  
Long Island City NY 11101-2319

Purpose of Disbursement  
Travel; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
02 / 27 / 2015

Transaction ID : VN7F49V0J35

Amount of Each Disbursement this Period

20.80

IE Only Account

Full Name (Last, First, Middle Initial)

**B. NYC Taxi & Limousine Commission**

Mailing Address 3202 Queens Blvd

City State Zip Code  
Long Island City NY 11101-2319

Purpose of Disbursement  
Travel; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
02 / 27 / 2015

Transaction ID : VN7F49V0J74

Amount of Each Disbursement this Period

25.30

IE Only Account

Full Name (Last, First, Middle Initial)

**C. NYC Taxi & Limousine Commission**

Mailing Address 3202 Queens Blvd

City State Zip Code  
Long Island City NY 11101-2319

Purpose of Disbursement  
Travel; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
02 / 27 / 2015

Transaction ID : VN7F49V0JE9

Amount of Each Disbursement this Period

13.80

IE Only Account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

59.90

**TOTAL** 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"/> 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 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. NYC Taxi &amp; Limousine Commission</b>		Date of Disbursement MM / DD / YYYY 03 / 02 / 2015
Mailing Address 3202 Queens Blvd		<b>Transaction ID : VN7F49V3E14</b>
City Long Island City	State NY	
Zip Code 11101-2319	Purpose of Disbursement Travel; IE Only Account	Amount of Each Disbursement this Period 17.80
Candidate Name	Category/Type	IE Only Account
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>B. NYC Taxi &amp; Limousine Commission</b>		Date of Disbursement MM / DD / YYYY 03 / 02 / 2015
Mailing Address 3202 Queens Blvd		<b>Transaction ID : VN7F49V3N18</b>
City Long Island City	State NY	
Zip Code 11101-2319	Purpose of Disbursement Travel; IE Only Account	Amount of Each Disbursement this Period 35.30
Candidate Name	Category/Type	IE Only Account
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. NYC Taxi &amp; Limousine Commission</b>		Date of Disbursement MM / DD / YYYY 03 / 02 / 2015
Mailing Address 3202 Queens Blvd		<b>Transaction ID : VN7F49V3N26</b>
City Long Island City	State NY	
Zip Code 11101-2319	Purpose of Disbursement Travel; IE Only Account	Amount of Each Disbursement this Period 12.80
Candidate Name	Category/Type	IE Only Account
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	65.90
<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"/> 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 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. NYC Taxi &amp; Limousine Commission</b>		Date of Disbursement MM / DD / YYYY 03 / 05 / 2015
Mailing Address 3202 Queens Blvd		<b>Transaction ID : VN7F49V40C8</b>
City Long Island City	State NY	
Purpose of Disbursement Travel; IE Only Account		Amount of Each Disbursement this Period 21.55
Candidate Name		IE Only Account
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:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. NYC Taxi &amp; Limousine Commission</b>		Date of Disbursement MM / DD / YYYY 03 / 26 / 2015
Mailing Address 3202 Queens Blvd		<b>Transaction ID : VN7F49V3MZ3</b>
City Long Island City	State NY	
Purpose of Disbursement Travel; IE Only Account		Amount of Each Disbursement this Period 12.30
Candidate Name		IE Only Account
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:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. NYC Taxi &amp; Limousine Commission</b>		Date of Disbursement MM / DD / YYYY 03 / 26 / 2015
Mailing Address 3202 Queens Blvd		<b>Transaction ID : VN7F49V3N01</b>
City Long Island City	State NY	
Purpose of Disbursement Travel; IE Only Account		Amount of Each Disbursement this Period 13.80
Candidate Name		IE Only Account
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:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	47.65
<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"/> 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 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)

**A. NYC Taxi & Limousine Commission**

Mailing Address 3202 Queens Blvd

City State Zip Code  
Long Island City NY 11101-2319

Purpose of Disbursement  
Travel; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 26 / 2015

**Transaction ID : VN7F49V3N34**

Amount of Each Disbursement this Period

11.30

IE Only Account

Full Name (Last, First, Middle Initial)

**B. NYC Taxi & Limousine Commission**

Mailing Address 3202 Queens Blvd

City State Zip Code  
Long Island City NY 11101-2319

Purpose of Disbursement  
Travel; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 03 / 2015

**Transaction ID : VN7F49V1713**

Amount of Each Disbursement this Period

15.95

IE Only Account

Full Name (Last, First, Middle Initial)

**C. NYC Taxi & Limousine Commission**

Mailing Address 3202 Queens Blvd

City State Zip Code  
Long Island City NY 11101-2319

Purpose of Disbursement  
Travel; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 03 / 2015

**Transaction ID : VN7F49V1721**

Amount of Each Disbursement this Period

15.30

IE Only Account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

42.55

**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"/> 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 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)

**A. NYC Taxi & Limousine Commission**

Mailing Address 3202 Queens Blvd

City State Zip Code  
Long Island City NY 11101-2319

Purpose of Disbursement  
Travel; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			0	6			2	0	1	5		

Transaction ID : VN7F49V16X1

Amount of Each Disbursement this Period

1	0	3	0
---	---	---	---

IE Only Account

Full Name (Last, First, Middle Initial)

**B. NYC Taxi & Limousine Commission**

Mailing Address 3202 Queens Blvd

City State Zip Code  
Long Island City NY 11101-2319

Purpose of Disbursement  
Travel; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			0	6			2	0	1	5		

Transaction ID : VN7F49V16Y9

Amount of Each Disbursement this Period

9	4	9	
---	---	---	--

IE Only Account

Full Name (Last, First, Middle Initial)

**C. NYC Taxi & Limousine Commission**

Mailing Address 3202 Queens Blvd

City State Zip Code  
Long Island City NY 11101-2319

Purpose of Disbursement  
Travel; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			0	6			2	0	1	5		

Transaction ID : VN7F49V16Z7

Amount of Each Disbursement this Period

5	9	3	0
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IE Only Account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

7	9	0	9
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**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"/> 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 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. NYC Taxi &amp; Limousine Commission</b>		Date of Disbursement MM / DD / YYYY 04 / 06 / 2015
Mailing Address 3202 Queens Blvd		<b>Transaction ID : VN7F49V1705</b>
City Long Island City	State NY	
Zip Code 11101-2319	Purpose of Disbursement Travel; IE Only Account	Amount of Each Disbursement this Period 12.25
Candidate Name	Category/Type	IE Only Account
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>B. NYC Taxi &amp; Limousine Commission</b>		Date of Disbursement MM / DD / YYYY 04 / 06 / 2015
Mailing Address 3202 Queens Blvd		<b>Transaction ID : VN7F49V1739</b>
City Long Island City	State NY	
Zip Code 11101-2319	Purpose of Disbursement Travel; IE Only Account	Amount of Each Disbursement this Period 43.94
Candidate Name	Category/Type	IE Only Account
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. NYC Taxi &amp; Limousine Commission</b>		Date of Disbursement MM / DD / YYYY 04 / 06 / 2015
Mailing Address 3202 Queens Blvd		<b>Transaction ID : VN7F49V1747</b>
City Long Island City	State NY	
Zip Code 11101-2319	Purpose of Disbursement Travel; IE Only Account	Amount of Each Disbursement this Period 9.49
Candidate Name	Category/Type	IE Only Account
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional)..... ▶	65.68
<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"/> 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 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)

**A. NYC Taxi & Limousine Commission**

Mailing Address 3202 Queens Blvd

City State Zip Code  
Long Island City NY 11101-2319

Purpose of Disbursement  
Travel; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /   
04 / 06 / 2015

**Transaction ID : VN7F49V1755**

Amount of Each Disbursement this Period

16.64

IE Only Account

Full Name (Last, First, Middle Initial)

**B. NYC Taxi & Limousine Commission**

Mailing Address 3202 Queens Blvd

City State Zip Code  
Long Island City NY 11101-2319

Purpose of Disbursement  
Travel; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /   
04 / 08 / 2015

**Transaction ID : VN7F49V1763**

Amount of Each Disbursement this Period

47.89

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Office Depot**

Mailing Address 44835 Schoenherr Rd

City State Zip Code  
Sterling Heights MI 48313-1139

Purpose of Disbursement  
Office Supplies; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /   
04 / 29 / 2015

**Transaction ID : VN7F49V15S7**

Amount of Each Disbursement this Period

311.82

IE Only Account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

376.35

**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"/> 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 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)

**A. PackagingSupplies.com**

Mailing Address 16363 Pearl Rd

City Cleveland State OH Zip Code 44136-6002

Purpose of Disbursement Shipping Supplies-IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 30 / 2015

Transaction ID : VN7F49V0TP1

Amount of Each Disbursement this Period

532.44

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Paris Associates Limited Partnership**

Mailing Address Building D  
PO Box 75213

City Baltimore State MD Zip Code 21275-0001

Purpose of Disbursement Rent-IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 21 / 2015

Transaction ID : VN7F49TSJ63

Amount of Each Disbursement this Period

41229.99

IE only

Full Name (Last, First, Middle Initial)

**C. Paris Associates Limited Partnership**

Mailing Address Building D  
PO Box 75213

City Baltimore State MD Zip Code 21275-0001

Purpose of Disbursement Rent-IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 21 / 2015

Transaction ID : VN7F49TSJ70

Amount of Each Disbursement this Period

1197.08

IE only

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

42959.51

**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"/> 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 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)

**A. Paris Associates Limited Partnership**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		30		2015

Mailing Address Building D  
PO Box 75213

**Transaction ID : VN7F49TZ038**

City Baltimore State MD Zip Code 21275-0001

Amount of Each Disbursement this Period

14000.00
----------

Purpose of Disbursement  
Rent-IE Only Account

Category/ Type
-------------------

Candidate Name

IE only

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Full Name (Last, First, Middle Initial)

**B. Paris Associates Limited Partnership**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		03		2015

Mailing Address Building D  
PO Box 75213

**Transaction ID : VN7F49TZCZ3**

City Baltimore State MD Zip Code 21275-0001

Amount of Each Disbursement this Period

14875.54
----------

Purpose of Disbursement  
Rent-IE Only Account

Category/ Type
-------------------

Candidate Name

IE only

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Full Name (Last, First, Middle Initial)

**C. Paris Associates Limited Partnership**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		14		2015

Mailing Address Building D  
PO Box 75213

**Transaction ID : VN7F49TZ8W2**

City Baltimore State MD Zip Code 21275-0001

Amount of Each Disbursement this Period

14557.37
----------

Purpose of Disbursement  
Rent-IE Only Account

Category/ Type
-------------------

Candidate Name

IE only

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

43432.91
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**TOTAL** This Period (last page this line number only)..... ▶

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**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"/> 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 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)

**A. Park Central Hotel**

Mailing Address 870 7th Ave

City New York State NY Zip Code 10019-4369

Purpose of Disbursement  
hotel fee-ie only account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
01 / 12 / 2015

**Transaction ID : VN7F49TV0V5**

Amount of Each Disbursement this Period

347.21

**[MEMO ITEM]**  
\* IE Only Account

Full Name (Last, First, Middle Initial)

**B. Park Central Hotel**

Mailing Address 870 7th Ave

City New York State NY Zip Code 10019-4369

Purpose of Disbursement  
Travel; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
02 / 13 / 2015

**Transaction ID : VN7F49V0K27**

Amount of Each Disbursement this Period

18.24

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Park Central Hotel**

Mailing Address 870 7th Ave

City New York State NY Zip Code 10019-4369

Purpose of Disbursement  
Travel; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
02 / 13 / 2015

**Transaction ID : VN7F49V0K35**

Amount of Each Disbursement this Period

18.24

IE Only Account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

36.48



**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"/> 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 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)

**A. Park Central Hotel**

Mailing Address 870 7th Ave

City New York State NY Zip Code 10019-4369

Purpose of Disbursement  
Travel; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
02 / 13 / 2015

Transaction ID : VN7F49V0K43

Amount of Each Disbursement this Period

18.24

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Park Central Hotel**

Mailing Address 870 7th Ave

City New York State NY Zip Code 10019-4369

Purpose of Disbursement  
Travel; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
02 / 17 / 2015

Transaction ID : VN7F49V0K51

Amount of Each Disbursement this Period

94.72

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Paychex**

Mailing Address 3060 Williams Dr  
Ste 200

City Fairfax State VA Zip Code 22031-4627

Purpose of Disbursement  
Payroll Service Fee-IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
01 / 15 / 2015

Transaction ID : VN7F49TPVQ1

Amount of Each Disbursement this Period

524.15

IE Only Account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

637.11

**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"/> 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 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)

**A. Paychex**

Mailing Address 3060 Williams Dr  
Ste 200

City Fairfax State VA Zip Code 22031-4627

Purpose of Disbursement  
Workers Compensation Premium

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	5		2	0	1	5

Transaction ID : VN7F49TPVR9

Amount of Each Disbursement this Period

1	6	3	.	0	9
---	---	---	---	---	---

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Paychex**

Mailing Address 3060 Williams Dr  
Ste 200

City Fairfax State VA Zip Code 22031-4627

Purpose of Disbursement  
Payroll Taxes; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	5		2	0	1	5

Transaction ID : VN7F49TPVS7

Amount of Each Disbursement this Period

2	8	8	0	6	.	9	5
---	---	---	---	---	---	---	---

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Paychex**

Mailing Address 3060 Williams Dr  
Ste 200

City Fairfax State VA Zip Code 22031-4627

Purpose of Disbursement  
Payroll; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	5		2	0	1	5

Transaction ID : VN7F49TPVT5

Amount of Each Disbursement this Period

5	2	8	4	3	.	1	5
---	---	---	---	---	---	---	---

IE Only Account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

8	1	8	1	3	.	1	9
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**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"/> 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 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. Kareem Absolu</b>		Date of Disbursement MM / DD / YYYY 01 / 15 / 2015
Mailing Address 181 Maple St		<b>Transaction ID : VN7F49TPVV3</b>
City Roselle Park	State NJ	
Purpose of Disbursement Salary;IE Only Account		Amount of Each Disbursement this Period 1476.09
Candidate Name		<b>[MEMO ITEM]</b> *
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:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Joanne Antoine</b>		Date of Disbursement MM / DD / YYYY 01 / 15 / 2015
Mailing Address 9129 Edmonston Ter Apt 303		<b>Transaction ID : VN7F49TPVW1</b>
City Greenbelt	State MD	
Purpose of Disbursement Salary;IE Only Account		Amount of Each Disbursement this Period 1649.64
Candidate Name		<b>[MEMO ITEM]</b> *
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:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. Neisha Blandin</b>		Date of Disbursement MM / DD / YYYY 01 / 15 / 2015
Mailing Address 2511 Q St NW Apt 306		<b>Transaction ID : VN7F49TPVX9</b>
City Washington	State DC	
Purpose of Disbursement Salary;IE Only Account		Amount of Each Disbursement this Period 1628.98
Candidate Name		<b>[MEMO ITEM]</b> *
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:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	0.00
<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"/> 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Ready PAC**

**A. Mary Gracie Brandsgard**

Full Name (Last, First, Middle Initial)

Mailing Address 1205 Broad St

City Grinnell State IA Zip Code 50112-1663

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 MM / DD / YYYY  
01 / 15 / 2015

Transaction ID : VN7F49TPVY7

Amount of Each Disbursement this Period  
1130.84

[MEMO ITEM]  
\*

**B. Seth Bringman**

Full Name (Last, First, Middle Initial)

Mailing Address 1143 Harrison Ave

City Columbus State OH Zip Code 43201

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 MM / DD / YYYY  
01 / 15 / 2015

Transaction ID : VN7F49TPVZ4

Amount of Each Disbursement this Period  
2737.44

[MEMO ITEM]  
\*

**C. Iran Campana**

Full Name (Last, First, Middle Initial)

Mailing Address 6817 Long Needle Ct

City Orlando State FL Zip Code 32822-3089

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 MM / DD / YYYY  
01 / 15 / 2015

Transaction ID : VN7F49TPW02

Amount of Each Disbursement this Period  
1385.25

[MEMO ITEM]  
\*

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 0.00

**TOTAL** 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"/> 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 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. Lisa Changadveja</b>		Date of Disbursement MM / DD / YYYY 01 / 15 / 2015
Mailing Address 2420 16th St NW Apt 414		<b>Transaction ID : VN7F49TPW10</b>
City Washington	State DC	
Zip Code 20009-3504	Purpose of Disbursement Salary;IE Only Account	Amount of Each Disbursement this Period 1996.69
Candidate Name	Category/Type	<b>[MEMO ITEM]</b> *
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>B. China Dickerson</b>		Date of Disbursement MM / DD / YYYY 01 / 15 / 2015
Mailing Address 3574 13th St NW		<b>Transaction ID : VN7F49TPW28</b>
City Washington	State DC	
Zip Code 20010	Purpose of Disbursement Salary;IE Only Account	Amount of Each Disbursement this Period 1457.33
Candidate Name	Category/Type	<b>[MEMO ITEM]</b> *
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. Amy Celeste Drummond</b>		Date of Disbursement MM / DD / YYYY 01 / 15 / 2015
Mailing Address 104 Roberts Ln Apt 401		<b>Transaction ID : VN7F49TPW36</b>
City Alexandria	State VA	
Zip Code 22314-4620	Purpose of Disbursement Salary;IE Only Account	Amount of Each Disbursement this Period 2186.04
Candidate Name	Category/Type	<b>[MEMO ITEM]</b> *
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:		

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**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"/> 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 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)

**A. Sean England**

Mailing Address 334 Maryland Ave NE

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Salary;IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	5		2	0	1	5

Transaction ID : VN7F49TPW44

Amount of Each Disbursement this Period

1	1	1	7	3	1
---	---	---	---	---	---

[MEMO ITEM]

\*

Full Name (Last, First, Middle Initial)

**B. Hans P Goff**

Mailing Address 2637 Astwood Ct

City Matlacha Isles State FL Zip Code 33991-3162

Purpose of Disbursement  
Salary;IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	5		2	0	1	5

Transaction ID : VN7F49TPW52

Amount of Each Disbursement this Period

2	1	9	2	3	6
---	---	---	---	---	---

[MEMO ITEM]

\*

Full Name (Last, First, Middle Initial)

**C. Amy Gray**

Mailing Address 49392 Limestone Dr

City Macomb State MI Zip Code 48044-1776

Purpose of Disbursement  
Salary;IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	5		2	0	1	5

Transaction ID : VN7F49TPW60

Amount of Each Disbursement this Period

2	7	5	2	0	2
---	---	---	---	---	---

[MEMO ITEM]

\*

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0	0	0
---	---	---

0	0	0
---	---	---

# 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"/> 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 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)

### A. Jessica Grounds

Mailing Address 1717 Bay St SE

City Washington State DC Zip Code 20003-1647

Purpose of Disbursement  
Salary;IE Only Account

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	5		2	0	1	5

Transaction ID : VN7F49TPW78

Amount of Each Disbursement this Period

2	5	3	4	9	7
---	---	---	---	---	---

[MEMO ITEM]

\*

Full Name (Last, First, Middle Initial)

### B. Christopher Guerrero

Mailing Address 1325 15th St NW

City Washington State DC Zip Code 20005-2941

Purpose of Disbursement  
Salary;IE Only Account

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	5		2	0	1	5

Transaction ID : VN7F49TPW86

Amount of Each Disbursement this Period

1	8	7	4	1	7
---	---	---	---	---	---

[MEMO ITEM]

\*

Full Name (Last, First, Middle Initial)

### C. Kirby A. Hoag

Mailing Address 2011 N Upton St

City Arlington State VA Zip Code 22207-2326

Purpose of Disbursement  
Salary;IE Only Account

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	5		2	0	1	5

Transaction ID : VN7F49TPW93

Amount of Each Disbursement this Period

2	2	2	7	7	0
---	---	---	---	---	---

[MEMO ITEM]

\*

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

0	0	0	0	0	0
---	---	---	---	---	---

0	0	0	0	0	0
---	---	---	---	---	---

**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"/> 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 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)

**A. Quentin James**

Mailing Address 3110 Mount Vernon Ave  
Apt 220

City Alexandria State VA Zip Code 22305

Purpose of Disbursement  
Salary;IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	5		2	0	1	5

Transaction ID : VN7F49TPWA1

Amount of Each Disbursement this Period

1	9	5	2	.	3	3
---	---	---	---	---	---	---

[MEMO ITEM]

\*

Full Name (Last, First, Middle Initial)

**B. Eric L Jeng**

Mailing Address 1436 Meridian PI NW  
Apt 406

City Washington State DC Zip Code 20010-1935

Purpose of Disbursement  
Salary;IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	5		2	0	1	5

Transaction ID : VN7F49TPWB9

Amount of Each Disbursement this Period

1	4	8	5	.	6	9
---	---	---	---	---	---	---

[MEMO ITEM]

\*

Full Name (Last, First, Middle Initial)

**C. Gabriella Kahn**

Mailing Address 7808 Town Gate PI

City Bethesda State MD Zip Code 20817-4119

Purpose of Disbursement  
Salary;IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	5		2	0	1	5

Transaction ID : VN7F49TPWC7

Amount of Each Disbursement this Period

1	4	3	3	.	7	3
---	---	---	---	---	---	---

[MEMO ITEM]

\*

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0	0	0	0	.	0	0
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0	0	0	0	.	0	0
---	---	---	---	---	---	---



**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"/> 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 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)

**A. Alissa Li-Tsu Ko**

Mailing Address 425 L St NW  
Apt 609

City Washington State DC Zip Code 20001-2599

Purpose of Disbursement  
Salary;IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : VN7F49TPWD5**

Amount of Each Disbursement this Period

[MEMO ITEM]

\*

Full Name (Last, First, Middle Initial)

**B. Samantha Levison**

Mailing Address 1761 T St NW  
Lower Apartment

City Washington State DC Zip Code 20009

Purpose of Disbursement  
Salary;IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : VN7F49TPWE3**

Amount of Each Disbursement this Period

[MEMO ITEM]

\*

Full Name (Last, First, Middle Initial)

**C. Ian Francisco Leviste**

Mailing Address 26762 Claudette St  
Unit 424

City Santa Clarita State CA Zip Code 91351-5586

Purpose of Disbursement  
Salary;IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : VN7F49TPWF1**

Amount of Each Disbursement this Period

[MEMO ITEM]

\*

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** 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"/> 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 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)

**A. Jane Miller**

Mailing Address 2105 N Glebe Rd  
Unit 1324

City Arlington State VA Zip Code 22207-2238

Purpose of Disbursement  
Salary;IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	5		2	0	1	5

Transaction ID : VN7F49TPWG9

Amount of Each Disbursement this Period

1	2	4	3	.	8	0
---	---	---	---	---	---	---

[MEMO ITEM]

\*

Full Name (Last, First, Middle Initial)

**B. Sara E Moe**

Mailing Address 1200 Elm St  
Unit 518

City Manchester State NH Zip Code 03101-2531

Purpose of Disbursement  
Salary;IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	5		2	0	1	5

Transaction ID : VN7F49TPWH7

Amount of Each Disbursement this Period

1	4	6	2	.	2	1
---	---	---	---	---	---	---

[MEMO ITEM]

\*

Full Name (Last, First, Middle Initial)

**C. Adam J Parkhomenko**

Mailing Address 2011 N Upton St

City Arlington State VA Zip Code 22207

Purpose of Disbursement  
Salary;IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	5		2	0	1	5

Transaction ID : VN7F49TPWJ5

Amount of Each Disbursement this Period

3	2	6	3	.	4	5
---	---	---	---	---	---	---

[MEMO ITEM]

\*

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0	0	0
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0	0	0
---	---	---

**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"/> 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 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. Rachel Schneider</b>		Date of Disbursement MM / DD / YYYY 01 / 15 / 2015
Mailing Address 2401 Calvert St NW Apt 916		<b>Transaction ID : VN7F49TPWK2</b>
City Washington	State DC	
Zip Code 20008-2678		Amount of Each Disbursement this Period 1793.24
Purpose of Disbursement Salary;IE Only Account	Category/Type	<b>[MEMO ITEM]</b> *
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>B. Connor Shaw</b>		Date of Disbursement MM / DD / YYYY 01 / 15 / 2015
Mailing Address 313 Hume Ave		<b>Transaction ID : VN7F49TPWM0</b>
City Arlington	State VA	
Zip Code 22209		Amount of Each Disbursement this Period 1202.73
Purpose of Disbursement Salary;IE Only Account	Category/Type	<b>[MEMO ITEM]</b> *
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. Alexandra Smith</b>		Date of Disbursement MM / DD / YYYY 01 / 15 / 2015
Mailing Address 1530 16th St NW Apt 703		<b>Transaction ID : VN7F49TPWN8</b>
City Washington	State DC	
Zip Code 20036		Amount of Each Disbursement this Period 1793.24
Purpose of Disbursement Salary;IE Only Account	Category/Type	<b>[MEMO ITEM]</b> *
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	0.00
<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"/> 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 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)

**A. Nicole Titus**

Mailing Address 1930 Columbia Rd NW  
Apt 421

City Arlington State VA Zip Code 22206

Purpose of Disbursement  
Salary;IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	5		2	0	1	5

Transaction ID : VN7F49TPWP6

Amount of Each Disbursement this Period

2	7	0	6	.	7	8
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[MEMO ITEM]

\*

Full Name (Last, First, Middle Initial)

**B. Evan Howard Wessel**

Mailing Address 324 Chapman Way

City Falls Church State VA Zip Code 22042

Purpose of Disbursement  
Salary;IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	5		2	0	1	5

Transaction ID : VN7F49TPWQ4

Amount of Each Disbursement this Period

1	0	6	5	.	8	5
---	---	---	---	---	---	---

[MEMO ITEM]

\*

Full Name (Last, First, Middle Initial)

**C. Paychex**

Mailing Address 3060 Williams Dr  
Ste 200

City Fairfax State VA Zip Code 22031-4627

Purpose of Disbursement  
Payroll Taxes; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	0		2	0	1	5

Transaction ID : VN7F49TYEY2

Amount of Each Disbursement this Period

2	8	6	7	.	5	.	4	0
---	---	---	---	---	---	---	---	---

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

2	8	6	7	.	5	.	4	0
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# 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"/> 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 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)

### A. Paychex

Mailing Address 3060 Williams Dr  
Ste 200

City Fairfax State VA Zip Code 22031-4627

Purpose of Disbursement  
Workers Compensation Premium; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		30		2015

Transaction ID : VN7F49TYEZ0

Amount of Each Disbursement this Period

154.13
--------

Full Name (Last, First, Middle Initial)

### B. Paychex

Mailing Address 3060 Williams Dr  
Ste 200

City Fairfax State VA Zip Code 22031-4627

Purpose of Disbursement  
Payroll; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		30		2015

Transaction ID : VN7F49TYF08

Amount of Each Disbursement this Period

52843.14
----------

Full Name (Last, First, Middle Initial)

### C. Kareem Absolu

Mailing Address 181 Maple St

City Roselle Park State NJ Zip Code 07204-1362

Purpose of Disbursement  
Salary; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		30		2015

Transaction ID : VN7F49TYF16

Amount of Each Disbursement this Period

1476.09
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[MEMO ITEM]  
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SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

52997.27
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**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"/> 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 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. Joanne Antoine</b>		Date of Disbursement MM / DD / YYYY 01 / 30 / 2015	
Mailing Address 9129 Edmonston Ter Apt 303		<b>Transaction ID : VN7F49TYF24</b>	
City Greenbelt State MD Zip Code 20770-4562	Amount of Each Disbursement this Period 1649.64		
Purpose of Disbursement Salary; IE Only Account	[MEMO ITEM] *		
Candidate Name	Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Neisha Blandin</b>		Date of Disbursement MM / DD / YYYY 01 / 30 / 2015	
Mailing Address 2511 Q St NW Apt 306		<b>Transaction ID : VN7F49TYF31</b>	
City Washington State DC Zip Code 20007	Amount of Each Disbursement this Period 1628.97		
Purpose of Disbursement Salary; IE Only Account	[MEMO ITEM] *		
Candidate Name	Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Mary Gracie Brandsgard</b>		Date of Disbursement MM / DD / YYYY 01 / 30 / 2015	
Mailing Address 1205 Broad St		<b>Transaction ID : VN7F49TYF49</b>	
City Grinnell State IA Zip Code 50112-1663	Amount of Each Disbursement this Period 1130.84		
Purpose of Disbursement Salary; IE Only Account	[MEMO ITEM] *		
Candidate Name	Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	0.00

**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"/> 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 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)

**A. Seth Bringman**

Mailing Address 1143 Harrison Ave

City Columbus State OH Zip Code 43201

Purpose of Disbursement  
Salary; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	0		2	0	1	5

**Transaction ID : VN7F49TYF57**

Amount of Each Disbursement this Period

2	7	3	7	.	4	4
---	---	---	---	---	---	---

**[MEMO ITEM]**

\*

Full Name (Last, First, Middle Initial)

**B. Iran Campana**

Mailing Address 6817 Long Needle Ct

City Orlando State FL Zip Code 32822-3089

Purpose of Disbursement  
Salary; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	0		2	0	1	5

**Transaction ID : VN7F49TYF65**

Amount of Each Disbursement this Period

1	3	8	5	.	2	5
---	---	---	---	---	---	---

**[MEMO ITEM]**

\*

Full Name (Last, First, Middle Initial)

**C. Lisa Changdveja**

Mailing Address 2420 16th St NW  
Apt 414

City Washington State DC Zip Code 20009-3504

Purpose of Disbursement  
Salary; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	0		2	0	1	5

**Transaction ID : VN7F49TYF73**

Amount of Each Disbursement this Period

1	9	9	6	.	7	0
---	---	---	---	---	---	---

**[MEMO ITEM]**

\*

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0	0	0	0	.	0	0
---	---	---	---	---	---	---

0	0	0	0	.	0	0
---	---	---	---	---	---	---

**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"/> 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 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. China Dickerson</b>		Date of Disbursement MM / DD / YYYY 01 / 30 / 2015
Mailing Address 3574 13th St NW		<b>Transaction ID : VN7F49TYF81</b>
City Washington	State DC	
Zip Code 20010	Purpose of Disbursement Salary; IE Only Account	Amount of Each Disbursement this Period 1457.33
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>[MEMO ITEM]</b> *
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Amy Celeste Drummond</b>		Date of Disbursement MM / DD / YYYY 01 / 30 / 2015
Mailing Address 104 Roberts Ln Apt 401		<b>Transaction ID : VN7F49TYF99</b>
City Alexandria	State VA	
Zip Code 22314-4620	Purpose of Disbursement Salary; IE Only Account	Amount of Each Disbursement this Period 2186.03
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>[MEMO ITEM]</b> *
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. Sean England</b>		Date of Disbursement MM / DD / YYYY 01 / 30 / 2015
Mailing Address 334 Maryland Ave NE		<b>Transaction ID : VN7F49TYFA7</b>
City Washington	State DC	
Zip Code 20002	Purpose of Disbursement Salary; IE Only Account	Amount of Each Disbursement this Period 1117.30
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>[MEMO ITEM]</b> *
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	0.00
<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"/> 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 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)

**A. Hans P Goff**

Mailing Address 2637 Astwood Ct

City Matlacha Isles State FL Zip Code 33991-3162

Purpose of Disbursement  
Salary; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01	/	30	/	2015

**Transaction ID : VN7F49TYFB5**

Amount of Each Disbursement this Period

2192.36
---------

**[MEMO ITEM]**

\*

Full Name (Last, First, Middle Initial)

**B. Amy Gray**

Mailing Address 49392 Limestone Dr

City Macomb State MI Zip Code 48044-1776

Purpose of Disbursement  
Salary; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01	/	30	/	2015

**Transaction ID : VN7F49TYFC3**

Amount of Each Disbursement this Period

2752.02
---------

**[MEMO ITEM]**

\*

Full Name (Last, First, Middle Initial)

**C. Jessica Grounds**

Mailing Address 1717 Bay St SE

City Washington State DC Zip Code 20003-1647

Purpose of Disbursement  
Salary; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01	/	30	/	2015

**Transaction ID : VN7F49TYFD0**

Amount of Each Disbursement this Period

2534.98
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**[MEMO ITEM]**

\*

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00
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**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"/> 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 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)

**A. Christopher Guerrero**

Mailing Address 1325 15th St NW

City Washington State DC Zip Code 20005-2941

Purpose of Disbursement  
Salary; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		30		2015

Transaction ID : VN7F49TYFE8

Amount of Each Disbursement this Period

1874.18
---------

[MEMO ITEM]

\*

Full Name (Last, First, Middle Initial)

**B. Kirby A. Hoag**

Mailing Address 2011 N Upton St

City Arlington State VA Zip Code 22207-2326

Purpose of Disbursement  
Salary; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		30		2015

Transaction ID : VN7F49TYFF6

Amount of Each Disbursement this Period

2227.69
---------

[MEMO ITEM]

\*

Full Name (Last, First, Middle Initial)

**C. Quentin James**

Mailing Address 3110 Mount Vernon Ave  
Apt 220

City Alexandria State VA Zip Code 22305

Purpose of Disbursement  
Salary; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		30		2015

Transaction ID : VN7F49TYFG4

Amount of Each Disbursement this Period

1952.33
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[MEMO ITEM]

\*

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00
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**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"/> 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 checked="" 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)

Ready PAC

Full Name (Last, First, Middle Initial)

**A. Eric L Jeng**

Mailing Address 1436 Meridian PI NW  
Apt 406

City Washington State DC Zip Code 20010-1935

Purpose of Disbursement  
Salary; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	0		2	0	1	5

Transaction ID : VN7F49TYFH2

Amount of Each Disbursement this Period

1	4	8	5	.	6	9
---	---	---	---	---	---	---

[MEMO ITEM]

\*

Full Name (Last, First, Middle Initial)

**B. Gabriella Kahn**

Mailing Address 7808 Town Gate PI

City Bethesda State MD Zip Code 20817-4119

Purpose of Disbursement  
Salary; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	0		2	0	1	5

Transaction ID : VN7F49TYFJ0

Amount of Each Disbursement this Period

1	4	3	3	.	7	3
---	---	---	---	---	---	---

[MEMO ITEM]

\*

Full Name (Last, First, Middle Initial)

**C. Alissa Li-Tsu Ko**

Mailing Address 425 L St NW  
Apt 609

City Washington State DC Zip Code 20001-2599

Purpose of Disbursement  
Salary; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	0		2	0	1	5

Transaction ID : VN7F49TYFK8

Amount of Each Disbursement this Period

2	6	7	5	.	9	9
---	---	---	---	---	---	---

[MEMO ITEM]

\*

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0	0	0	0	.	0	0
---	---	---	---	---	---	---

0	0	0	0	.	0	0
---	---	---	---	---	---	---

# 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"/> 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 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)

### A. Samantha Levison

Mailing Address 1761 T St NW  
Lower Apartment

City Washington State DC Zip Code 20009

Purpose of Disbursement  
Salary; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	0		2	0	1	5

Transaction ID : VN7F49TYFM6

Amount of Each Disbursement this Period

1	0	9	8	.	4	1
---	---	---	---	---	---	---

[MEMO ITEM]

\*

Full Name (Last, First, Middle Initial)

### B. Ian Francisco Leviste

Mailing Address 26762 Claudette St  
Unit 424

City Santa Clarita State CA Zip Code 91351-5586

Purpose of Disbursement  
Salary; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	0		2	0	1	5

Transaction ID : VN7F49TYFN4

Amount of Each Disbursement this Period

1	3	1	8	.	8	7
---	---	---	---	---	---	---

[MEMO ITEM]

\*

Full Name (Last, First, Middle Initial)

### C. Jane Miller

Mailing Address 2105 N Glebe Rd  
Unit 1324

City Arlington State VA Zip Code 22207-2238

Purpose of Disbursement  
Salary; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	0		2	0	1	5

Transaction ID : VN7F49TYFP2

Amount of Each Disbursement this Period

1	2	4	3	.	8	0
---	---	---	---	---	---	---

[MEMO ITEM]

\*

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

0	0	0	0	.	0	0
---	---	---	---	---	---	---

0	0	0	0	.	0	0
---	---	---	---	---	---	---

# 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"/> 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 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)

### A. Sara E Moe

Mailing Address 1200 Elm St  
Unit 518

City Manchester State NH Zip Code 03101-2531

Purpose of Disbursement  
Salary; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		30		2015

Transaction ID : VN7F49TYFQ9

Amount of Each Disbursement this Period

1462.22
---------

[MEMO ITEM]

\*

Full Name (Last, First, Middle Initial)

### B. Adam J Parkhomenko

Mailing Address 2011 N Upton St

City Arlington State VA Zip Code 22207

Purpose of Disbursement  
Salary; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		30		2015

Transaction ID : VN7F49TYFR7

Amount of Each Disbursement this Period

3263.45
---------

[MEMO ITEM]

\*

Full Name (Last, First, Middle Initial)

### C. Rachel Schneider

Mailing Address 2401 Calvert St NW  
Apt 916

City Washington State DC Zip Code 20008-2678

Purpose of Disbursement  
Salary; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		30		2015

Transaction ID : VN7F49TYFS5

Amount of Each Disbursement this Period

1793.24
---------

[MEMO ITEM]

\*

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00
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**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"/> 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 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)

**A. Connor Shaw**

Mailing Address 313 Hume Ave

City Arlington State VA Zip Code 22209

Purpose of Disbursement  
Salary; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
01 / 30 / 2015

**Transaction ID : VN7F49TYFT3**

Amount of Each Disbursement this Period

1202.73

[MEMO ITEM]

\*

Full Name (Last, First, Middle Initial)

**B. Alexandra Smith**

Mailing Address 1530 16th St NW  
Apt 703

City Washington State DC Zip Code 20036

Purpose of Disbursement  
Salary; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
01 / 30 / 2015

**Transaction ID : VN7F49TYFV1**

Amount of Each Disbursement this Period

1793.24

[MEMO ITEM]

\*

Full Name (Last, First, Middle Initial)

**C. Nicole Titus**

Mailing Address 1930 Columbia Rd NW  
Apt 421

City Arlington State VA Zip Code 22206

Purpose of Disbursement  
Salary; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
01 / 30 / 2015

**Transaction ID : VN7F49TYFW9**

Amount of Each Disbursement this Period

2706.78

[MEMO ITEM]

\*

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**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"/> 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 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)

**A. Evan Howard Wessel**

Mailing Address 324 Chapman Way

City Falls Church State VA Zip Code 22042

Purpose of Disbursement  
Salary; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
01 / 30 / 2015

**Transaction ID : VN7F49TYFX7**

Amount of Each Disbursement this Period

1065.84

**[MEMO ITEM]**

\*

Full Name (Last, First, Middle Initial)

**B. Paychex**

Mailing Address 3060 Williams Dr  
Ste 200

City Fairfax State VA Zip Code 22031-4627

Purpose of Disbursement  
Payroll Service Fee; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
02 / 13 / 2015

**Transaction ID : VN7F49V0NY2**

Amount of Each Disbursement this Period

173.90

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Paychex**

Mailing Address 3060 Williams Dr  
Ste 200

City Fairfax State VA Zip Code 22031-4627

Purpose of Disbursement  
Payroll Taxes; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
02 / 15 / 2015

**Transaction ID : VN7F49TYDY9**

Amount of Each Disbursement this Period

27340.07

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

27513.97

**TOTAL** 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"/> 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 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)

**A. Paychex**

Mailing Address 3060 Williams Dr  
Ste 200

City Fairfax State VA Zip Code 22031-4627

Purpose of Disbursement  
Workers Compensation Premium; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	15	/	2015

**Transaction ID : VN7F49TYDZ7**

Amount of Each Disbursement this Period

158.61
--------

Full Name (Last, First, Middle Initial)

**B. Paychex**

Mailing Address 3060 Williams Dr  
Ste 200

City Fairfax State VA Zip Code 22031-4627

Purpose of Disbursement  
Payroll; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	15	/	2015

**Transaction ID : VN7F49TYE05**

Amount of Each Disbursement this Period

53255.15
----------

Full Name (Last, First, Middle Initial)

**C. Kareem Absolu**

Mailing Address 181 Maple St

City Roselle Park State NJ Zip Code 07204-1362

Purpose of Disbursement  
Salary; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	15	/	2015

**Transaction ID : VN7F49TYE13**

Amount of Each Disbursement this Period

1476.09
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[MEMO ITEM]

\*

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

53413.76
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**TOTAL** This Period (last page this line number only)..... ▶

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**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"/> 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 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. Joanne Antoine</b>		Date of Disbursement MM / DD / YYYY 02 / 15 / 2015
Mailing Address 9129 Edmonston Ter Apt 303		Transaction ID : VN7F49TYE21
City Greenbelt	State MD	
Purpose of Disbursement Salary; IE Only Account		[MEMO ITEM] *
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>B. Neisha Blandin</b>		Date of Disbursement MM / DD / YYYY 02 / 15 / 2015
Mailing Address 2511 Q St NW Apt 306		Transaction ID : VN7F49TYE39
City Washington	State DC	
Purpose of Disbursement Salary; IE Only Account		[MEMO ITEM] *
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. Mary Gracie Brandsgard</b>		Date of Disbursement MM / DD / YYYY 02 / 15 / 2015
Mailing Address 1205 Broad St		Transaction ID : VN7F49TYE47
City Grinnell	State IA	
Purpose of Disbursement Salary; IE Only Account		[MEMO ITEM] *
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	0.00
<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"/> 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 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. Seth Bringman</b>		Date of Disbursement MM / DD / YYYY 02 / 15 / 2015
Mailing Address 1143 Harrison Ave		<b>Transaction ID : VN7F49TYE54</b>
City Columbus	State OH	
Zip Code 43201	Purpose of Disbursement Salary; IE Only Account	Amount of Each Disbursement this Period 2737.44
Candidate Name	Category/Type	<b>[MEMO ITEM]</b> *
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>B. Iran Campana</b>		Date of Disbursement MM / DD / YYYY 02 / 15 / 2015
Mailing Address 6817 Long Needle Ct		<b>Transaction ID : VN7F49TYE62</b>
City Orlando	State FL	
Zip Code 32822-3089	Purpose of Disbursement Salary; IE Only Account	Amount of Each Disbursement this Period 1385.25
Candidate Name	Category/Type	<b>[MEMO ITEM]</b> *
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. Lisa Changdveja</b>		Date of Disbursement MM / DD / YYYY 02 / 15 / 2015
Mailing Address 2420 16th St NW Apt 414		<b>Transaction ID : VN7F49TYE70</b>
City Washington	State DC	
Zip Code 20009-3504	Purpose of Disbursement Salary; IE Only Account	Amount of Each Disbursement this Period 1996.69
Candidate Name	Category/Type	<b>[MEMO ITEM]</b> *
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	0.00
<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"/> 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 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)

**A. China Dickerson**

Mailing Address 3574 13th St NW

City Washington State DC Zip Code 20010

Purpose of Disbursement  
Salary; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 15 / 2015

Transaction ID : VN7F49TYE88

Amount of Each Disbursement this Period

1478.07

[MEMO ITEM]

\*

Full Name (Last, First, Middle Initial)

**B. Amy Celeste Drummond**

Mailing Address 104 Roberts Ln  
Apt 401

City Alexandria State VA Zip Code 22314-4620

Purpose of Disbursement  
Salary; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 15 / 2015

Transaction ID : VN7F49TYE96

Amount of Each Disbursement this Period

2186.04

[MEMO ITEM]

\*

Full Name (Last, First, Middle Initial)

**C. Sean England**

Mailing Address 334 Maryland Ave NE

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Salary; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 15 / 2015

Transaction ID : VN7F49TYEA4

Amount of Each Disbursement this Period

1127.71

[MEMO ITEM]

\*

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**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"/> 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 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)

**A. Hans P Goff**

Mailing Address 2637 Astwood Ct

City Matlacha Isles State FL Zip Code 33991-3162

Purpose of Disbursement  
Salary; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 15 / 2015

**Transaction ID : VN7F49TYEB2**

Amount of Each Disbursement this Period

2344.72

[MEMO ITEM]

\*

Full Name (Last, First, Middle Initial)

**B. Amy Gray**

Mailing Address 49392 Limestone Dr

City Macomb State MI Zip Code 48044-1776

Purpose of Disbursement  
Salary; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 15 / 2015

**Transaction ID : VN7F49TYEC0**

Amount of Each Disbursement this Period

2752.02

[MEMO ITEM]

\*

Full Name (Last, First, Middle Initial)

**C. Jessica Grounds**

Mailing Address 1717 Bay St SE

City Washington State DC Zip Code 20003-1647

Purpose of Disbursement  
Salary; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 15 / 2015

**Transaction ID : VN7F49TYED8**

Amount of Each Disbursement this Period

2564.49

[MEMO ITEM]

\*

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**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"/> 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 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. Christopher Guerrero</b>		Date of Disbursement MM / DD / YYYY 02 / 15 / 2015
Mailing Address 1325 15th St NW		<b>Transaction ID : VN7F49TYEE6</b>
City Washington	State DC	
Zip Code 20005-2941	Purpose of Disbursement Salary; IE Only Account	Amount of Each Disbursement this Period 1903.52
Candidate Name	Category/ Type	<b>[MEMO ITEM]</b> *
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>B. Kirby A. Hoag</b>		Date of Disbursement MM / DD / YYYY 02 / 15 / 2015
Mailing Address 2011 N Upton St		<b>Transaction ID : VN7F49TYEF3</b>
City Arlington	State VA	
Zip Code 22207-2326	Purpose of Disbursement Salary; IE Only Account	Amount of Each Disbursement this Period 2227.70
Candidate Name	Category/ Type	<b>[MEMO ITEM]</b> *
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. Quentin James</b>		Date of Disbursement MM / DD / YYYY 02 / 15 / 2015
Mailing Address 3110 Mount Vernon Ave Apt 220		<b>Transaction ID : VN7F49TYEG1</b>
City Alexandria	State VA	
Zip Code 22305	Purpose of Disbursement Salary; IE Only Account	Amount of Each Disbursement this Period 1952.33
Candidate Name	Category/ Type	<b>[MEMO ITEM]</b> *
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	0.00
<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"/> 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 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)

**A. Eric L Jeng**

Mailing Address 1436 Meridian PI NW  
Apt 406

City Washington State DC Zip Code 20010-1935

Purpose of Disbursement  
Salary; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : VN7F49TYEH9**

Amount of Each Disbursement this Period

[MEMO ITEM]

\*

Full Name (Last, First, Middle Initial)

**B. Gabriella Kahn**

Mailing Address 7808 Town Gate PI

City Bethesda State MD Zip Code 20817-4119

Purpose of Disbursement  
Salary; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : VN7F49TYEJ7**

Amount of Each Disbursement this Period

[MEMO ITEM]

\*

Full Name (Last, First, Middle Initial)

**C. Alissa Li-Tsu Ko**

Mailing Address 425 L St NW  
Apt 609

City Washington State DC Zip Code 20001-2599

Purpose of Disbursement  
Salary; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : VN7F49TYEK5**

Amount of Each Disbursement this Period

[MEMO ITEM]

\*

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** 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"/> 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 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)

**A. Samantha Levison**

Mailing Address 1761 T St NW  
Lower Apartment

City Washington State DC Zip Code 20009

Purpose of Disbursement  
Salary; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	15	/	2015

Transaction ID : VN7F49TYEM3

Amount of Each Disbursement this Period

1107.15
---------

[MEMO ITEM]

\*

Full Name (Last, First, Middle Initial)

**B. Ian Francisco Leviste**

Mailing Address 26762 Claudette St  
Unit 424

City Santa Clarita State CA Zip Code 91351-5586

Purpose of Disbursement  
Salary; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	15	/	2015

Transaction ID : VN7F49TYEN1

Amount of Each Disbursement this Period

1318.86
---------

[MEMO ITEM]

\*

Full Name (Last, First, Middle Initial)

**C. Jane Miller**

Mailing Address 2105 N Glebe Rd  
Unit 1324

City Arlington State VA Zip Code 22207-2238

Purpose of Disbursement  
Salary; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	15	/	2015

Transaction ID : VN7F49TYEP9

Amount of Each Disbursement this Period

1243.80
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[MEMO ITEM]

\*

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00
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**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"/> 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 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)

**A. Sara E Moe**

Mailing Address 1200 Elm St  
Unit 518

City Manchester State NH Zip Code 03101-2531

Purpose of Disbursement  
Salary; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 15 / 2015

Transaction ID : VN7F49TYEQ7

Amount of Each Disbursement this Period

1462.21

[MEMO ITEM]

\*

Full Name (Last, First, Middle Initial)

**B. Adam J Parkhomenko**

Mailing Address 2011 N Upton St

City Arlington State VA Zip Code 22207

Purpose of Disbursement  
Salary; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 15 / 2015

Transaction ID : VN7F49TYER5

Amount of Each Disbursement this Period

3263.45

[MEMO ITEM]

\*

Full Name (Last, First, Middle Initial)

**C. Rachel Schneider**

Mailing Address 2401 Calvert St NW  
Apt 916

City Washington State DC Zip Code 20008-2678

Purpose of Disbursement  
Salary; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 15 / 2015

Transaction ID : VN7F49TYES2

Amount of Each Disbursement this Period

1821.48

[MEMO ITEM]

\*

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00



**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"/> 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 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. Connor Shaw</b>		Date of Disbursement MM / DD / YYYY 02 / 15 / 2015
Mailing Address 313 Hume Ave		<b>Transaction ID : VN7F49TYET0</b>
City Arlington	State VA	
Zip Code 22209	Purpose of Disbursement Salary; IE Only Account	Amount of Each Disbursement this Period 1202.73
Candidate Name	Category/Type	<b>[MEMO ITEM]</b> *
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>B. Alexandra Smith</b>		Date of Disbursement MM / DD / YYYY 02 / 15 / 2015
Mailing Address 1530 16th St NW Apt 703		<b>Transaction ID : VN7F49TYEV8</b>
City Washington	State DC	
Zip Code 20036	Purpose of Disbursement Salary; IE Only Account	Amount of Each Disbursement this Period 1821.48
Candidate Name	Category/Type	<b>[MEMO ITEM]</b> *
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. Nicole Titus</b>		Date of Disbursement MM / DD / YYYY 02 / 15 / 2015
Mailing Address 1930 Columbia Rd NW Apt 421		<b>Transaction ID : VN7F49TYEW6</b>
City Arlington	State VA	
Zip Code 22206	Purpose of Disbursement Salary; IE Only Account	Amount of Each Disbursement this Period 2736.30
Candidate Name	Category/Type	<b>[MEMO ITEM]</b> *
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	0.00
<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"/> 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 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. Evan Howard Wessel</b>		Date of Disbursement MM / DD / YYYY 02 / 15 / 2015
Mailing Address 324 Chapman Way		<b>Transaction ID : VN7F49TYEX4</b>
City Falls Church	State VA Zip Code 22042	
Purpose of Disbursement Salary; IE Only Account	Candidate Name	Amount of Each Disbursement this Period 1065.84
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:	Category/Type	<b>[MEMO ITEM]</b> *

Full Name (Last, First, Middle Initial) <b>B. Paychex</b>		Date of Disbursement MM / DD / YYYY 03 / 01 / 2015
Mailing Address 3060 Williams Dr Ste 200		<b>Transaction ID : VN7F49TYFY5</b>
City Fairfax	State VA Zip Code 22031-4627	
Purpose of Disbursement Workers Compensation Premium; IE Only Account	Candidate Name	Amount of Each Disbursement this Period 163.09
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:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. Paychex</b>		Date of Disbursement MM / DD / YYYY 03 / 01 / 2015
Mailing Address 3060 Williams Dr Ste 200		<b>Transaction ID : VN7F49TYFZ3</b>
City Fairfax	State VA Zip Code 22031-4627	
Purpose of Disbursement Payroll Taxes; IE Only Account	Candidate Name	Amount of Each Disbursement this Period 26672.11
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:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	26835.20
<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"/> 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 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)

**A. Paychex**

Mailing Address 3060 Williams Dr  
Ste 200

City Fairfax State VA Zip Code 22031-4627

Purpose of Disbursement  
Payroll; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 01 / 2015

**Transaction ID : VN7F49TYG01**

Amount of Each Disbursement this Period

53255.22

Full Name (Last, First, Middle Initial)

**B. Kareem Absolu**

Mailing Address 181 Maple St

City Roselle Park State NJ Zip Code 07204-1362

Purpose of Disbursement  
Salary; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 01 / 2015

**Transaction ID : VN7F49TYG18**

Amount of Each Disbursement this Period

1476.09

**[MEMO ITEM]**  
\*

Full Name (Last, First, Middle Initial)

**C. Joanne Antoine**

Mailing Address 9129 Edmonston Ter  
Apt 303

City Greenbelt State MD Zip Code 20770-4562

Purpose of Disbursement  
Salary; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 01 / 2015

**Transaction ID : VN7F49TYG26**

Amount of Each Disbursement this Period

1649.64

**[MEMO ITEM]**  
\*

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

53255.22

# 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"/> 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 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)

### A. Neisha Blandin

Mailing Address 2511 Q St NW  
Apt 306

City Washington State DC Zip Code 20007

Purpose of Disbursement  
Salary; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		01		2015

Transaction ID : VN7F49TYG34

Amount of Each Disbursement this Period

1654.09
---------

[MEMO ITEM]

\*

Full Name (Last, First, Middle Initial)

### B. Mary Gracie Brandsgard

Mailing Address 1205 Broad St

City Grinnell State IA Zip Code 50112-1663

Purpose of Disbursement  
Salary; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		01		2015

Transaction ID : VN7F49TYG42

Amount of Each Disbursement this Period

1130.84
---------

[MEMO ITEM]

\*

Full Name (Last, First, Middle Initial)

### C. Seth Bringman

Mailing Address 1143 Harrison Ave

City Columbus State OH Zip Code 43201

Purpose of Disbursement  
Salary; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		01		2015

Transaction ID : VN7F49TYG50

Amount of Each Disbursement this Period

2737.44
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[MEMO ITEM]

\*

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00
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**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"/> 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 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)

**A. Iran Campana**

Mailing Address 6817 Long Needle Ct

City Orlando State FL Zip Code 32822-3089

Purpose of Disbursement  
Salary; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	1		2	0	1	5

**Transaction ID : VN7F49TYG68**

Amount of Each Disbursement this Period

1	3	8	5	.	2	5
---	---	---	---	---	---	---

**[MEMO ITEM]**

\*

Full Name (Last, First, Middle Initial)

**B. Lisa Changadveja**

Mailing Address 2420 16th St NW  
Apt 414

City Washington State DC Zip Code 20009-3504

Purpose of Disbursement  
Salary; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	1		2	0	1	5

**Transaction ID : VN7F49TYG76**

Amount of Each Disbursement this Period

1	9	9	6	.	7	0
---	---	---	---	---	---	---

**[MEMO ITEM]**

\*

Full Name (Last, First, Middle Initial)

**C. China Dickerson**

Mailing Address 3574 13th St NW

City Washington State DC Zip Code 20010

Purpose of Disbursement  
Salary; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	1		2	0	1	5

**Transaction ID : VN7F49TYG84**

Amount of Each Disbursement this Period

1	4	7	8	.	0	7
---	---	---	---	---	---	---

**[MEMO ITEM]**

\*

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0	0	0	0	.	0	0
---	---	---	---	---	---	---

0	0	0	0	.	0	0
---	---	---	---	---	---	---

**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"/> 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 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. Amy Celeste Drummond</b>		Date of Disbursement MM / DD / YYYY 03 / 01 / 2015
Mailing Address 104 Roberts Ln Apt 401		<b>Transaction ID : VN7F49TYG92</b>
City Alexandria	State VA	
Purpose of Disbursement Salary; IE Only Account		Amount of Each Disbursement this Period 2186.04
Candidate Name		<b>[MEMO ITEM]</b> *
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:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Sean England</b>		Date of Disbursement MM / DD / YYYY 03 / 01 / 2015
Mailing Address 334 Maryland Ave NE		<b>Transaction ID : VN7F49TYGA0</b>
City Washington	State DC	
Purpose of Disbursement Salary; IE Only Account		Amount of Each Disbursement this Period 1127.72
Candidate Name		<b>[MEMO ITEM]</b> *
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:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. Hans P Goff</b>		Date of Disbursement MM / DD / YYYY 03 / 01 / 2015
Mailing Address 2637 Astwood Ct		<b>Transaction ID : VN7F49TYGB7</b>
City Matlacha Isles	State FL	
Purpose of Disbursement Salary; IE Only Account		Amount of Each Disbursement this Period 2344.72
Candidate Name		<b>[MEMO ITEM]</b> *
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:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	0.00
<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"/> 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 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)

**A. Amy Gray**

Mailing Address 49392 Limestone Dr

City Macomb State MI Zip Code 48044-1776

Purpose of Disbursement  
Salary; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : VN7F49TYGC5**

Amount of Each Disbursement this Period

**[MEMO ITEM]**

\*

Full Name (Last, First, Middle Initial)

**B. Jessica Grounds**

Mailing Address 1717 Bay St SE

City Washington State DC Zip Code 20003-1647

Purpose of Disbursement  
Salary; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : VN7F49TYGD3**

Amount of Each Disbursement this Period

**[MEMO ITEM]**

\*

Full Name (Last, First, Middle Initial)

**C. Christopher Guerrero**

Mailing Address 1325 15th St NW

City Washington State DC Zip Code 20005-2941

Purpose of Disbursement  
Salary; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : VN7F49TYGE1**

Amount of Each Disbursement this Period

**[MEMO ITEM]**

\*

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** 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"/> 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 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)

**A. Kirby A. Hoag**

Mailing Address 2011 N Upton St

City Arlington State VA Zip Code 22207-2326

Purpose of Disbursement  
Salary; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			0	1			2	0	1	5		

**Transaction ID : VN7F49TYGF9**

Amount of Each Disbursement this Period

2	2	2	7	.	7	0
---	---	---	---	---	---	---

[MEMO ITEM]

\*

Full Name (Last, First, Middle Initial)

**B. Quentin James**

Mailing Address 3110 Mount Vernon Ave  
Apt 220

City Alexandria State VA Zip Code 22305

Purpose of Disbursement  
Salary; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			0	1			2	0	1	5		

**Transaction ID : VN7F49TYGG5**

Amount of Each Disbursement this Period

1	9	5	2	.	3	3
---	---	---	---	---	---	---

[MEMO ITEM]

\*

Full Name (Last, First, Middle Initial)

**C. Eric L Jeng**

Mailing Address 1436 Meridian PI NW  
Apt 406

City Washington State DC Zip Code 20010-1935

Purpose of Disbursement  
Salary; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			0	1			2	0	1	5		

**Transaction ID : VN7F49TYGH3**

Amount of Each Disbursement this Period

1	5	0	6	.	1	3
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[MEMO ITEM]

\*

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0	0	0
---	---	---

0	0	0
---	---	---



**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"/> 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 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. Gabriella Kahn</b>		Date of Disbursement MM / DD / YYYY 03 / 01 / 2015
Mailing Address 7808 Town Gate Pl		<b>Transaction ID : VN7F49TYGJ1</b>
City Bethesda	State MD	
Zip Code 20817-4119	Purpose of Disbursement Salary; IE Only Account	Amount of Each Disbursement this Period 1433.74
Candidate Name	Category/Type	<b>[MEMO ITEM]</b> *
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>B. Alissa Li-Tsu Ko</b>		Date of Disbursement MM / DD / YYYY 03 / 01 / 2015
Mailing Address 425 L St NW Apt 609		<b>Transaction ID : VN7F49TYGK9</b>
City Washington	State DC	
Zip Code 20001-2599	Purpose of Disbursement Salary; IE Only Account	Amount of Each Disbursement this Period 2705.34
Candidate Name	Category/Type	<b>[MEMO ITEM]</b> *
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. Samantha Levison</b>		Date of Disbursement MM / DD / YYYY 03 / 01 / 2015
Mailing Address 1761 T St NW Lower Apartment		<b>Transaction ID : VN7F49TYGM7</b>
City Washington	State DC	
Zip Code 20009	Purpose of Disbursement Salary; IE Only Account	Amount of Each Disbursement this Period 1107.16
Candidate Name	Category/Type	<b>[MEMO ITEM]</b> *
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	0.00
<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"/> 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 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)

**A. Ian Francisco Leviste**

Mailing Address 26762 Claudette St  
Unit 424

City Santa Clarita State CA Zip Code 91351-5586

Purpose of Disbursement  
Salary; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	1		2	0	1	5

**Transaction ID : VN7F49TYGN4**

Amount of Each Disbursement this Period

1	3	1	8	.	8	7
---	---	---	---	---	---	---

**[MEMO ITEM]**

\*

Full Name (Last, First, Middle Initial)

**B. Jane Miller**

Mailing Address 2105 N Glebe Rd  
Unit 1324

City Arlington State VA Zip Code 22207-2238

Purpose of Disbursement  
Salary; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	1		2	0	1	5

**Transaction ID : VN7F49TYGP2**

Amount of Each Disbursement this Period

1	2	4	3	.	8	0
---	---	---	---	---	---	---

**[MEMO ITEM]**

\*

Full Name (Last, First, Middle Initial)

**C. Sara E Moe**

Mailing Address 1200 Elm St  
Unit 518

City Manchester State NH Zip Code 03101-2531

Purpose of Disbursement  
Salary; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	1		2	0	1	5

**Transaction ID : VN7F49TYGQ0**

Amount of Each Disbursement this Period

1	4	6	2	.	2	2
---	---	---	---	---	---	---

**[MEMO ITEM]**

\*

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0	0	0
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0	0	0
---	---	---

**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"/> 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 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. Adam J Parkhomenko</b>		Date of Disbursement MM / DD / YYYY 03 / 01 / 2015
Mailing Address 2011 N Upton St		<b>Transaction ID : VN7F49TYGR8</b>
City Arlington	State VA	
Zip Code 22207	Purpose of Disbursement Salary; IE Only Account	Amount of Each Disbursement this Period 3263.45
Candidate Name	Category/Type	<b>[MEMO ITEM]</b> *
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>B. Rachel Schneider</b>		Date of Disbursement MM / DD / YYYY 03 / 01 / 2015
Mailing Address 2401 Calvert St NW Apt 916		<b>Transaction ID : VN7F49TYGS6</b>
City Washington	State DC	
Zip Code 20008-2678	Purpose of Disbursement Salary; IE Only Account	Amount of Each Disbursement this Period 1821.48
Candidate Name	Category/Type	<b>[MEMO ITEM]</b> *
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. Connor Shaw</b>		Date of Disbursement MM / DD / YYYY 03 / 01 / 2015
Mailing Address 313 Hume Ave		<b>Transaction ID : VN7F49TYGT4</b>
City Arlington	State VA	
Zip Code 22209	Purpose of Disbursement Salary; IE Only Account	Amount of Each Disbursement this Period 1202.73
Candidate Name	Category/Type	<b>[MEMO ITEM]</b> *
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	0.00
<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"/> 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 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)

**A. Alexandra Smith**

Mailing Address 1530 16th St NW  
Apt 703

City Washington State DC Zip Code 20036

Purpose of Disbursement  
Salary; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
03 / 01 / 2015

**Transaction ID : VN7F49TYGV2**

Amount of Each Disbursement this Period

1821.48

[MEMO ITEM]

\*

Full Name (Last, First, Middle Initial)

**B. Nicole Titus**

Mailing Address 1930 Columbia Rd NW  
Apt 421

City Arlington State VA Zip Code 22206

Purpose of Disbursement  
Salary; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
03 / 01 / 2015

**Transaction ID : VN7F49TYGW0**

Amount of Each Disbursement this Period

2736.30

[MEMO ITEM]

\*

Full Name (Last, First, Middle Initial)

**C. Evan Howard Wessel**

Mailing Address 324 Chapman Way

City Falls Church State VA Zip Code 22042

Purpose of Disbursement  
Salary; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
03 / 01 / 2015

**Transaction ID : VN7F49TYGX8**

Amount of Each Disbursement this Period

1065.85

[MEMO ITEM]

\*

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**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"/> 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 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)

**A. Paychex**

Mailing Address 3060 Williams Dr  
Ste 200

City Fairfax State VA Zip Code 22031-4627

Purpose of Disbursement  
Payroll Taxes; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : VN7F49TYHZ6**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Paychex**

Mailing Address 3060 Williams Dr  
Ste 200

City Fairfax State VA Zip Code 22031-4627

Purpose of Disbursement  
Workers Compensation Premium; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : VN7F49TYJ04**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Paychex**

Mailing Address 3060 Williams Dr  
Ste 200

City Fairfax State VA Zip Code 22031-4627

Purpose of Disbursement  
Payroll; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : VN7F49TYJ12**

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** 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"/> 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 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. Andrew Simpson</b>		Date of Disbursement MM / DD / YYYY 03 / 01 / 2015
Mailing Address 104 13th St SE		<b>Transaction ID : VN7F49TYJ20</b>
City Washington	State DC	
Zip Code 20003-1458		Amount of Each Disbursement this Period 1876.94
Purpose of Disbursement Salary; IE Only Account	Category/Type	<b>[MEMO ITEM]</b> *
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>B. Paychex</b>		Date of Disbursement MM / DD / YYYY 03 / 03 / 2015
Mailing Address 3060 Williams Dr Ste 200		<b>Transaction ID : VN7F49V3NH5</b>
City Fairfax	State VA	
Zip Code 22031-4627		Amount of Each Disbursement this Period 173.90
Purpose of Disbursement Payroll Service Fee-IE Only Account	Category/Type	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>		Date of Disbursement MM / DD / YYYY 03 / 15 / 2015
Mailing Address 3060 Williams Dr Ste 200		<b>Transaction ID : VN7F49TYGY6</b>
City Fairfax	State VA	
Zip Code 22031-4627		Amount of Each Disbursement this Period 165.24
Purpose of Disbursement Workers Compensation Premium; IE Only Account	Category/Type	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	339.14
<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"/> 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 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)

### A. Paychex

Mailing Address 3060 Williams Dr  
Ste 200

City Fairfax State VA Zip Code 22031-4627

Purpose of Disbursement  
Payroll Taxes; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	5		2	0	1	5

Transaction ID : VN7F49TYGZ3

Amount of Each Disbursement this Period

2	7	1	9	6	.	1	8
---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

### B. Paychex

Mailing Address 3060 Williams Dr  
Ste 200

City Fairfax State VA Zip Code 22031-4627

Purpose of Disbursement  
Payroll; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	5		2	0	1	5

Transaction ID : VN7F49TYH01

Amount of Each Disbursement this Period

5	5	1	3	2	.	0	8
---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

### C. Kareem Absolu

Mailing Address 181 Maple St

City Roselle Park State NJ Zip Code 07204-1362

Purpose of Disbursement  
Salary; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	5		2	0	1	5

Transaction ID : VN7F49TYH19

Amount of Each Disbursement this Period

1	4	7	6	.	0	9
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[MEMO ITEM]

\*

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

8	2	3	2	8	.	2	6
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**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"/> 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 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. Joanne Antoine</b>		Date of Disbursement MM / DD / YYYY 03 / 15 / 2015
Mailing Address 9129 Edmonston Ter Apt 303		<b>Transaction ID : VN7F49TYH27</b>
City Greenbelt State MD Zip Code 20770-4562	Amount of Each Disbursement this Period 1649.64	
Purpose of Disbursement Salary; IE Only Account	Candidate Name	[MEMO ITEM] *
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Neisha Blandin</b>		Date of Disbursement MM / DD / YYYY 03 / 15 / 2015
Mailing Address 2511 Q St NW Apt 306		<b>Transaction ID : VN7F49TYH35</b>
City Washington State DC Zip Code 20007	Amount of Each Disbursement this Period 1654.08	
Purpose of Disbursement Salary; IE Only Account	Candidate Name	[MEMO ITEM] *
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Mary Gracie Brandsgard</b>		Date of Disbursement MM / DD / YYYY 03 / 15 / 2015
Mailing Address 1205 Broad St		<b>Transaction ID : VN7F49TYH43</b>
City Grinnell State IA Zip Code 50112-1663	Amount of Each Disbursement this Period 1130.84	
Purpose of Disbursement Salary; IE Only Account	Candidate Name	[MEMO ITEM] *
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	0.00
<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"/> 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 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)

**A. Seth Bringman**

Mailing Address 1143 Harrison Ave

City Columbus State OH Zip Code 43201

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

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	5		2	0	1	5

**Transaction ID : VN7F49TYH51**

Amount of Each Disbursement this Period

2	7	3	7	.	4	4
---	---	---	---	---	---	---

**[MEMO ITEM]**

\*

Full Name (Last, First, Middle Initial)

**B. Iran Campana**

Mailing Address 6817 Long Needle Ct

City Orlando State FL Zip Code 32822-3089

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

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	5		2	0	1	5

**Transaction ID : VN7F49TYH69**

Amount of Each Disbursement this Period

1	3	8	5	.	2	5
---	---	---	---	---	---	---

**[MEMO ITEM]**

\*

Full Name (Last, First, Middle Initial)

**C. Lisa Changdveja**

Mailing Address 2420 16th St NW  
Apt 414

City Washington State DC Zip Code 20009-3504

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

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	5		2	0	1	5

**Transaction ID : VN7F49TYH77**

Amount of Each Disbursement this Period

1	9	9	6	.	6	9
---	---	---	---	---	---	---

**[MEMO ITEM]**

\*

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0	0	0	0	.	0	0
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0	0	0	0	.	0	0
---	---	---	---	---	---	---

**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"/> 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 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)

**A. China Dickerson**

Mailing Address 3574 13th St NW

City Washington State DC Zip Code 20010

Purpose of Disbursement  
Salary; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			1	5			2	0	1	5		

Transaction ID : VN7F49TYH85

Amount of Each Disbursement this Period

1	4	7	8	.	0	7
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[MEMO ITEM]

\*

Full Name (Last, First, Middle Initial)

**B. Amy Celeste Drummond**

Mailing Address 104 Roberts Ln  
Apt 401

City Alexandria State VA Zip Code 22314-4620

Purpose of Disbursement  
Salary; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			1	5			2	0	1	5		

Transaction ID : VN7F49TYH92

Amount of Each Disbursement this Period

2	1	8	6	.	0	4
---	---	---	---	---	---	---

[MEMO ITEM]

\*

Full Name (Last, First, Middle Initial)

**C. Sean England**

Mailing Address 334 Maryland Ave NE

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Salary; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			1	5			2	0	1	5		

Transaction ID : VN7F49TYHA0

Amount of Each Disbursement this Period

1	1	2	7	.	7	1
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[MEMO ITEM]

\*

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0	0	0	0	.	0	0
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0	0	0	0	.	0	0
---	---	---	---	---	---	---

**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"/> 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 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)

**A. Hans P Goff**

Mailing Address 2637 Astwood Ct

City Matlacha Isles State FL Zip Code 33991-3162

Purpose of Disbursement  
Salary; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	15	/	2015

**Transaction ID : VN7F49TYHB8**

Amount of Each Disbursement this Period

2344.72
---------

**[MEMO ITEM]**

\*

Full Name (Last, First, Middle Initial)

**B. Amy Gray**

Mailing Address 49392 Limestone Dr

City Macomb State MI Zip Code 48044-1776

Purpose of Disbursement  
Salary; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	15	/	2015

**Transaction ID : VN7F49TYHC6**

Amount of Each Disbursement this Period

2752.02
---------

**[MEMO ITEM]**

\*

Full Name (Last, First, Middle Initial)

**C. Jessica Grounds**

Mailing Address 1717 Bay St SE

City Washington State DC Zip Code 20003-1647

Purpose of Disbursement  
Salary; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	15	/	2015

**Transaction ID : VN7F49TYHD4**

Amount of Each Disbursement this Period

2564.49
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**[MEMO ITEM]**

\*

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00
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**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"/> 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 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. Christopher Guerrero</b>		Date of Disbursement MM / DD / YYYY 03 / 15 / 2015
Mailing Address 1325 15th St NW		<b>Transaction ID : VN7F49TYHE2</b>
City Washington State DC Zip Code 20005-2941	Amount of Each Disbursement this Period 1903.53	
Purpose of Disbursement Salary; IE Only Account	Candidate Name	[MEMO ITEM] *
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:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Kirby A. Hoag</b>		Date of Disbursement MM / DD / YYYY 03 / 15 / 2015
Mailing Address 2011 N Upton St		<b>Transaction ID : VN7F49TYHF0</b>
City Arlington State VA Zip Code 22207-2326	Amount of Each Disbursement this Period 2227.70	
Purpose of Disbursement Salary; IE Only Account	Candidate Name	[MEMO ITEM] *
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:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. Quentin James</b>		Date of Disbursement MM / DD / YYYY 03 / 15 / 2015
Mailing Address 3110 Mount Vernon Ave Apt 220		<b>Transaction ID : VN7F49TYHG8</b>
City Alexandria State VA Zip Code 22305	Amount of Each Disbursement this Period 1952.33	
Purpose of Disbursement Salary; IE Only Account	Candidate Name	[MEMO ITEM] *
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:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional)..... ▶	0.00
<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"/> 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 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)

**A. Eric L Jeng**

Mailing Address 1436 Meridian PI NW  
Apt 406

City Washington State DC Zip Code 20010-1935

Purpose of Disbursement  
Salary; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : VN7F49TYHH6**

Amount of Each Disbursement this Period

[MEMO ITEM]

\*

Full Name (Last, First, Middle Initial)

**B. Gabriella Kahn**

Mailing Address 7808 Town Gate PI

City Bethesda State MD Zip Code 20817-4119

Purpose of Disbursement  
Salary; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : VN7F49TYHJ4**

Amount of Each Disbursement this Period

[MEMO ITEM]

\*

Full Name (Last, First, Middle Initial)

**C. Alissa Li-Tsu Ko**

Mailing Address 425 L St NW  
Apt 609

City Washington State DC Zip Code 20001-2599

Purpose of Disbursement  
Salary; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : VN7F49TYHK1**

Amount of Each Disbursement this Period

[MEMO ITEM]

\*

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** 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"/> 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 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. Samantha Levison</b>		Date of Disbursement MM / DD / YYYY 03 / 15 / 2015
Mailing Address 1761 T St NW Lower Apartment		<b>Transaction ID : VN7F49TYHM9</b>
City Washington	State DC	
Zip Code 20009	Purpose of Disbursement Salary; IE Only Account	Amount of Each Disbursement this Period 1107.15
Candidate Name	Category/Type	<b>[MEMO ITEM]</b> *
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>B. Ian Francisco Leviste</b>		Date of Disbursement MM / DD / YYYY 03 / 15 / 2015
Mailing Address 26762 Claudette St Unit 424		<b>Transaction ID : VN7F49TYHN7</b>
City Santa Clarita	State CA	
Zip Code 91351-5586	Purpose of Disbursement Salary; IE Only Account	Amount of Each Disbursement this Period 1318.86
Candidate Name	Category/Type	<b>[MEMO ITEM]</b> *
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. Jane Miller</b>		Date of Disbursement MM / DD / YYYY 03 / 15 / 2015
Mailing Address 2105 N Glebe Rd Unit 1324		<b>Transaction ID : VN7F49TYHP5</b>
City Arlington	State VA	
Zip Code 22207-2238	Purpose of Disbursement Salary; IE Only Account	Amount of Each Disbursement this Period 1243.80
Candidate Name	Category/Type	<b>[MEMO ITEM]</b> *
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	0.00
<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"/> 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 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)

**A. Sara E Moe**

Mailing Address 1200 Elm St  
Unit 518

City Manchester State NH Zip Code 03101-2531

Purpose of Disbursement  
Salary; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	15	/	2015

**Transaction ID : VN7F49TYHQ3**

Amount of Each Disbursement this Period

1462.21
---------

**[MEMO ITEM]**

\*

Full Name (Last, First, Middle Initial)

**B. Adam J Parkhomenko**

Mailing Address 2011 N Upton St

City Arlington State VA Zip Code 22207

Purpose of Disbursement  
Salary; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	15	/	2015

**Transaction ID : VN7F49TYHR1**

Amount of Each Disbursement this Period

3263.45
---------

**[MEMO ITEM]**

\*

Full Name (Last, First, Middle Initial)

**C. Rachel Schneider**

Mailing Address 2401 Calvert St NW  
Apt 916

City Washington State DC Zip Code 20008-2678

Purpose of Disbursement  
Salary; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	15	/	2015

**Transaction ID : VN7F49TYHS9**

Amount of Each Disbursement this Period

1821.48
---------

**[MEMO ITEM]**

\*

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00
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**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"/> 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 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)

**A. Connor Shaw**

Mailing Address 313 Hume Ave

City Arlington State VA Zip Code 22209

Purpose of Disbursement  
Salary; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	5		2	0	1	5

**Transaction ID : VN7F49TYHT7**

Amount of Each Disbursement this Period

1	2	0	2	7	3
---	---	---	---	---	---

**[MEMO ITEM]**

\*

Full Name (Last, First, Middle Initial)

**B. Andrew Simpson**

Mailing Address 104 13th St SE

City Washington State DC Zip Code 20003-1458

Purpose of Disbursement  
Salary; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	5		2	0	1	5

**Transaction ID : VN7F49TYHV5**

Amount of Each Disbursement this Period

1	8	7	6	9	5
---	---	---	---	---	---

**[MEMO ITEM]**

\*

Full Name (Last, First, Middle Initial)

**C. Alexandra Smith**

Mailing Address 1530 16th St NW  
Apt 703

City Washington State DC Zip Code 20036

Purpose of Disbursement  
Salary; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	5		2	0	1	5

**Transaction ID : VN7F49TYHW3**

Amount of Each Disbursement this Period

1	8	2	1	4	8
---	---	---	---	---	---

**[MEMO ITEM]**

\*

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0	0	0
---	---	---

0	0	0
---	---	---



**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"/> 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 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)

**A. Nicole Titus**

Mailing Address 1930 Columbia Rd NW  
Apt 421

City Arlington State VA Zip Code 22206

Purpose of Disbursement  
Salary; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	5		2	0	1	5

Transaction ID : VN7F49TYHX0

Amount of Each Disbursement this Period

2	7	3	6	.	3	0
---	---	---	---	---	---	---

[MEMO ITEM]

\*

Full Name (Last, First, Middle Initial)

**B. Evan Howard Wessel**

Mailing Address 324 Chapman Way

City Falls Church State VA Zip Code 22042

Purpose of Disbursement  
Salary; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	5		2	0	1	5

Transaction ID : VN7F49TYHY8

Amount of Each Disbursement this Period

1	0	6	5	.	8	4
---	---	---	---	---	---	---

[MEMO ITEM]

\*

Full Name (Last, First, Middle Initial)

**C. Paychex**

Mailing Address 3060 Williams Dr  
Ste 200

City Fairfax State VA Zip Code 22031-4627

Purpose of Disbursement  
Payroll Service Fee-IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	6		2	0	1	5

Transaction ID : VN7F49V3NF9

Amount of Each Disbursement this Period

1	7	6	.	2	5
---	---	---	---	---	---

IE Only Account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

1	7	6	.	2	5
---	---	---	---	---	---

1	7	6	.	2	5
---	---	---	---	---	---

**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"/> 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 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)		Date of Disbursement											
<b>A. Paychex</b>		<table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>03</td> <td></td> <td>31</td> <td></td> <td>2015</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	03		31		2015
M M M	/	D D D	/	Y Y Y Y Y Y									
03		31		2015									
Mailing Address 3060 Williams Dr Ste 200		<b>Transaction ID : VN7F49TYJD7</b>											
City Fairfax	State VA	Zip Code 22031-4627	Amount of Each Disbursement this Period										
Purpose of Disbursement Workers Compensation Premium; IE Only Account		<input type="checkbox"/>	<input type="text" value="157.98"/>										
Candidate Name		Category/Type											
Office Sought:	Disbursement For:												
<input type="checkbox"/> House	<input type="checkbox"/> Primary <input type="checkbox"/> General												
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼												
<input type="checkbox"/> President													
State: District:													

Full Name (Last, First, Middle Initial)		Date of Disbursement											
<b>B. Paychex</b>		<table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>03</td> <td></td> <td>31</td> <td></td> <td>2015</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	03		31		2015
M M M	/	D D D	/	Y Y Y Y Y Y									
03		31		2015									
Mailing Address 3060 Williams Dr Ste 200		<b>Transaction ID : VN7F49TYJE5</b>											
City Fairfax	State VA	Zip Code 22031-4627	Amount of Each Disbursement this Period										
Purpose of Disbursement Payroll Taxes; IE Only Account		<input type="checkbox"/>	<input type="text" value="25891.74"/>										
Candidate Name		Category/Type											
Office Sought:	Disbursement For:												
<input type="checkbox"/> House	<input type="checkbox"/> Primary <input type="checkbox"/> General												
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼												
<input type="checkbox"/> President													
State: District:													

Full Name (Last, First, Middle Initial)		Date of Disbursement											
<b>C. Paychex</b>		<table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>03</td> <td></td> <td>31</td> <td></td> <td>2015</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	03		31		2015
M M M	/	D D D	/	Y Y Y Y Y Y									
03		31		2015									
Mailing Address 3060 Williams Dr Ste 200		<b>Transaction ID : VN7F49TYJF3</b>											
City Fairfax	State VA	Zip Code 22031-4627	Amount of Each Disbursement this Period										
Purpose of Disbursement Payroll; IE Only Account		<input type="checkbox"/>	<input type="text" value="53777.32"/>										
Candidate Name		Category/Type											
Office Sought:	Disbursement For:												
<input type="checkbox"/> House	<input type="checkbox"/> Primary <input type="checkbox"/> General												
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼												
<input type="checkbox"/> President													
State: District:													

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	<input type="text" value="79827.04"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**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"/> 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 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)

**A. Kareem Absolu**

Mailing Address 181 Maple St

City Roselle Park State NJ Zip Code 07204-1362

Purpose of Disbursement  
Salary; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 31 / 2015

Transaction ID : VN7F49TYJG1

Amount of Each Disbursement this Period

1383.18

[MEMO ITEM]

\*

Full Name (Last, First, Middle Initial)

**B. Joanne Antoine**

Mailing Address 9129 Edmonston Ter  
Apt 303

City Greenbelt State MD Zip Code 20770-4562

Purpose of Disbursement  
Salary; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 31 / 2015

Transaction ID : VN7F49TYJH8

Amount of Each Disbursement this Period

1649.64

[MEMO ITEM]

\*

Full Name (Last, First, Middle Initial)

**C. Neisha Blandin**

Mailing Address 2511 Q St NW  
Apt 306

City Washington State DC Zip Code 20007

Purpose of Disbursement  
Salary; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 31 / 2015

Transaction ID : VN7F49TYJJ6

Amount of Each Disbursement this Period

1654.09

[MEMO ITEM]

\*

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**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"/> 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 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)

**A. Mary Gracie Brandsgard**

Mailing Address 1205 Broad St

City Grinnell State IA Zip Code 50112-1663

Purpose of Disbursement  
Salary; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		31		2015

Transaction ID : VN7F49TYJK4

Amount of Each Disbursement this Period

1130.84
---------

[MEMO ITEM]

\*

Full Name (Last, First, Middle Initial)

**B. Seth Bringman**

Mailing Address 1143 Harrison Ave

City Columbus State OH Zip Code 43201

Purpose of Disbursement  
Salary; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		31		2015

Transaction ID : VN7F49TYJM2

Amount of Each Disbursement this Period

2737.44
---------

[MEMO ITEM]

\*

Full Name (Last, First, Middle Initial)

**C. Iran Campana**

Mailing Address 6817 Long Needle Ct

City Orlando State FL Zip Code 32822-3089

Purpose of Disbursement  
Salary; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		31		2015

Transaction ID : VN7F49TYJN0

Amount of Each Disbursement this Period

1385.25
---------

[MEMO ITEM]

\*

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00
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**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"/> 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 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)

**A. Lisa Changadveja**

Mailing Address 2420 16th St NW  
Apt 414

City Washington State DC Zip Code 20009-3504

Purpose of Disbursement  
Salary; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	31	/	2015

**Transaction ID : VN7F49TYJP8**

Amount of Each Disbursement this Period

1996.70
---------

**[MEMO ITEM]**

\*

Full Name (Last, First, Middle Initial)

**B. China Dickerson**

Mailing Address 3574 13th St NW

City Washington State DC Zip Code 20010

Purpose of Disbursement  
Salary; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	31	/	2015

**Transaction ID : VN7F49TYJQ6**

Amount of Each Disbursement this Period

1478.07
---------

**[MEMO ITEM]**

\*

Full Name (Last, First, Middle Initial)

**C. Amy Celeste Drummond**

Mailing Address 104 Roberts Ln  
Apt 401

City Alexandria State VA Zip Code 22314-4620

Purpose of Disbursement  
Salary; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	31	/	2015

**Transaction ID : VN7F49TYJR4**

Amount of Each Disbursement this Period

2186.03
---------

**[MEMO ITEM]**

\*

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00
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**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"/> 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 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)

**A. Sean England**

Mailing Address 334 Maryland Ave NE

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Salary; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	31	/	2015

Transaction ID : VN7F49TYJS2

Amount of Each Disbursement this Period

1127.72
---------

[MEMO ITEM]

\*

Full Name (Last, First, Middle Initial)

**B. Hans P Goff**

Mailing Address 2637 Astwood Ct

City Matlacha Isles State FL Zip Code 33991-3162

Purpose of Disbursement  
Salary; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	31	/	2015

Transaction ID : VN7F49TYJT0

Amount of Each Disbursement this Period

2344.72
---------

[MEMO ITEM]

\*

Full Name (Last, First, Middle Initial)

**C. Amy Gray**

Mailing Address 49392 Limestone Dr

City Macomb State MI Zip Code 48044-1776

Purpose of Disbursement  
Salary; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	31	/	2015

Transaction ID : VN7F49TYJV7

Amount of Each Disbursement this Period

2752.02
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[MEMO ITEM]

\*

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00
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**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"/> 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 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)

**A. Jessica Grounds**

Mailing Address 1717 Bay St SE

City Washington State DC Zip Code 20003-1647

Purpose of Disbursement  
Salary; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	1	5

Transaction ID : VN7F49TYJW5

Amount of Each Disbursement this Period

2	5	6	4	.	5	0
---	---	---	---	---	---	---

[MEMO ITEM]

\*

Full Name (Last, First, Middle Initial)

**B. Christopher Guerrero**

Mailing Address 1325 15th St NW

City Washington State DC Zip Code 20005-2941

Purpose of Disbursement  
Salary; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	1	5

Transaction ID : VN7F49TYJX3

Amount of Each Disbursement this Period

1	9	0	3	.	5	2
---	---	---	---	---	---	---

[MEMO ITEM]

\*

Full Name (Last, First, Middle Initial)

**C. Kirby A. Hoag**

Mailing Address 2011 N Upton St

City Arlington State VA Zip Code 22207-2326

Purpose of Disbursement  
Salary; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	1	5

Transaction ID : VN7F49TYJY1

Amount of Each Disbursement this Period

2	2	2	7	.	6	9
---	---	---	---	---	---	---

[MEMO ITEM]

\*

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0	0	0	0	.	0	0
---	---	---	---	---	---	---

0	0	0	0	.	0	0
---	---	---	---	---	---	---

**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"/> 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 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)

**A. Quentin James**

Mailing Address 3110 Mount Vernon Ave  
Apt 220

City Alexandria State VA Zip Code 22305

Purpose of Disbursement  
Salary; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 31 / 2015

**Transaction ID : VN7F49TYJZ9**

Amount of Each Disbursement this Period

1952.33

[MEMO ITEM]

\*

Full Name (Last, First, Middle Initial)

**B. Eric L Jeng**

Mailing Address 1436 Meridian PI NW  
Apt 406

City Washington State DC Zip Code 20010-1935

Purpose of Disbursement  
Salary; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 31 / 2015

**Transaction ID : VN7F49TYK07**

Amount of Each Disbursement this Period

1506.12

[MEMO ITEM]

\*

Full Name (Last, First, Middle Initial)

**C. Gabriella Kahn**

Mailing Address 7808 Town Gate PI

City Bethesda State MD Zip Code 20817-4119

Purpose of Disbursement  
Salary; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 31 / 2015

**Transaction ID : VN7F49TYK15**

Amount of Each Disbursement this Period

1433.73

[MEMO ITEM]

\*

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00



# 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"/> 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 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)

### A. Alissa Li-Tsu Ko

Mailing Address 425 L St NW  
Apt 609

City Washington State DC Zip Code 20001-2599

Purpose of Disbursement  
Salary; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	1	5

Transaction ID : VN7F49TYK23

Amount of Each Disbursement this Period

1	4	4	3	.	4	4
---	---	---	---	---	---	---

[MEMO ITEM]

\*

Full Name (Last, First, Middle Initial)

### B. Samantha Levison

Mailing Address 1761 T St NW  
Lower Apartment

City Washington State DC Zip Code 20009

Purpose of Disbursement  
Salary; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	1	5

Transaction ID : VN7F49TYK31

Amount of Each Disbursement this Period

1	1	0	7	.	1	6
---	---	---	---	---	---	---

[MEMO ITEM]

\*

Full Name (Last, First, Middle Initial)

### C. Ian Francisco Leviste

Mailing Address 26762 Claudette St  
Unit 424

City Santa Clarita State CA Zip Code 91351-5586

Purpose of Disbursement  
Salary; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	1	5

Transaction ID : VN7F49TYK49

Amount of Each Disbursement this Period

1	3	1	8	.	8	7
---	---	---	---	---	---	---

[MEMO ITEM]

\*

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

0	0	0	0	.	0	0
---	---	---	---	---	---	---

0	0	0	0	.	0	0
---	---	---	---	---	---	---

**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"/> 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 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)

**A. Jane Miller**

Mailing Address 2105 N Glebe Rd  
Unit 1324

City Arlington State VA Zip Code 22207-2238

Purpose of Disbursement  
Salary; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	31	/	2015

**Transaction ID : VN7F49TYK56**

Amount of Each Disbursement this Period

1243.80
---------

**[MEMO ITEM]**

\*

Full Name (Last, First, Middle Initial)

**B. Sara E Moe**

Mailing Address 1200 Elm St  
Unit 518

City Manchester State NH Zip Code 03101-2531

Purpose of Disbursement  
Salary; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	31	/	2015

**Transaction ID : VN7F49TYK64**

Amount of Each Disbursement this Period

1462.22
---------

**[MEMO ITEM]**

\*

Full Name (Last, First, Middle Initial)

**C. Adam J Parkhomenko**

Mailing Address 2011 N Upton St

City Arlington State VA Zip Code 22207

Purpose of Disbursement  
Salary; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	31	/	2015

**Transaction ID : VN7F49TYK72**

Amount of Each Disbursement this Period

3263.45
---------

**[MEMO ITEM]**

\*

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00
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**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"/> 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 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. Rachel Schneider</b>		Date of Disbursement MM / DD / YYYY 03 / 31 / 2015
Mailing Address 2401 Calvert St NW Apt 916		<b>Transaction ID : VN7F49TYK80</b>
City Washington	State DC	
Zip Code 20008-2678	Purpose of Disbursement Salary; IE Only Account	Amount of Each Disbursement this Period 1821.48
Candidate Name	Category/Type	<b>[MEMO ITEM]</b> *
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>B. Connor Shaw</b>		Date of Disbursement MM / DD / YYYY 03 / 31 / 2015
Mailing Address 313 Hume Ave		<b>Transaction ID : VN7F49TYK98</b>
City Arlington	State VA	
Zip Code 22209	Purpose of Disbursement Salary; IE Only Account	Amount of Each Disbursement this Period 1202.73
Candidate Name	Category/Type	<b>[MEMO ITEM]</b> *
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. Andrew Simpson</b>		Date of Disbursement MM / DD / YYYY 03 / 31 / 2015
Mailing Address 104 13th St SE		<b>Transaction ID : VN7F49TYKA6</b>
City Washington	State DC	
Zip Code 20003-1458	Purpose of Disbursement Salary; IE Only Account	Amount of Each Disbursement this Period 1876.95
Candidate Name	Category/Type	<b>[MEMO ITEM]</b> *
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	0.00
<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"/> 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 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)

**A. Alexandra Smith**

Mailing Address 1530 16th St NW  
Apt 703

City Washington State DC Zip Code 20036

Purpose of Disbursement  
Salary; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	31	/	2015

**Transaction ID : VN7F49TYKB4**

Amount of Each Disbursement this Period

1821.48
---------

[MEMO ITEM]

\*

Full Name (Last, First, Middle Initial)

**B. Nicole Titus**

Mailing Address 1930 Columbia Rd NW  
Apt 421

City Arlington State VA Zip Code 22206

Purpose of Disbursement  
Salary; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	31	/	2015

**Transaction ID : VN7F49TYKC2**

Amount of Each Disbursement this Period

2736.30
---------

[MEMO ITEM]

\*

Full Name (Last, First, Middle Initial)

**C. Evan Howard Wessel**

Mailing Address 324 Chapman Way

City Falls Church State VA Zip Code 22042

Purpose of Disbursement  
Salary; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	31	/	2015

**Transaction ID : VN7F49TYKD0**

Amount of Each Disbursement this Period

1065.85
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[MEMO ITEM]

\*

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00
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**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"/> 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 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)

**A. Paychex**

Mailing Address 3060 Williams Dr  
Ste 200

City Fairfax State VA Zip Code 22031-4627

Purpose of Disbursement  
Payroll Service Fee-IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
03 / 31 / 2015

**Transaction ID : VN7F49V3NG7**

Amount of Each Disbursement this Period

176.25

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Paychex**

Mailing Address 3060 Williams Dr  
Ste 200

City Fairfax State VA Zip Code 22031-4627

Purpose of Disbursement  
Workers Compensation Premium; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
04 / 15 / 2015

**Transaction ID : VN7F49TYKQ6**

Amount of Each Disbursement this Period

138.37

Full Name (Last, First, Middle Initial)

**C. Paychex**

Mailing Address 3060 Williams Dr  
Ste 200

City Fairfax State VA Zip Code 22031-4627

Purpose of Disbursement  
Payroll Taxes; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
04 / 15 / 2015

**Transaction ID : VN7F49TYKR4**

Amount of Each Disbursement this Period

21102.73

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

21417.35

**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"/> 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 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)

**A. Paychex**

Mailing Address 3060 Williams Dr  
Ste 200

City Fairfax State VA Zip Code 22031-4627

Purpose of Disbursement  
Payroll; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 15 / 2015

**Transaction ID : VN7F49TYKS1**

Amount of Each Disbursement this Period

45279.30

Full Name (Last, First, Middle Initial)

**B. Joanne Antoine**

Mailing Address 9129 Edmonston Ter  
Apt 303

City Greenbelt State MD Zip Code 20770-4562

Purpose of Disbursement  
Salary; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 15 / 2015

**Transaction ID : VN7F49TYKT9**

Amount of Each Disbursement this Period

1649.64

**[MEMO ITEM]**

\*

Full Name (Last, First, Middle Initial)

**C. Neisha Blandin**

Mailing Address 2511 Q St NW  
Apt 306

City Washington State DC Zip Code 20007

Purpose of Disbursement  
Salary; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 15 / 2015

**Transaction ID : VN7F49TYKV7**

Amount of Each Disbursement this Period

895.85

**[MEMO ITEM]**

\*

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

45279.30

**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"/> 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 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. Mary Gracie Brandsgard</b>		Date of Disbursement MM / DD / YYYY 04 / 15 / 2015
Mailing Address 1205 Broad St		<b>Transaction ID : VN7F49TYKW5</b>
City Grinnell	State IA	
Purpose of Disbursement Salary; IE Only Account		Amount of Each Disbursement this Period 482.69
Candidate Name		<b>[MEMO ITEM]</b> *
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>B. Seth Bringman</b>		Date of Disbursement MM / DD / YYYY 04 / 15 / 2015
Mailing Address 1143 Harrison Ave		<b>Transaction ID : VN7F49TYKX3</b>
City Columbus	State OH	
Purpose of Disbursement Salary; IE Only Account		Amount of Each Disbursement this Period 2737.44
Candidate Name		<b>[MEMO ITEM]</b> *
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. Iran Campana</b>		Date of Disbursement MM / DD / YYYY 04 / 15 / 2015
Mailing Address 6817 Long Needle Ct		<b>Transaction ID : VN7F49TYKY1</b>
City Orlando	State FL	
Purpose of Disbursement Salary; IE Only Account		Amount of Each Disbursement this Period 1385.25
Candidate Name		<b>[MEMO ITEM]</b> *
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	0.00
<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"/> 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 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)

**A. Lisa Changadveja**

Mailing Address 2420 16th St NW  
Apt 414

City Washington State DC Zip Code 20009-3504

Purpose of Disbursement  
Salary; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	5		2	0	1	5

**Transaction ID : VN7F49TYKZ9**

Amount of Each Disbursement this Period

1	9	9	6	9
---	---	---	---	---

**[MEMO ITEM]**

\*

Full Name (Last, First, Middle Initial)

**B. China Dickerson**

Mailing Address 3574 13th St NW

City Washington State DC Zip Code 20010

Purpose of Disbursement  
Salary; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	5		2	0	1	5

**Transaction ID : VN7F49TYM07**

Amount of Each Disbursement this Period

1	4	7	8	0	7
---	---	---	---	---	---

**[MEMO ITEM]**

\*

Full Name (Last, First, Middle Initial)

**C. Amy Celeste Drummond**

Mailing Address 104 Roberts Ln  
Apt 401

City Alexandria State VA Zip Code 22314-4620

Purpose of Disbursement  
Salary; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	5		2	0	1	5

**Transaction ID : VN7F49TYM15**

Amount of Each Disbursement this Period

2	1	8	6	0	4
---	---	---	---	---	---

**[MEMO ITEM]**

\*

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0	0	0	0	0
---	---	---	---	---

0	0	0	0	0
---	---	---	---	---



**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"/> 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 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)

**A. Sean England**

Mailing Address 334 Maryland Ave NE

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Salary; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 15 / 2015

Transaction ID : VN7F49TYM23

Amount of Each Disbursement this Period

1127.72

[MEMO ITEM]

\*

Full Name (Last, First, Middle Initial)

**B. Hans P Goff**

Mailing Address 2637 Astwood Ct

City Matlacha Isles State FL Zip Code 33991-3162

Purpose of Disbursement  
Salary; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 15 / 2015

Transaction ID : VN7F49TYM30

Amount of Each Disbursement this Period

2210.02

[MEMO ITEM]

\*

Full Name (Last, First, Middle Initial)

**C. Amy Gray**

Mailing Address 49392 Limestone Dr

City Macomb State MI Zip Code 48044-1776

Purpose of Disbursement  
Salary; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 15 / 2015

Transaction ID : VN7F49TYM48

Amount of Each Disbursement this Period

2752.02

[MEMO ITEM]

\*

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

# 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"/> 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 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)

### A. Jessica Grounds

Mailing Address 1717 Bay St SE

City Washington State DC Zip Code 20003-1647

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

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	5		2	0	1	5

Transaction ID : VN7F49TYM56

Amount of Each Disbursement this Period

2	5	6	4	.	4	9
---	---	---	---	---	---	---

[MEMO ITEM]

\*

Full Name (Last, First, Middle Initial)

### B. Christopher Guerrero

Mailing Address 1325 15th St NW

City Washington State DC Zip Code 20005-2941

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

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	5		2	0	1	5

Transaction ID : VN7F49TYM64

Amount of Each Disbursement this Period

1	9	0	3	.	5	1
---	---	---	---	---	---	---

[MEMO ITEM]

\*

Full Name (Last, First, Middle Initial)

### C. Kirby A. Hoag

Mailing Address 2011 N Upton St

City Arlington State VA Zip Code 22207-2326

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

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	5		2	0	1	5

Transaction ID : VN7F49TYM72

Amount of Each Disbursement this Period

2	2	2	7	.	7	0
---	---	---	---	---	---	---

[MEMO ITEM]

\*

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0	0	0	0	.	0	0
---	---	---	---	---	---	---

0	0	0	0	.	0	0
---	---	---	---	---	---	---

**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"/> 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 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)

**A. Quentin James**

Mailing Address 3110 Mount Vernon Ave  
Apt 220

City Alexandria State VA Zip Code 22305

Purpose of Disbursement  
Salary; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 15 / 2015

Transaction ID : VN7F49TYM80

Amount of Each Disbursement this Period

1952.33

[MEMO ITEM]

\*

Full Name (Last, First, Middle Initial)

**B. Eric L Jeng**

Mailing Address 1436 Meridian PI NW  
Apt 406

City Washington State DC Zip Code 20010-1935

Purpose of Disbursement  
Salary; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 15 / 2015

Transaction ID : VN7F49TYM98

Amount of Each Disbursement this Period

1506.12

[MEMO ITEM]

\*

Full Name (Last, First, Middle Initial)

**C. Gabriella Kahn**

Mailing Address 7808 Town Gate PI

City Bethesda State MD Zip Code 20817-4119

Purpose of Disbursement  
Salary; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 15 / 2015

Transaction ID : VN7F49TYMA6

Amount of Each Disbursement this Period

1433.73

[MEMO ITEM]

\*

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**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"/> 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 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. Samantha Levison</b>		Date of Disbursement MM / DD / YYYY 04 / 15 / 2015
Mailing Address 1761 T St NW Lower Apartment		<b>Transaction ID : VN7F49TYMB4</b>
City Washington	State DC	
Zip Code 20009	Purpose of Disbursement Salary; IE Only Account	Amount of Each Disbursement this Period 1107.16
Candidate Name	Category/Type	<b>[MEMO ITEM]</b> *
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>B. Ian Francisco Leviste</b>		Date of Disbursement MM / DD / YYYY 04 / 15 / 2015
Mailing Address 26762 Claudette St Unit 424		<b>Transaction ID : VN7F49TYMC2</b>
City Santa Clarita	State CA	
Zip Code 91351-5586	Purpose of Disbursement Salary; IE Only Account	Amount of Each Disbursement this Period 1318.86
Candidate Name	Category/Type	<b>[MEMO ITEM]</b> *
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. Jane Miller</b>		Date of Disbursement MM / DD / YYYY 04 / 15 / 2015
Mailing Address 2105 N Glebe Rd Unit 1324		<b>Transaction ID : VN7F49TYMD9</b>
City Arlington	State VA	
Zip Code 22207-2238	Purpose of Disbursement Salary; IE Only Account	Amount of Each Disbursement this Period 1243.80
Candidate Name	Category/Type	<b>[MEMO ITEM]</b> *
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	0.00
<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"/> 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 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)

**A. Sara E Moe**

Mailing Address 1200 Elm St  
Unit 518

City Manchester State NH Zip Code 03101-2531

Purpose of Disbursement  
Salary; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	5		2	0	1	5

**Transaction ID : VN7F49TYME7**

Amount of Each Disbursement this Period

3	2	3	.	2	2
---	---	---	---	---	---

**[MEMO ITEM]**

\*

Full Name (Last, First, Middle Initial)

**B. Adam J Parkhomenko**

Mailing Address 2011 N Upton St

City Arlington State VA Zip Code 22207

Purpose of Disbursement  
Salary; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	5		2	0	1	5

**Transaction ID : VN7F49TYMF5**

Amount of Each Disbursement this Period

1	0	4	.	5	6
---	---	---	---	---	---

**[MEMO ITEM]**

\*

Full Name (Last, First, Middle Initial)

**C. Rachel Schneider**

Mailing Address 2401 Calvert St NW  
Apt 916

City Washington State DC Zip Code 20008-2678

Purpose of Disbursement  
Salary; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	5		2	0	1	5

**Transaction ID : VN7F49TYMG3**

Amount of Each Disbursement this Period

1	8	2	.	1	4	8
---	---	---	---	---	---	---

**[MEMO ITEM]**

\*

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0	0	0	.	0	0
---	---	---	---	---	---

0	0	0	.	0	0
---	---	---	---	---	---

**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"/> 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 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)

**A. Connor Shaw**

Mailing Address 313 Hume Ave

City Arlington State VA Zip Code 22209

Purpose of Disbursement  
Salary; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : VN7F49TYMH1

Amount of Each Disbursement this Period

[MEMO ITEM]

\*

Full Name (Last, First, Middle Initial)

**B. Andrew Simpson**

Mailing Address 104 13th St SE

City Washington State DC Zip Code 20003-1458

Purpose of Disbursement  
Salary; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : VN7F49TYMJ9

Amount of Each Disbursement this Period

[MEMO ITEM]

\*

Full Name (Last, First, Middle Initial)

**C. Alexandra Smith**

Mailing Address 1530 16th St NW  
Apt 703

City Washington State DC Zip Code 20036

Purpose of Disbursement  
Salary; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : VN7F49TYMK7

Amount of Each Disbursement this Period

[MEMO ITEM]

\*

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** 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"/> 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 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)

**A. Nicole Titus**

Mailing Address 1930 Columbia Rd NW  
Apt 421

City Arlington State VA Zip Code 22206

Purpose of Disbursement  
Salary; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 15 / 2015

Transaction ID : VN7F49TYMM5

Amount of Each Disbursement this Period

2736.30

[MEMO ITEM]

\*

Full Name (Last, First, Middle Initial)

**B. Evan Howard Wessel**

Mailing Address 324 Chapman Way

City Falls Church State VA Zip Code 22042

Purpose of Disbursement  
Salary; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 15 / 2015

Transaction ID : VN7F49TYMN3

Amount of Each Disbursement this Period

1065.85

[MEMO ITEM]

\*

Full Name (Last, First, Middle Initial)

**C. Paychex**

Mailing Address 3060 Williams Dr  
Ste 200

City Fairfax State VA Zip Code 22031-4627

Purpose of Disbursement  
Payroll Service Fee-IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 15 / 2015

Transaction ID : VN7F49V1796

Amount of Each Disbursement this Period

268.55

IE Only Account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

268.55

**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"/> 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 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)

**A. Paychex**

Mailing Address 3060 Williams Dr  
Ste 200

City Fairfax State VA Zip Code 22031-4627

Purpose of Disbursement  
Workers Compensation Premium; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		30		2015

**Transaction ID : VN7F49TYKE8**

Amount of Each Disbursement this Period

26.27
-------

Full Name (Last, First, Middle Initial)

**B. Paychex**

Mailing Address 3060 Williams Dr  
Ste 200

City Fairfax State VA Zip Code 22031-4627

Purpose of Disbursement  
Payroll Taxes; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		30		2015

**Transaction ID : VN7F49TYKF5**

Amount of Each Disbursement this Period

5860.88
---------

Full Name (Last, First, Middle Initial)

**C. Paychex**

Mailing Address 3060 Williams Dr  
Ste 200

City Fairfax State VA Zip Code 22031-4627

Purpose of Disbursement  
Payroll; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		30		2015

**Transaction ID : VN7F49TYKG3**

Amount of Each Disbursement this Period

11600.85
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

17488.00
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**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"/> 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 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)

**A. Iran Campana**

Mailing Address 6817 Long Needle Ct

City Orlando State FL Zip Code 32822-3089

Purpose of Disbursement  
Salary; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 30 / 2015

Transaction ID : VN7F49TYKH1

Amount of Each Disbursement this Period

1385.25

[MEMO ITEM]

\*

Full Name (Last, First, Middle Initial)

**B. Amy Gray**

Mailing Address 49392 Limestone Dr

City Macomb State MI Zip Code 48044-1776

Purpose of Disbursement  
Salary; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 30 / 2015

Transaction ID : VN7F49TYKJ9

Amount of Each Disbursement this Period

2752.02

[MEMO ITEM]

\*

Full Name (Last, First, Middle Initial)

**C. Kirby A. Hoag**

Mailing Address 2011 N Upton St

City Arlington State VA Zip Code 22207-2326

Purpose of Disbursement  
Salary; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 30 / 2015

Transaction ID : VN7F49TYKK7

Amount of Each Disbursement this Period

2227.70

[MEMO ITEM]

\*

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**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"/> 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 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. Gabriella Kahn</b>		Date of Disbursement MM / DD / YYYY 04 / 30 / 2015
Mailing Address 7808 Town Gate Pl		<b>Transaction ID : VN7F49TYKM2</b>
City Bethesda	State MD	
Zip Code 20817-4119	Purpose of Disbursement Salary; IE Only Account	Amount of Each Disbursement this Period 1433.74
Candidate Name	Category/Type	<b>[MEMO ITEM]</b> *
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>B. Nicole Titus</b>		Date of Disbursement MM / DD / YYYY 04 / 30 / 2015
Mailing Address 1930 Columbia Rd NW Apt 421		<b>Transaction ID : VN7F49TYKNO</b>
City Arlington	State VA	
Zip Code 22206	Purpose of Disbursement Salary; IE Only Account	Amount of Each Disbursement this Period 2736.30
Candidate Name	Category/Type	<b>[MEMO ITEM]</b> *
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. Evan Howard Wessel</b>		Date of Disbursement MM / DD / YYYY 03 / 31 / 2015
Mailing Address 324 Chapman Way		<b>Transaction ID : VN7F49TYKP8</b>
City Falls Church	State VA	
Zip Code 22042	Purpose of Disbursement Salary; IE Only Account	Amount of Each Disbursement this Period 1065.84
Candidate Name	Category/Type	<b>[MEMO ITEM]</b> *
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:		

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**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"/> 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 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)

**A. Paychex**

Mailing Address 3060 Williams Dr  
Ste 200

City Fairfax State VA Zip Code 22031-4627

Purpose of Disbursement  
Payroll Service Fee-IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : VN7F49V17A4**

Amount of Each Disbursement this Period

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Paychex**

Mailing Address 3060 Williams Dr  
Ste 200

City Fairfax State VA Zip Code 22031-4627

Purpose of Disbursement  
Workers Compensation Premium; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : VN7F49TYJ87**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Paychex**

Mailing Address 3060 Williams Dr  
Ste 200

City Fairfax State VA Zip Code 22031-4627

Purpose of Disbursement  
Payroll Taxes; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : VN7F49TYJ95**

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** 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"/> 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 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)

### A. Paychex

Mailing Address 3060 Williams Dr  
Ste 200

City Fairfax State VA Zip Code 22031-4627

Purpose of Disbursement  
Payroll; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	15	/	2015

Transaction ID : VN7F49TYJA3

Amount of Each Disbursement this Period

5,488.32
----------

Full Name (Last, First, Middle Initial)

### B. Amy Gray

Mailing Address 49392 Limestone Dr

City Macomb State MI Zip Code 48044-1776

Purpose of Disbursement  
Salary; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	15	/	2015

Transaction ID : VN7F49TYJC9

Amount of Each Disbursement this Period

2,752.02
----------

[MEMO ITEM]

\*

Full Name (Last, First, Middle Initial)

### C. Nicole Titus

Mailing Address 1930 Columbia Rd NW  
Apt 421

City Arlington State VA Zip Code 22206

Purpose of Disbursement  
Salary; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	15	/	2015

Transaction ID : VN7F49TYJB1

Amount of Each Disbursement this Period

2,736.30
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[MEMO ITEM]

\*

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

5,488.32
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5,488.32
----------

# 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"/> 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 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)

**A. Paychex**

Mailing Address 3060 Williams Dr  
Ste 200

City Fairfax State VA Zip Code 22031-4627

Purpose of Disbursement Payroll Service Fee-IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
05 / 15 / 2015

Transaction ID : VN7F49V26R1

Amount of Each Disbursement this Period: 116.00

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Paychex**

Mailing Address 3060 Williams Dr  
Ste 200

City Fairfax State VA Zip Code 22031-4627

Purpose of Disbursement Workers Compensation Premium; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
05 / 29 / 2015

Transaction ID : VN7F49TYMP1

Amount of Each Disbursement this Period: 13.95

Full Name (Last, First, Middle Initial)

**C. Paychex**

Mailing Address 3060 Williams Dr  
Ste 200

City Fairfax State VA Zip Code 22031-4627

Purpose of Disbursement Payroll Taxes; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
05 / 29 / 2015

Transaction ID : VN7F49TYMQ8

Amount of Each Disbursement this Period: 3338.98

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 3468.93

**TOTAL** 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"/> 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 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)

**A. Paychex**

Mailing Address 3060 Williams Dr  
Ste 200

City Fairfax State VA Zip Code 22031-4627

Purpose of Disbursement  
Payroll; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 29 / 2015

**Transaction ID : VN7F49TYMR6**

Amount of Each Disbursement this Period

5488.32

Full Name (Last, First, Middle Initial)

**B. Amy Gray**

Mailing Address 49392 Limestone Dr

City Macomb State MI Zip Code 48044-1776

Purpose of Disbursement  
Salary; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 29 / 2015

**Transaction ID : VN7F49TYMS4**

Amount of Each Disbursement this Period

2752.02

**[MEMO ITEM]**  
\*

Full Name (Last, First, Middle Initial)

**C. Nicole Titus**

Mailing Address 1930 Columbia Rd NW  
Apt 421

City Arlington State VA Zip Code 22206

Purpose of Disbursement  
Salary; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 29 / 2015

**Transaction ID : VN7F49TYMT2**

Amount of Each Disbursement this Period

2736.30

**[MEMO ITEM]**  
\*

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

5488.32

**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"/> 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 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)

**A. Paychex**

Mailing Address 3060 Williams Dr  
Ste 200

City Fairfax State VA Zip Code 22031-4627

Purpose of Disbursement  
Payroll Service Fee-IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : VN7F49V26S8**

Amount of Each Disbursement this Period

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Paychex**

Mailing Address 3060 Williams Dr  
Ste 200

City Fairfax State VA Zip Code 22031-4627

Purpose of Disbursement  
Workers Compensation Premium; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : VN7F49TZZP2**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Paychex**

Mailing Address 3060 Williams Dr  
Ste 200

City Fairfax State VA Zip Code 22031-4627

Purpose of Disbursement  
Payroll Taxes; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : VN7F49TZZQ0**

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** 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"/> 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 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)

**A. Paychex**

Mailing Address 3060 Williams Dr  
Ste 200

City Fairfax State VA Zip Code 22031-4627

Purpose of Disbursement  
Payroll; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	5		2	0	1	5

**Transaction ID : VN7F49TZZR8**

Amount of Each Disbursement this Period

5	4	8	8	.	3	2
---	---	---	---	---	---	---

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. Amy Gray**

Mailing Address 49392 Limestone Dr

City Macomb State MI Zip Code 48044-1776

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

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	5		2	0	1	5

**Transaction ID : VN7F49TZZT4**

Amount of Each Disbursement this Period

2	7	5	2	.	0	2
---	---	---	---	---	---	---

Category/  
Type

[MEMO ITEM]

\*

Full Name (Last, First, Middle Initial)

**C. Nicole Titus**

Mailing Address 1930 Columbia Rd NW  
Apt 421

City Arlington State VA Zip Code 22206

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

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	5		2	0	1	5

**Transaction ID : VN7F49TZZS6**

Amount of Each Disbursement this Period

2	7	3	6	.	3	0
---	---	---	---	---	---	---

Category/  
Type

[MEMO ITEM]

\*

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

5	4	8	8	.	3	2
---	---	---	---	---	---	---

5	4	8	8	.	3	2
---	---	---	---	---	---	---



**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"/> 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 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)

**A. Paychex**

Mailing Address 3060 Williams Dr  
Ste 200

City Fairfax State VA Zip Code 22031-4627

Purpose of Disbursement  
Payroll Service Fee-IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : VN7F49V2DT0

Amount of Each Disbursement this Period

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Paychex**

Mailing Address 3060 Williams Dr  
Ste 200

City Fairfax State VA Zip Code 22031-4627

Purpose of Disbursement  
Payroll Service Fee-IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : VN7F49V2DV8

Amount of Each Disbursement this Period

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Paychex**

Mailing Address 3060 Williams Dr  
Ste 200

City Fairfax State VA Zip Code 22031-4627

Purpose of Disbursement  
Workers Compensation Premium; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : VN7F49V40D6

Amount of Each Disbursement this Period

IE Only Account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** 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"/> 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 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)

**A. Paychex**

Mailing Address 3060 Williams Dr  
Ste 200

City Fairfax State VA Zip Code 22031-4627

Purpose of Disbursement  
Payroll Taxes; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : VN7F49V40E4**

Amount of Each Disbursement this Period

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Paychex**

Mailing Address 3060 Williams Dr  
Ste 200

City Fairfax State VA Zip Code 22031-4627

Purpose of Disbursement  
Payroll; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : VN7F49V40G0**

Amount of Each Disbursement this Period

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Amy Gray**

Mailing Address 49392 Limestone Dr

City Macomb State MI Zip Code 48044-1776

Purpose of Disbursement  
Salary; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : VN7F49V40K3**

Amount of Each Disbursement this Period

**[MEMO ITEM]**

\*

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** 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"/> 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 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)

**A. Nicole Titus**

Mailing Address 1930 Columbia Rd NW  
Apt 421

City Arlington State VA Zip Code 22206

Purpose of Disbursement  
Salary; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	30	/	2015

**Transaction ID : VN7F49V40H8**

Amount of Each Disbursement this Period

2736.30
---------

**[MEMO ITEM]**

\*

Full Name (Last, First, Middle Initial)

**B. Paypal**

Mailing Address 2211 N 1st St

City San Jose State CA Zip Code 95131-2021

Purpose of Disbursement  
Cardboard Cutouts; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	09	/	2015

**Transaction ID : VN7F49V3NP4**

Amount of Each Disbursement this Period

1333.55
---------

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Peake Delancey Printing**

Mailing Address 2500 Schuster Dr

City Hyattsville State MD Zip Code 20781-1123

Purpose of Disbursement  
Union Printing-IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01	/	20	/	2015

**Transaction ID : VN7F49TSHN8**

Amount of Each Disbursement this Period

1314.40
---------

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

2647.95
---------

**TOTAL** This Period (last page this line number only)..... ▶

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**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"/> 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 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. Philanthropy Expert LLC</b>		Date of Disbursement MM / DD / YYYY 01 / 26 / 2015
Mailing Address 11745 E Evans Ave		Transaction ID : VN7F49TSJG2  Amount of Each Disbursement this Period 5500.00
City Denver	State CO	
Zip Code 80014-1148	Category/ Type	
Purpose of Disbursement Fundraising Consulting-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>B. PMI Monthly Parking</b>		Date of Disbursement MM / DD / YYYY 01 / 09 / 2015
Mailing Address 1725 Desales St NW Ste 200		Transaction ID : VN7F49V0CE7  Amount of Each Disbursement this Period 2250.00  [MEMO ITEM] *
City Washington	State DC	
Zip Code 20036-4416	Category/ Type	
Purpose of Disbursement Parking Expense; 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. PMI Monthly Parking</b>		Date of Disbursement MM / DD / YYYY 03 / 05 / 2015
Mailing Address 1725 Desales St NW Ste 200		Transaction ID : VN7F49V0S46  Amount of Each Disbursement this Period 750.00  [MEMO ITEM] *
City Washington	State DC	
Zip Code 20036-4416	Category/ Type	
Purpose of Disbursement Parking Expense; 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:

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	5500.00
<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"/> 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 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)

## A. Premiere Political Communications

Mailing Address 4805 Woodview Ave

City State Zip Code  
Austin TX 78756-2824

Purpose of Disbursement  
Fundraising Consulting-IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	3		2	0	1	5

Transaction ID : VN7F49TYZK2

Amount of Each Disbursement this Period

4	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

## B. Premiere Political Communications

Mailing Address 4805 Woodview Ave

City State Zip Code  
Austin TX 78756-2824

Purpose of Disbursement  
Fundraising Consulting-IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	3		2	0	1	5

Transaction ID : VN7F49V4YA7

Amount of Each Disbursement this Period

7	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

## C. Projects by Chi

Mailing Address 1306 O St NW  
Number 101

City State Zip Code  
Washington DC 20005-3671

Purpose of Disbursement  
Online Video Production-IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	6		2	0	1	5

Transaction ID : VN7F49TSJJ7

Amount of Each Disbursement this Period

1	7	8	4	9	6	0	0	0	0
---	---	---	---	---	---	---	---	---	---

IE Only Account

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

2	8	8	4	9	6	0	0	0	0
---	---	---	---	---	---	---	---	---	---

0	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**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"/> 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 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)

**A. Rags of Honor**

Mailing Address 2021 W Fulton St  
Ste K-110

City Chicago State IL Zip Code 60612-2331

Purpose of Disbursement  
Printing Expense-IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : VN7F49TSHJ5

Amount of Each Disbursement this Period

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Rising Tide Interactive LLC**

Mailing Address 901 New York Ave NW  
Ste 470

City Washington State DC Zip Code 20001-4432

Purpose of Disbursement  
Online Consulting-IE Account Only

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : VN7F49TTZK1

Amount of Each Disbursement this Period

IE Only

Full Name (Last, First, Middle Initial)

**C. Rising Tide Interactive LLC**

Mailing Address 901 New York Ave NW  
Ste 470

City Washington State DC Zip Code 20001-4432

Purpose of Disbursement  
Online Consulting-IE Account Only

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : VN7F49TZ8K1

Amount of Each Disbursement this Period

IE Only

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** 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"/> 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 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. Rising Tide Interactive LLC</b>		Date of Disbursement MM / DD / YYYY 04 / 20 / 2015
Mailing Address 901 New York Ave NW Ste 470		<b>Transaction ID : VN7F49TZ8B8</b>
City Washington State DC Zip Code 20001-4432	Amount of Each Disbursement this Period 10000.00	
Purpose of Disbursement Online Consulting-IE Account Only	Candidate Name	IE Only
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

Full Name (Last, First, Middle Initial) <b>B. Rising Tide Interactive LLC</b>		Date of Disbursement MM / DD / YYYY 04 / 29 / 2015
Mailing Address 901 New York Ave NW Ste 470		<b>Transaction ID : VN7F49TZ884</b>
City Washington State DC Zip Code 20001-4432	Amount of Each Disbursement this Period 10000.00	
Purpose of Disbursement Online Consulting-IE Account Only	Candidate Name	IE Only
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

Full Name (Last, First, Middle Initial) <b>C. Rising Tide Interactive LLC</b>		Date of Disbursement MM / DD / YYYY 05 / 07 / 2015
Mailing Address 901 New York Ave NW Ste 470		<b>Transaction ID : VN7F49TZG5</b>
City Washington State DC Zip Code 20001-4432	Amount of Each Disbursement this Period 25000.00	
Purpose of Disbursement Online Consulting-IE Account Only	Candidate Name	IE Only
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional)..... ▶	45000.00
<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"/> 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 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)

**A. Rising Tide Interactive LLC**

Mailing Address 901 New York Ave NW  
Ste 470

City Washington State DC Zip Code 20001-4432

Purpose of Disbursement  
Online Consulting-IE Account Only

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	22	/	2015

**Transaction ID : VN7F49TZZY5**

Amount of Each Disbursement this Period

20000.00
----------

IE Only

Full Name (Last, First, Middle Initial)

**B. Scott Roberts**

Mailing Address 3101 Above Stratford PI

City Austin State TX Zip Code 78746-4600

Purpose of Disbursement  
Beverages for Event Inkind; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	03	/	2015

**Transaction ID : VN7F49V00D4**

Amount of Each Disbursement this Period

989.80
--------

Full Name (Last, First, Middle Initial)

**C. Geronimo Rodriguez**

Mailing Address 905 Philco Dr

City Austin State TX Zip Code 78745-1831

Purpose of Disbursement  
Event Catering Inkind; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	03	/	2015

**Transaction ID : VN7F49V0653**

Amount of Each Disbursement this Period

554.40
--------

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

21544.20
----------

**TOTAL** This Period (last page this line number only)..... ▶

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**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"/> 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 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)

**A. Casey Chapman Ross**

Mailing Address 1202 Folts Ave

City Austin State TX Zip Code 78704-2118

Purpose of Disbursement  
Event Photography Inkind; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : VN7F49V0645

Amount of Each Disbursement this Period

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. Sage Payment Solutions**

Mailing Address 1750 Old Meadow Rd Ste 300

City McLean State VA Zip Code 22102-4304

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : VN7F49V0C98

Amount of Each Disbursement this Period

Category/  
Type

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Sage Payment Solutions**

Mailing Address 1750 Old Meadow Rd Ste 300

City McLean State VA Zip Code 22102-4304

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : VN7F49V0DM7

Amount of Each Disbursement this Period

Category/  
Type

IE Only Account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** 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"/> 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 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)

**A. Sage Payment Solutions**

Mailing Address 1750 Old Meadow Rd  
Ste 300

City McLean State VA Zip Code 22102-4304

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : VN7F49V0P15**

Amount of Each Disbursement this Period

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Sage Payment Solutions**

Mailing Address 1750 Old Meadow Rd  
Ste 300

City McLean State VA Zip Code 22102-4304

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : VN7F49V16E3**

Amount of Each Disbursement this Period

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Sage Payment Solutions**

Mailing Address 1750 Old Meadow Rd  
Ste 300

City McLean State VA Zip Code 22102-4304

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : VN7F49V27A1**

Amount of Each Disbursement this Period

IE Only Account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** 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"/> 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 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. Sage Payment Solutions</b>		Date of Disbursement MM / DD / YYYY 06 / 05 / 2015	
Mailing Address 1750 Old Meadow Rd Ste 300		<b>Transaction ID : VN7F49V2DY2</b>	
City McLean State VA Zip Code 22102-4304	Amount of Each Disbursement this Period 5355.64		
Purpose of Disbursement Credit Card Processing Fees	IE Only Account		
Candidate Name	Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Suzanne Salomon</b>		Date of Disbursement MM / DD / YYYY 03 / 04 / 2015	
Mailing Address 66 Hoyt St		<b>Transaction ID : VN7F49TSY59</b>	
City South Salem State NY Zip Code 10590	Amount of Each Disbursement this Period 300.00		
Purpose of Disbursement Refund of Contribution; IE Only Account	IE Only Account		
Candidate Name	Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Sandler, Reiff, Young &amp; Lamb</b>		Date of Disbursement MM / DD / YYYY 03 / 13 / 2015	
Mailing Address 1025 Vermont Ave NW Ste 300		<b>Transaction ID : VN7F49TZ0M0</b>	
City Washington State DC Zip Code 20005-6302	Amount of Each Disbursement this Period 7500.00		
Purpose of Disbursement Legal Services-IE Account Only	IE Only Account		
Candidate Name	Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	13155.64
<b>TOTAL</b> This Period (last page this line number only).....	13155.64

**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"/> 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 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. Sandler, Reiff, Young &amp; Lamb</b>		Date of Disbursement MM / DD / YYYY 04 / 14 / 2015
Mailing Address 1025 Vermont Ave NW Ste 300		<b>Transaction ID : VN7F49TZ8Z6</b>
City Washington	State DC	
Purpose of Disbursement Legal Services-IE Account Only		Amount of Each Disbursement this Period 10000.00
Candidate Name		IE Only Account
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>B. Sandler, Reiff, Young &amp; Lamb</b>		Date of Disbursement MM / DD / YYYY 04 / 29 / 2015
Mailing Address 1025 Vermont Ave NW Ste 300		<b>Transaction ID : VN7F49TZ892</b>
City Washington	State DC	
Purpose of Disbursement Legal Services-IE Account Only		Amount of Each Disbursement this Period 5000.00
Candidate Name		IE Only Account
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. Sandler, Reiff, Young &amp; Lamb</b>		Date of Disbursement MM / DD / YYYY 05 / 07 / 2015
Mailing Address 1025 Vermont Ave NW Ste 300		<b>Transaction ID : VN7F49TZZJ0</b>
City Washington	State DC	
Purpose of Disbursement Legal Services-IE Account Only		Amount of Each Disbursement this Period 5000.00
Candidate Name		IE Only Account
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	20000.00
<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"/> 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 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. Sandler, Reiff, Young &amp; Lamb</b>		Date of Disbursement MM / DD / YYYY 06 / 22 / 2015
Mailing Address 1025 Vermont Ave NW Ste 300		<b>Transaction ID : VN7F49TZZW9</b>
City Washington	State DC	
Zip Code 20005-6302		Amount of Each Disbursement this Period 10000.00
Purpose of Disbursement Legal Services-IE Account Only	Category/Type	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>B. Rachel Schneider</b>		Date of Disbursement MM / DD / YYYY 04 / 03 / 2015
Mailing Address 2401 Calvert St NW Apt 916		<b>Transaction ID : VN7F49V40X2</b>
City Washington	State DC	
Zip Code 20008-2678		Amount of Each Disbursement this Period 103.00
Purpose of Disbursement Conference Call Service Reimbursement; IE Only Account	Category/Type	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. Maestro Conference</b>		Date of Disbursement MM / DD / YYYY 04 / 03 / 2015
Mailing Address 1025 3rd St		<b>Transaction ID : VN7F49V40Z8</b>
City Oakland	State CA	
Zip Code 94607-2507		Amount of Each Disbursement this Period 103.00
Purpose of Disbursement Conference Call Service; IE Only Account	Category/Type	[MEMO ITEM] *
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	10103.00
<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"/> 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 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)

**A. America Schroh**

Mailing Address 17610 NE 7th Ct

City Miami State FL Zip Code 33162

Purpose of Disbursement Refund of Contribution; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
03 / 19 / 2015

Transaction ID : VN7F49TTEG1

Amount of Each Disbursement this Period

201.60

IE Only Account

Full Name (Last, First, Middle Initial)

**B. SCN Strategies, Inc.**

Mailing Address 114 Sansome St Ste 200

City San Francisco State CA Zip Code 94104-3812

Purpose of Disbursement Travel Reimbursement; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
02 / 03 / 2015

Transaction ID : VN7F49TSKG4

Amount of Each Disbursement this Period

1538.18

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Delta Airlines**

Mailing Address PO Box 20706

City Atlanta State GA Zip Code 30320-6001

Purpose of Disbursement Travel; IE Only account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
02 / 03 / 2015

Transaction ID : VN7F49TSKK8

Amount of Each Disbursement this Period

200.00

[MEMO ITEM]

\*

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

1739.78

**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"/> 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 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)

**A. NYC Taxi & Limousine Commission**

Mailing Address 3202 Queens Blvd

City Long Island City State NY Zip Code 11101-2319

Purpose of Disbursement  
Travel; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 03 / 2015

Transaction ID : VN7F49TSKM6

Amount of Each Disbursement this Period

153.31

[MEMO ITEM]

\*

Full Name (Last, First, Middle Initial)

**B. Sheraton Times Square**

Mailing Address 811 7th Ave

City New York State NY Zip Code 10019-6002

Purpose of Disbursement  
Travel; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 03 / 2015

Transaction ID : VN7F49TSKJ0

Amount of Each Disbursement this Period

1184.87

[MEMO ITEM]

\*

Full Name (Last, First, Middle Initial)

**C. Tracy Sefl**

Mailing Address 1759 N Sedgwick St

City Chicago State IL Zip Code 60614-5641

Purpose of Disbursement  
Strategy Consulting-IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 03 / 2015

Transaction ID : VN7F49TSJQ7

Amount of Each Disbursement this Period

7122.54

IE only

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

7122.54

**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"/> 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 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. Tracy Sefl</b>		Date of Disbursement MM / DD / YYYY 04 / 02 / 2015
Mailing Address 1759 N Sedgwick St		<b>Transaction ID : VN7F49V4318</b>
City Chicago State IL Zip Code 60614-5641	Amount of Each Disbursement this Period 6750.00	
Purpose of Disbursement Strategy Consulting-IE Only Account	Candidate Name	IE only
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

Full Name (Last, First, Middle Initial) <b>B. Tracy Sefl</b>		Date of Disbursement MM / DD / YYYY 04 / 14 / 2015
Mailing Address 1759 N Sedgwick St		<b>Transaction ID : VN7F49TZ8S8</b>
City Chicago State IL Zip Code 60614-5641	Amount of Each Disbursement this Period 5000.00	
Purpose of Disbursement Strategy Consulting-IE Only Account	Candidate Name	IE only
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

Full Name (Last, First, Middle Initial) <b>C. Tracy Sefl</b>		Date of Disbursement MM / DD / YYYY 05 / 04 / 2015
Mailing Address 1759 N Sedgwick St		<b>Transaction ID : VN7F49TZZ91</b>
City Chicago State IL Zip Code 60614-5641	Amount of Each Disbursement this Period 5000.00	
Purpose of Disbursement Strategy Consulting-IE Only Account	Candidate Name	IE only
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	16750.00
<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"/> 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 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)

**A. Tracy Sefl**

Mailing Address 1759 N Sedgwick St

City Chicago State IL Zip Code 60614-5641

Purpose of Disbursement  
Strategy Consulting-IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : VN7F49TZZB7**

Amount of Each Disbursement this Period

IE only

Full Name (Last, First, Middle Initial)

**B. Sharis Berries**

Mailing Address 4840 Eastgate Mall

City San Diego State CA Zip Code 92121-1977

Purpose of Disbursement  
Host Appreciation Gift; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : VN7F49V1466**

Amount of Each Disbursement this Period

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Sharis Berries**

Mailing Address 4840 Eastgate Mall

City San Diego State CA Zip Code 92121-1977

Purpose of Disbursement  
Host Appreciation Gift; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : VN7F49V1474**

Amount of Each Disbursement this Period

IE Only Account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** 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"/> 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 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)

**A. Connor Shaw**

Mailing Address 313 Hume Ave

City State Zip Code  
Arlington VA 22209

Purpose of Disbursement  
Reimbursement of Travel Expenses

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		19		2015

**Transaction ID : VN7F49TYSE9**

Amount of Each Disbursement this Period

51.76
-------

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Uber**

Mailing Address 800 Market St

City State Zip Code  
San Francisco CA 94102-3033

Purpose of Disbursement  
Travel; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		19		2015

**Transaction ID : VN7F49TYSF7**

Amount of Each Disbursement this Period

12.67
-------

**[MEMO ITEM]**

\*

Full Name (Last, First, Middle Initial)

**C. SherWeb**

Mailing Address 2915 Ogletown Road  
#1073

City State Zip Code  
Newark NJ 19713

Purpose of Disbursement  
Server Maintenance; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		07		2015

**Transaction ID : VN7F49V0CD9**

Amount of Each Disbursement this Period

944.75
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IE Only Account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

996.51
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**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"/> 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 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)

**A. SherWeb**

Mailing Address 2915 Ogletown Road  
#1073

City Newark State NJ Zip Code 19713

Purpose of Disbursement  
Server Maintenance; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
01 / 20 / 2015

**Transaction ID : VN7F49V0CG3**

Amount of Each Disbursement this Period

10.03

IE Only Account

Full Name (Last, First, Middle Initial)

**B. SherWeb**

Mailing Address 2915 Ogletown Road  
#1073

City Newark State NJ Zip Code 19713

Purpose of Disbursement  
Server Maintenance; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
03 / 09 / 2015

**Transaction ID : VN7F49V0SC9**

Amount of Each Disbursement this Period

984.02

IE Only Account

Full Name (Last, First, Middle Initial)

**C. SherWeb**

Mailing Address 2915 Ogletown Road  
#1073

City Newark State NJ Zip Code 19713

Purpose of Disbursement  
Server Maintenance; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
03 / 10 / 2015

**Transaction ID : VN7F49V0SD7**

Amount of Each Disbursement this Period

12.95

IE Only Account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

1007.00

**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"/> 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 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)

**A. SherWeb**

Mailing Address 2915 Ogletown Road  
#1073

City Newark State NJ Zip Code 19713

Purpose of Disbursement  
Server Maintenance; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : VN7F49V15W1**

Amount of Each Disbursement this Period

IE Only Account

Full Name (Last, First, Middle Initial)

**B. SherWeb**

Mailing Address 2915 Ogletown Road  
#1073

City Newark State NJ Zip Code 19713

Purpose of Disbursement  
Server Maintenance; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : VN7F49V15V3**

Amount of Each Disbursement this Period

IE Only Account

Full Name (Last, First, Middle Initial)

**C. SherWeb**

Mailing Address 2915 Ogletown Road  
#1073

City Newark State NJ Zip Code 19713

Purpose of Disbursement  
Server Maintenance; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : VN7F49V21V2**

Amount of Each Disbursement this Period

IE Only Account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** 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"/> 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 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)

**A. SherWeb**

Mailing Address 2915 Ogletown Road  
#1073

City Newark State NJ Zip Code 19713

Purpose of Disbursement  
Server Maintenance; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : VN7F49V2EA6

Amount of Each Disbursement this Period

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Michael Shilinski**

Mailing Address 33 Roselle Ave  
Apt N

City Pleasantville State NY Zip Code 10570-2732

Purpose of Disbursement  
Refund of Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : VN7F49TRBN7

Amount of Each Disbursement this Period

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Gary Singer**

Mailing Address 10 Torrey Pines Ln  
Ste 1200

City Newport Beach State CA Zip Code 92660-5139

Purpose of Disbursement  
refund-IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : VN7F49TSAH3

Amount of Each Disbursement this Period

IE Only Account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** 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"/> 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 checked="" 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)  
**Ready PAC**

Full Name (Last, First, Middle Initial) <b>A. Craig T. Smith</b>		Date of Disbursement MM / DD / YYYY 02 / 02 / 2015
Mailing Address 9400 Sea Turtle Ln		<b>Transaction ID : VN7F49TYZZ6</b>
City Plantation	State FL	
Purpose of Disbursement Meal Expense Reimbursement; IE Only Account		Amount of Each Disbursement this Period 369.20
Candidate Name		Category/ Type
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>B. NYC Taxi &amp; Limousine Commission</b>		Date of Disbursement MM / DD / YYYY 02 / 02 / 2015
Mailing Address 3202 Queens Blvd		<b>Transaction ID : VN7F49TZ012</b>
City Long Island City	State NY	
Purpose of Disbursement Travel; IE Only Account		Amount of Each Disbursement this Period 95.70
Candidate Name		Category/ Type
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]**  
\*

Full Name (Last, First, Middle Initial) <b>C. Craig T. Smith</b>		Date of Disbursement MM / DD / YYYY 03 / 03 / 2015
Mailing Address 9400 Sea Turtle Ln		<b>Transaction ID : VN7F49TZ0R2</b>
City Plantation	State FL	
Purpose of Disbursement Meal & Travel Reimbursement; IE Only Account		Amount of Each Disbursement this Period 515.32
Candidate Name		Category/ Type
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	884.52
<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"/> 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 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)

**A. Craig T. Smith**

Mailing Address 9400 Sea Turtle Ln

City Plantation State FL Zip Code 33324-2926

Purpose of Disbursement  
Travel Reimbursement; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 03 / 2015

**Transaction ID : VN7F49TZCY5**

Amount of Each Disbursement this Period

177.07

Category/Type

Full Name (Last, First, Middle Initial)

**B. South Carolina Democratic Women's Council**

Mailing Address 1843 Kallaramo Rd

City Rock Hill State SC Zip Code 29732-1520

Purpose of Disbursement  
Travel Reimbursement; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
01 / 14 / 2015

**Transaction ID : VN7F49TPYD9**

Amount of Each Disbursement this Period

309.70

Category/Type

IE Only Account

Full Name (Last, First, Middle Initial)

**C. US Airways**

Mailing Address 4000 E Sky Harbor Blvd

City Phoenix State AZ Zip Code 85034-3802

Purpose of Disbursement  
Travel; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
01 / 14 / 2015

**Transaction ID : VN7F49TPYE7**

Amount of Each Disbursement this Period

309.70

Category/Type

[MEMO ITEM]  
\*

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

486.77

**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"/> 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 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. Southwest Airlines</b>		Date of Disbursement MM / DD / YYYY 01 / 20 / 2015
Mailing Address 2702 Love Field Dr		<b>Transaction ID : VN7F49V0D83</b>
City Dallas	State TX	
Zip Code 75235-1908	Purpose of Disbursement Travel; IE Only Account	Amount of Each Disbursement this Period 612.90
Candidate Name	Category/Type	
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>B. Southwest Airlines</b>		Date of Disbursement MM / DD / YYYY 03 / 02 / 2015
Mailing Address 2702 Love Field Dr		<b>Transaction ID : VN7F49V14N5</b>
City Dallas	State TX	
Zip Code 75235-1908	Purpose of Disbursement Travel; IE Only Account	Amount of Each Disbursement this Period 422.20
Candidate Name	Category/Type	
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) ▼	IE Only Account
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Shanin Specter</b>		Date of Disbursement MM / DD / YYYY 04 / 04 / 2015
Mailing Address 1525 Locust St FI 19		<b>Transaction ID : VN7F49TV911</b>
City Philadelphia	State PA	
Zip Code 19102-3719	Purpose of Disbursement Refund of Contribution; IE Only Account	Amount of Each Disbursement this Period 5000.00
Candidate Name	Category/Type	
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) ▼	IE Only Account
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	6035.10
<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"/> 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 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)

**A. Stamps.com**

Mailing Address 1990 E Grand Ave

City El Segundo State CA Zip Code 90245-5013

Purpose of Disbursement Postage-IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
01 / 07 / 2015

Transaction ID : VN7F49TTRJ8

Amount of Each Disbursement this Period: 350.00

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Stamps.com**

Mailing Address 1990 E Grand Ave

City El Segundo State CA Zip Code 90245-5013

Purpose of Disbursement Postage-IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
01 / 08 / 2015

Transaction ID : VN7F49TTRK6

Amount of Each Disbursement this Period: 350.00

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Stamps.com**

Mailing Address 1990 E Grand Ave

City El Segundo State CA Zip Code 90245-5013

Purpose of Disbursement Postage-IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
01 / 08 / 2015

Transaction ID : VN7F49TTRM4

Amount of Each Disbursement this Period: 399.00

IE Only Account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 1099.00

**TOTAL** 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"/> 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 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)

**A. Stamps.com**

Mailing Address 1990 E Grand Ave

City El Segundo State CA Zip Code 90245-5013

Purpose of Disbursement  
Postage-IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
01 / 09 / 2015

Transaction ID : VN7F49TTRN1

Amount of Each Disbursement this Period

350.00

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Stamps.com**

Mailing Address 1990 E Grand Ave

City El Segundo State CA Zip Code 90245-5013

Purpose of Disbursement  
Postage-IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
01 / 13 / 2015

Transaction ID : VN7F49TTRP9

Amount of Each Disbursement this Period

350.00

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Stamps.com**

Mailing Address 1990 E Grand Ave

City El Segundo State CA Zip Code 90245-5013

Purpose of Disbursement  
Postage-IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
01 / 14 / 2015

Transaction ID : VN7F49TTRQ7

Amount of Each Disbursement this Period

350.00

IE Only Account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

1050.00

**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"/> 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 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)

**A. Stamps.com**

Mailing Address 1990 E Grand Ave

City El Segundo State CA Zip Code 90245-5013

Purpose of Disbursement  
Postage-IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
01 / 14 / 2015

Transaction ID : VN7F49TTRR5

Amount of Each Disbursement this Period

350.00

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Stamps.com**

Mailing Address 1990 E Grand Ave

City El Segundo State CA Zip Code 90245-5013

Purpose of Disbursement  
Postage-IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
01 / 14 / 2015

Transaction ID : VN7F49TTRS3

Amount of Each Disbursement this Period

350.00

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Stamps.com**

Mailing Address 1990 E Grand Ave

City El Segundo State CA Zip Code 90245-5013

Purpose of Disbursement  
Postage-IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
01 / 15 / 2015

Transaction ID : VN7F49TTRT1

Amount of Each Disbursement this Period

350.00

IE Only Account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

1050.00

**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"/> 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 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)

**A. Stamps.com**

Mailing Address 1990 E Grand Ave

City El Segundo State CA Zip Code 90245-5013

Purpose of Disbursement  
Postage-IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
01 / 15 / 2015

Transaction ID : VN7F49TTRV9

Amount of Each Disbursement this Period

350.00

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Stamps.com**

Mailing Address 1990 E Grand Ave

City El Segundo State CA Zip Code 90245-5013

Purpose of Disbursement  
Postage-IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
01 / 16 / 2015

Transaction ID : VN7F49TTRW7

Amount of Each Disbursement this Period

350.00

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Stamps.com**

Mailing Address 1990 E Grand Ave

City El Segundo State CA Zip Code 90245-5013

Purpose of Disbursement  
Postage-IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
01 / 20 / 2015

Transaction ID : VN7F49TTRX5

Amount of Each Disbursement this Period

350.00

IE Only Account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

1050.00

**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"/> 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 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)

**A. Stamps.com**

Mailing Address 1990 E Grand Ave

City El Segundo State CA Zip Code 90245-5013

Purpose of Disbursement  
Postage-IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
01 / 20 / 2015

Transaction ID : VN7F49TTRY3

Amount of Each Disbursement this Period

350.00

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Stamps.com**

Mailing Address 1990 E Grand Ave

City El Segundo State CA Zip Code 90245-5013

Purpose of Disbursement  
Postage-IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
01 / 21 / 2015

Transaction ID : VN7F49TTRZ0

Amount of Each Disbursement this Period

350.00

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Stamps.com**

Mailing Address 1990 E Grand Ave

City El Segundo State CA Zip Code 90245-5013

Purpose of Disbursement  
Postage-IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
01 / 22 / 2015

Transaction ID : VN7F49TTS08

Amount of Each Disbursement this Period

350.00

IE Only Account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

1050.00

**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"/> 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 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)

**A. Stamps.com**

Mailing Address 1990 E Grand Ave

City El Segundo State CA Zip Code 90245-5013

Purpose of Disbursement  
Postage-IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
01 / 22 / 2015

**Transaction ID : VN7F49TTS16**

Amount of Each Disbursement this Period

350.00

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Stamps.com**

Mailing Address 1990 E Grand Ave

City El Segundo State CA Zip Code 90245-5013

Purpose of Disbursement  
Postage-IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
01 / 23 / 2015

**Transaction ID : VN7F49TTS24**

Amount of Each Disbursement this Period

350.00

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Stamps.com**

Mailing Address 1990 E Grand Ave

City El Segundo State CA Zip Code 90245-5013

Purpose of Disbursement  
Postage-IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
01 / 26 / 2015

**Transaction ID : VN7F49TTS32**

Amount of Each Disbursement this Period

350.00

IE Only Account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

1050.00

**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"/> 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 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)

**A. Stamps.com**

Mailing Address 1990 E Grand Ave

City El Segundo State CA Zip Code 90245-5013

Purpose of Disbursement  
Postage-IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		26		2015

**Transaction ID : VN7F49TTS40**

Amount of Each Disbursement this Period

350.00
--------

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Stamps.com**

Mailing Address 1990 E Grand Ave

City El Segundo State CA Zip Code 90245-5013

Purpose of Disbursement  
Postage-IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		27		2015

**Transaction ID : VN7F49TTS58**

Amount of Each Disbursement this Period

350.00
--------

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Stamps.com**

Mailing Address 1990 E Grand Ave

City El Segundo State CA Zip Code 90245-5013

Purpose of Disbursement  
Postage-IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		28		2015

**Transaction ID : VN7F49TTS66**

Amount of Each Disbursement this Period

350.00
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IE Only Account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

1050.00
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**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"/> 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 checked="" 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)  
**Ready PAC**

Full Name (Last, First, Middle Initial)		Date of Disbursement											
<b>A. Stamps.com</b>		<table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>01</td> <td></td> <td>28</td> <td></td> <td>2015</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	01		28		2015
M M M	/	D D D	/	Y Y Y Y Y Y									
01		28		2015									
Mailing Address 1990 E Grand Ave		<b>Transaction ID : VN7F49TTS74</b>											
City El Segundo	State CA	Zip Code 90245-5013	Amount of Each Disbursement this Period										
Purpose of Disbursement Postage-IE Only Account	Candidate Name		<table border="1"><tr><td>350.00</td></tr></table>	350.00									
350.00													
Candidate Name	Category/Type	IE Only Account											
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)		Date of Disbursement											
<b>B. Stamps.com</b>		<table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>01</td> <td></td> <td>29</td> <td></td> <td>2015</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	01		29		2015
M M M	/	D D D	/	Y Y Y Y Y Y									
01		29		2015									
Mailing Address 1990 E Grand Ave		<b>Transaction ID : VN7F49TTS82</b>											
City El Segundo	State CA	Zip Code 90245-5013	Amount of Each Disbursement this Period										
Purpose of Disbursement Postage-IE Only Account	Candidate Name		<table border="1"><tr><td>350.00</td></tr></table>	350.00									
350.00													
Candidate Name	Category/Type	IE Only Account											
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)		Date of Disbursement											
<b>C. Stamps.com</b>		<table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>01</td> <td></td> <td>30</td> <td></td> <td>2015</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	01		30		2015
M M M	/	D D D	/	Y Y Y Y Y Y									
01		30		2015									
Mailing Address 1990 E Grand Ave		<b>Transaction ID : VN7F49TTS99</b>											
City El Segundo	State CA	Zip Code 90245-5013	Amount of Each Disbursement this Period										
Purpose of Disbursement Postage-IE Only Account	Candidate Name		<table border="1"><tr><td>350.00</td></tr></table>	350.00									
350.00													
Candidate Name	Category/Type	IE Only Account											
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:											

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	<table border="1"><tr><td>1050.00</td></tr></table>	1050.00
1050.00		
<b>TOTAL</b> This Period (last page this line number only).....▶	<table border="1"><tr><td></td></tr></table>	



**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"/> 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 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)

**A. Stamps.com**

Mailing Address 1990 E Grand Ave

City El Segundo State CA Zip Code 90245-5013

Purpose of Disbursement  
Postage; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
02 / 27 / 2015

**Transaction ID : VN7F49V0NZ0**

Amount of Each Disbursement this Period

5789.98

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Stamps.com**

Mailing Address 1990 E Grand Ave

City El Segundo State CA Zip Code 90245-5013

Purpose of Disbursement  
Postage; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
03 / 02 / 2015

**Transaction ID : VN7F49V3PH6**

Amount of Each Disbursement this Period

380.00

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Stamps.com**

Mailing Address 1990 E Grand Ave

City El Segundo State CA Zip Code 90245-5013

Purpose of Disbursement  
Postage; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
03 / 02 / 2015

**Transaction ID : VN7F49V3PJ4**

Amount of Each Disbursement this Period

380.00

IE Only Account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

6549.98

**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"/> 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 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)

**A. Stamps.com**

Mailing Address 1990 E Grand Ave

City El Segundo State CA Zip Code 90245-5013

Purpose of Disbursement  
Postage; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	02	/	2015

Transaction ID : VN7F49V3QA3

Amount of Each Disbursement this Period

239.98
--------

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Stamps.com**

Mailing Address 1990 E Grand Ave

City El Segundo State CA Zip Code 90245-5013

Purpose of Disbursement  
Postage; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	03	/	2015

Transaction ID : VN7F49V3PK1

Amount of Each Disbursement this Period

350.00
--------

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Stamps.com**

Mailing Address 1990 E Grand Ave

City El Segundo State CA Zip Code 90245-5013

Purpose of Disbursement  
Postage; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	04	/	2015

Transaction ID : VN7F49V3PM9

Amount of Each Disbursement this Period

350.00
--------

IE Only Account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

939.98
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**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"/> 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 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)

**A. Stamps.com**

Mailing Address 1990 E Grand Ave

City El Segundo State CA Zip Code 90245-5013

Purpose of Disbursement  
Postage; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
03 / 04 / 2015

**Transaction ID : VN7F49V3PN7**

Amount of Each Disbursement this Period

350.00

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Stamps.com**

Mailing Address 1990 E Grand Ave

City El Segundo State CA Zip Code 90245-5013

Purpose of Disbursement  
Postage; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
03 / 04 / 2015

**Transaction ID : VN7F49V3PP5**

Amount of Each Disbursement this Period

350.00

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Stamps.com**

Mailing Address 1990 E Grand Ave

City El Segundo State CA Zip Code 90245-5013

Purpose of Disbursement  
Postage; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
03 / 04 / 2015

**Transaction ID : VN7F49V3PQ3**

Amount of Each Disbursement this Period

350.00

IE Only Account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

1050.00

**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"/> 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
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Full Name (Last, First, Middle Initial)

**A. Stamps.com**

Mailing Address 1990 E Grand Ave

City El Segundo State CA Zip Code 90245-5013

Purpose of Disbursement  
Postage; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
03 / 05 / 2015

Transaction ID : VN7F49V3PR1

Amount of Each Disbursement this Period

385.00

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Stamps.com**

Mailing Address 1990 E Grand Ave

City El Segundo State CA Zip Code 90245-5013

Purpose of Disbursement  
Postage; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
03 / 10 / 2015

Transaction ID : VN7F49V3PT7

Amount of Each Disbursement this Period

350.00

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Stamps.com**

Mailing Address 1990 E Grand Ave

City El Segundo State CA Zip Code 90245-5013

Purpose of Disbursement  
Postage; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
03 / 11 / 2015

Transaction ID : VN7F49V3PV5

Amount of Each Disbursement this Period

350.00

IE Only Account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

1085.00

**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"/> 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 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)

**A. Stamps.com**

Mailing Address 1990 E Grand Ave

City El Segundo State CA Zip Code 90245-5013

Purpose of Disbursement  
Postage; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
03 / 11 / 2015

**Transaction ID : VN7F49V3PW3**

Amount of Each Disbursement this Period

350.00

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Stamps.com**

Mailing Address 1990 E Grand Ave

City El Segundo State CA Zip Code 90245-5013

Purpose of Disbursement  
Postage; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
03 / 11 / 2015

**Transaction ID : VN7F49V3PX0**

Amount of Each Disbursement this Period

350.00

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Stamps.com**

Mailing Address 1990 E Grand Ave

City El Segundo State CA Zip Code 90245-5013

Purpose of Disbursement  
Postage; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
03 / 11 / 2015

**Transaction ID : VN7F49V3PY8**

Amount of Each Disbursement this Period

350.00

IE Only Account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

1050.00

**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"/> 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 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)

**A. Stamps.com**

Mailing Address 1990 E Grand Ave

City El Segundo State CA Zip Code 90245-5013

Purpose of Disbursement  
Postage; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : VN7F49V3PZ6**

Amount of Each Disbursement this Period

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Stamps.com**

Mailing Address 1990 E Grand Ave

City El Segundo State CA Zip Code 90245-5013

Purpose of Disbursement  
Postage; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : VN7F49V3Q04**

Amount of Each Disbursement this Period

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Stamps.com**

Mailing Address 1990 E Grand Ave

City El Segundo State CA Zip Code 90245-5013

Purpose of Disbursement  
Postage; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : VN7F49V3Q12**

Amount of Each Disbursement this Period

IE Only Account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** 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"/> 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 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)

**A. Stamps.com**

Mailing Address 1990 E Grand Ave

City El Segundo State CA Zip Code 90245-5013

Purpose of Disbursement  
Postage; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
03 / 16 / 2015

**Transaction ID : VN7F49V3Q20**

Amount of Each Disbursement this Period

100.00

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Stamps.com**

Mailing Address 1990 E Grand Ave

City El Segundo State CA Zip Code 90245-5013

Purpose of Disbursement  
Postage; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
03 / 17 / 2015

**Transaction ID : VN7F49V3Q38**

Amount of Each Disbursement this Period

350.00

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Stamps.com**

Mailing Address 1990 E Grand Ave

City El Segundo State CA Zip Code 90245-5013

Purpose of Disbursement  
Postage; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
03 / 20 / 2015

**Transaction ID : VN7F49V3Q46**

Amount of Each Disbursement this Period

350.00

IE Only Account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

800.00

**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"/> 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 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)

**A. Stamps.com**

Mailing Address 1990 E Grand Ave

City El Segundo State CA Zip Code 90245-5013

Purpose of Disbursement  
Postage; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		25		2015

**Transaction ID : VN7F49V3Q54**

Amount of Each Disbursement this Period

350.00
--------

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Stamps.com**

Mailing Address 1990 E Grand Ave

City El Segundo State CA Zip Code 90245-5013

Purpose of Disbursement  
Postage; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		25		2015

**Transaction ID : VN7F49V3Q62**

Amount of Each Disbursement this Period

350.00
--------

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Stamps.com**

Mailing Address 1990 E Grand Ave

City El Segundo State CA Zip Code 90245-5013

Purpose of Disbursement  
Postage; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		25		2015

**Transaction ID : VN7F49V3Q79**

Amount of Each Disbursement this Period

350.00
--------

IE Only Account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

1050.00
---------

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**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"/> 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 checked="" 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)  
**Ready PAC**

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>A. Stamps.com</b>		<input type="text" value="03"/> / <input type="text" value="26"/> / <input type="text" value="2015"/>
Mailing Address 1990 E Grand Ave		<b>Transaction ID : VN7F49V3Q87</b>
City El Segundo	State CA	
Purpose of Disbursement Postage; IE Only Account		Amount of Each Disbursement this Period
Candidate Name		<input type="text" value="350.00"/>
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) ▼	IE Only Account
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>B. Stamps.com</b>		<input type="text" value="03"/> / <input type="text" value="27"/> / <input type="text" value="2015"/>
Mailing Address 1990 E Grand Ave		<b>Transaction ID : VN7F49V3Q95</b>
City El Segundo	State CA	
Purpose of Disbursement Postage; IE Only Account		Amount of Each Disbursement this Period
Candidate Name		<input type="text" value="350.00"/>
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) ▼	IE Only Account
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>C. Stamps.com</b>		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2015"/>
Mailing Address 1990 E Grand Ave		<b>Transaction ID : VN7F49V19R8</b>
City El Segundo	State CA	
Purpose of Disbursement Postage; IE Only Account		Amount of Each Disbursement this Period
Candidate Name		<input type="text" value="2115.00"/>
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) ▼	IE Only Account
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	<input type="text" value="21815.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**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"/> 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 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)

**A. Stamps.com**

Mailing Address 1990 E Grand Ave

City El Segundo State CA Zip Code 90245-5013

Purpose of Disbursement  
Postage; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
05 / 01 / 2015

**Transaction ID : VN7F49V2793**

Amount of Each Disbursement this Period

115.99

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Staples**

Mailing Address 3804 Wilson Blvd

City Arlington State VA Zip Code 22203-1920

Purpose of Disbursement  
Office Supplies; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
01 / 26 / 2015

**Transaction ID : VN7F49V0CJ9**

Amount of Each Disbursement this Period

147.00

Full Name (Last, First, Middle Initial)

**C. Staples**

Mailing Address 3804 Wilson Blvd

City Arlington State VA Zip Code 22203-1920

Purpose of Disbursement  
Office Supplies; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
04 / 28 / 2015

**Transaction ID : VN7F49V15X9**

Amount of Each Disbursement this Period

48.75

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

311.74

**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"/> 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 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)

**A. Staples**

Mailing Address 3804 Wilson Blvd

City Arlington State VA Zip Code 22203-1920

Purpose of Disbursement  
Office Supplies; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 29 / 2015

**Transaction ID : VN7F49V15Y7**

Amount of Each Disbursement this Period

123.47

Full Name (Last, First, Middle Initial)

**B. Starbucks**

Mailing Address 1735 N Lynn St  
# 20

City Arlington State VA Zip Code 22209-2013

Purpose of Disbursement  
Meal Expense; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
01 / 07 / 2015

**Transaction ID : VN7F49TTQ03**

Amount of Each Disbursement this Period

5.35

**[MEMO ITEM]**  
\* IE Only Account

Full Name (Last, First, Middle Initial)

**C. Starbucks**

Mailing Address 1735 N Lynn St  
# 20

City Arlington State VA Zip Code 22209-2013

Purpose of Disbursement  
Meal Expense; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
01 / 07 / 2015

**Transaction ID : VN7F49TTQ11**

Amount of Each Disbursement this Period

2.23

IE Only Account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

125.70

**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"/> 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 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)

**A. Starbucks**

Mailing Address 1735 N Lynn St  
# 20

City Arlington State VA Zip Code 22209-2013

Purpose of Disbursement  
Meal Expense; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	3		2	0	1	5

**Transaction ID : VN7F49TTMD0**

Amount of Each Disbursement this Period

2	.	1	2
---	---	---	---

**[MEMO ITEM]**  
\* IE Only Account

Full Name (Last, First, Middle Initial)

**B. Starbucks**

Mailing Address 1735 N Lynn St  
# 20

City Arlington State VA Zip Code 22209-2013

Purpose of Disbursement  
Meal Expense; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	3		2	0	1	5

**Transaction ID : VN7F49TTMF6**

Amount of Each Disbursement this Period

4	.	6	1
---	---	---	---

**[MEMO ITEM]**  
\* IE Only Account

Full Name (Last, First, Middle Initial)

**C. Starbucks**

Mailing Address 1735 N Lynn St  
# 20

City Arlington State VA Zip Code 22209-2013

Purpose of Disbursement  
Meal Expense; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	6		2	0	1	5

**Transaction ID : VN7F49TTQ29**

Amount of Each Disbursement this Period

7	.	2	1
---	---	---	---

IE Only Account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

7	.	2	1
---	---	---	---

7	.	2	1
---	---	---	---

**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"/> 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 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)

**A. Starbucks**

Mailing Address 1735 N Lynn St  
# 20

City Arlington State VA Zip Code 22209-2013

Purpose of Disbursement  
Meal Expense; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : VN7F49TTMH2**

Amount of Each Disbursement this Period

**[MEMO ITEM]**  
\* IE Only Account

Full Name (Last, First, Middle Initial)

**B. Starbucks**

Mailing Address 1735 N Lynn St  
# 20

City Arlington State VA Zip Code 22209-2013

Purpose of Disbursement  
Meal Expense; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : VN7F49TTMJ0**

Amount of Each Disbursement this Period

**[MEMO ITEM]**  
\* IE Only Account

Full Name (Last, First, Middle Initial)

**C. Starbucks**

Mailing Address 1735 N Lynn St  
# 20

City Arlington State VA Zip Code 22209-2013

Purpose of Disbursement  
Meal Expense; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : VN7F49TTQ44**

Amount of Each Disbursement this Period

IE Only Account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** 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"/> 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Ready PAC**

**A. Starbucks**

Full Name (Last, First, Middle Initial)

Mailing Address 1735 N Lynn St # 20

City Arlington State VA Zip Code 22209-2013

Purpose of Disbursement Meal Expense; IE Only Account

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 01 / 28 / 2015

Transaction ID : VN7F49TTMK7

Amount of Each Disbursement this Period: 2.23

[MEMO ITEM]  
\* IE Only Account

**B. Starbucks**

Full Name (Last, First, Middle Initial)

Mailing Address 1735 N Lynn St # 20

City Arlington State VA Zip Code 22209-2013

Purpose of Disbursement Meal Expense; IE Only Account

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 01 / 28 / 2015

Transaction ID : VN7F49TTMM5

Amount of Each Disbursement this Period: 2.23

[MEMO ITEM]  
\* IE Only Account

**C. Starbucks**

Full Name (Last, First, Middle Initial)

Mailing Address 1735 N Lynn St # 20

City Arlington State VA Zip Code 22209-2013

Purpose of Disbursement Meal Expense; IE Only Account

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 01 / 29 / 2015

Transaction ID : VN7F49TTMN3

Amount of Each Disbursement this Period: 2.23

[MEMO ITEM]  
\* IE Only Account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 0.00

**TOTAL** 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"/> 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 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. Starbucks</b>		Date of Disbursement MM / DD / YYYY 01 / 30 / 2015
Mailing Address 1735 N Lynn St # 20		<b>Transaction ID : VN7F49TTMP1</b>
City Arlington	State VA	
Zip Code 22209-2013	Purpose of Disbursement Meal Expense; IE Only Account	Amount of Each Disbursement this Period 2.23
Candidate Name	Category/Type	<b>[MEMO ITEM]</b> * IE Only Account
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>B. Starbucks</b>		Date of Disbursement MM / DD / YYYY 01 / 30 / 2015
Mailing Address 1735 N Lynn St # 20		<b>Transaction ID : VN7F49V0DA8</b>
City Arlington	State VA	
Zip Code 22209-2013	Purpose of Disbursement Meal Expense; IE Only Account	Amount of Each Disbursement this Period 7.26
Candidate Name	Category/Type	
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. Starbucks</b>		Date of Disbursement MM / DD / YYYY 02 / 02 / 2015
Mailing Address 1735 N Lynn St # 20		<b>Transaction ID : VN7F49V0M61</b>
City Arlington	State VA	
Zip Code 22209-2013	Purpose of Disbursement Meal Expense; IE Only Account	Amount of Each Disbursement this Period 1.91
Candidate Name	Category/Type	IE Only Account
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional)..... ▶	9.17
<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"/> 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 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)

**A. Starbucks**

Mailing Address 1735 N Lynn St  
# 20

City Arlington State VA Zip Code 22209-2013

Purpose of Disbursement  
Meal Expense; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
02 / 02 / 2015

Transaction ID : VN7F49V0M79

Amount of Each Disbursement this Period

1.91

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Starbucks**

Mailing Address 1735 N Lynn St  
# 20

City Arlington State VA Zip Code 22209-2013

Purpose of Disbursement  
Meal Expense; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
02 / 02 / 2015

Transaction ID : VN7F49V0M87

Amount of Each Disbursement this Period

1.98

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Starbucks**

Mailing Address 1735 N Lynn St  
# 20

City Arlington State VA Zip Code 22209-2013

Purpose of Disbursement  
Meal Expense; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
02 / 03 / 2015

Transaction ID : VN7F49V0KT7

Amount of Each Disbursement this Period

6.41

IE Only Account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

10.30



**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"/> 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 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. Starbucks</b>		Date of Disbursement MM / DD / YYYY 02 / 04 / 2015
Mailing Address 1735 N Lynn St # 20		<b>Transaction ID : VN7F49V0KP5</b>
City Arlington	State VA	
Zip Code 22209-2013	Purpose of Disbursement Meal Expense; IE Only Account	Amount of Each Disbursement this Period 1.91
Candidate Name	Category/ Type	IE Only Account
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>B. Starbucks</b>		Date of Disbursement MM / DD / YYYY 02 / 04 / 2015
Mailing Address 1735 N Lynn St # 20		<b>Transaction ID : VN7F49V0KV4</b>
City Arlington	State VA	
Zip Code 22209-2013	Purpose of Disbursement Meal Expense; IE Only Account	Amount of Each Disbursement this Period 2.23
Candidate Name	Category/ Type	IE Only Account
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. Starbucks</b>		Date of Disbursement MM / DD / YYYY 02 / 04 / 2015
Mailing Address 1735 N Lynn St # 20		<b>Transaction ID : VN7F49V0KW2</b>
City Arlington	State VA	
Zip Code 22209-2013	Purpose of Disbursement Meal Expense; IE Only Account	Amount of Each Disbursement this Period 8.58
Candidate Name	Category/ Type	IE Only Account
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	12.72
<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"/> 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 checked="" 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)  
**Ready PAC**

Full Name (Last, First, Middle Initial)

**A. Starbucks**

Mailing Address 1735 N Lynn St  
# 20

City Arlington State VA Zip Code 22209-2013

Purpose of Disbursement  
Meal Expense; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 05 / 2015

Transaction ID : VN7F49V0MY1

Amount of Each Disbursement this Period

2.23

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Starbucks**

Mailing Address 1735 N Lynn St  
# 20

City Arlington State VA Zip Code 22209-2013

Purpose of Disbursement  
Meal Expense; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 09 / 2015

Transaction ID : VN7F49V0KX0

Amount of Each Disbursement this Period

1.91

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Starbucks**

Mailing Address 1735 N Lynn St  
# 20

City Arlington State VA Zip Code 22209-2013

Purpose of Disbursement  
Meal Expense; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 09 / 2015

Transaction ID : VN7F49V0M95

Amount of Each Disbursement this Period

1.98

IE Only Account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

6.12

**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"/> 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 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)

**A. Starbucks**

Mailing Address 1735 N Lynn St  
# 20

City Arlington State VA Zip Code 22209-2013

Purpose of Disbursement  
Meal Expense; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
02 / 11 / 2015

Transaction ID : VN7F49V0M38

Amount of Each Disbursement this Period

1.98

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Starbucks**

Mailing Address 1735 N Lynn St  
# 20

City Arlington State VA Zip Code 22209-2013

Purpose of Disbursement  
Meal Expense; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
02 / 12 / 2015

Transaction ID : VN7F49V0M53

Amount of Each Disbursement this Period

2.12

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Starbucks**

Mailing Address 1735 N Lynn St  
# 20

City Arlington State VA Zip Code 22209-2013

Purpose of Disbursement  
Meal Expense; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
02 / 12 / 2015

Transaction ID : VN7F49V0MB1

Amount of Each Disbursement this Period

2.45

IE Only Account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

6.55

**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"/> 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 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)

**A. Starbucks**

Mailing Address 1735 N Lynn St  
# 20

City Arlington State VA Zip Code 22209-2013

Purpose of Disbursement  
Meal Expense; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : VN7F49V0MC9

Amount of Each Disbursement this Period

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Starbucks**

Mailing Address 1735 N Lynn St  
# 20

City Arlington State VA Zip Code 22209-2013

Purpose of Disbursement  
Meal Expense; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : VN7F49V0MX3

Amount of Each Disbursement this Period

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Starbucks**

Mailing Address 1735 N Lynn St  
# 20

City Arlington State VA Zip Code 22209-2013

Purpose of Disbursement  
Meal Expense; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : VN7F49V0KQ3

Amount of Each Disbursement this Period

IE Only Account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** 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"/> 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 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)

**A. Starbucks**

Mailing Address 1735 N Lynn St  
# 20

City Arlington State VA Zip Code 22209-2013

Purpose of Disbursement  
Meal Expense; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	17	/	2015

**Transaction ID : VN7F49V0MA3**

Amount of Each Disbursement this Period

1.91
------

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Starbucks**

Mailing Address 1735 N Lynn St  
# 20

City Arlington State VA Zip Code 22209-2013

Purpose of Disbursement  
Meal Expense; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	17	/	2015

**Transaction ID : VN7F49V0MZ9**

Amount of Each Disbursement this Period

4.68
------

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Starbucks**

Mailing Address 1735 N Lynn St  
# 20

City Arlington State VA Zip Code 22209-2013

Purpose of Disbursement  
Meal Expense; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	20	/	2015

**Transaction ID : VN7F49V0KZ6**

Amount of Each Disbursement this Period

1.98
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IE Only Account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

8.57
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**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"/> 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 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)		Date of Disbursement	
<b>A. Starbucks</b>		MM / DD / YYYY 02 / 23 / 2015	
Mailing Address 1735 N Lynn St # 20		<b>Transaction ID : VN7F49V0KR1</b>	
City Arlington	State VA	Zip Code 22209-2013	Amount of Each Disbursement this Period
Purpose of Disbursement Meal Expense; IE Only Account	Candidate Name		4.29
Candidate Name	Category/ Type		
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) ▼		IE Only Account
State: District:			

Full Name (Last, First, Middle Initial)		Date of Disbursement	
<b>B. Starbucks</b>		MM / DD / YYYY 02 / 23 / 2015	
Mailing Address 1735 N Lynn St # 20		<b>Transaction ID : VN7F49V0M46</b>	
City Arlington	State VA	Zip Code 22209-2013	Amount of Each Disbursement this Period
Purpose of Disbursement Meal Expense; IE Only Account	Candidate Name		2.31
Candidate Name	Category/ Type		
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) ▼		IE Only Account
State: District:			

Full Name (Last, First, Middle Initial)		Date of Disbursement	
<b>C. Starbucks</b>		MM / DD / YYYY 02 / 23 / 2015	
Mailing Address 1735 N Lynn St # 20		<b>Transaction ID : VN7F49V0N07</b>	
City Arlington	State VA	Zip Code 22209-2013	Amount of Each Disbursement this Period
Purpose of Disbursement Meal Expense; IE Only Account	Candidate Name		2.23
Candidate Name	Category/ Type		
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) ▼		IE Only Account
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional)..... ▶	8.83
<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"/> 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 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)

**A. Starbucks**

Mailing Address 1735 N Lynn St  
# 20

City Arlington State VA Zip Code 22209-2013

Purpose of Disbursement  
Meal Expense; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
02 / 23 / 2015

**Transaction ID : VN7F49V0N15**

Amount of Each Disbursement this Period: 2.23

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Starbucks**

Mailing Address 1735 N Lynn St  
# 20

City Arlington State VA Zip Code 22209-2013

Purpose of Disbursement  
Meal Expense; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
02 / 24 / 2015

**Transaction ID : VN7F49V0KS9**

Amount of Each Disbursement this Period: 2.23

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Starbucks**

Mailing Address 1735 N Lynn St  
# 20

City Arlington State VA Zip Code 22209-2013

Purpose of Disbursement  
Meal Expense; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
02 / 24 / 2015

**Transaction ID : VN7F49V0KY8**

Amount of Each Disbursement this Period: 2.23

IE Only Account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 6.69

**TOTAL** 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"/> 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 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)

**A. Starbucks**

Mailing Address 1735 N Lynn St  
# 20

City Arlington State VA Zip Code 22209-2013

Purpose of Disbursement  
Meal Expense; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
02 / 25 / 2015

Transaction ID : VN7F49V0N23

Amount of Each Disbursement this Period

2.23

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Starbucks**

Mailing Address 1735 N Lynn St  
# 20

City Arlington State VA Zip Code 22209-2013

Purpose of Disbursement  
Meal Expense; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
02 / 26 / 2015

Transaction ID : VN7F49V0M04

Amount of Each Disbursement this Period

2.45

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Starbucks**

Mailing Address 1735 N Lynn St  
# 20

City Arlington State VA Zip Code 22209-2013

Purpose of Disbursement  
Meal Expense; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
02 / 27 / 2015

Transaction ID : VN7F49V0M12

Amount of Each Disbursement this Period

2.45

IE Only Account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

7.13



**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"/> 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 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)

**A. Starbucks**

Mailing Address 1735 N Lynn St  
# 20

City Arlington State VA Zip Code 22209-2013

Purpose of Disbursement  
Meal Expense; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	27	/	2015

Transaction ID : VN7F49V0M20

Amount of Each Disbursement this Period

2.45
------

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Starbucks**

Mailing Address 1735 N Lynn St  
# 20

City Arlington State VA Zip Code 22209-2013

Purpose of Disbursement  
Meal Expense; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	02	/	2015

Transaction ID : VN7F49V3QG1

Amount of Each Disbursement this Period

5.00
------

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Starbucks**

Mailing Address 1735 N Lynn St  
# 20

City Arlington State VA Zip Code 22209-2013

Purpose of Disbursement  
Meal Expense; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	02	/	2015

Transaction ID : VN7F49V3QH8

Amount of Each Disbursement this Period

1.91
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IE Only Account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

9.36
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**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"/> 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 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)

**A. Starbucks**

Mailing Address 1735 N Lynn St  
# 20

City Arlington State VA Zip Code 22209-2013

Purpose of Disbursement  
Meal Expense; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
03 / 02 / 2015

Transaction ID : VN7F49V3RX6

Amount of Each Disbursement this Period

2.23

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Starbucks**

Mailing Address 1735 N Lynn St  
# 20

City Arlington State VA Zip Code 22209-2013

Purpose of Disbursement  
Meal Expense; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
03 / 02 / 2015

Transaction ID : VN7F49V3RY4

Amount of Each Disbursement this Period

6.43

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Starbucks**

Mailing Address 1735 N Lynn St  
# 20

City Arlington State VA Zip Code 22209-2013

Purpose of Disbursement  
Meal Expense; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
03 / 03 / 2015

Transaction ID : VN7F49V3QJ6

Amount of Each Disbursement this Period

2.23

IE Only Account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

10.89

**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"/> 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 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)

**A. Starbucks**

Mailing Address 1735 N Lynn St  
# 20

City Arlington State VA Zip Code 22209-2013

Purpose of Disbursement  
Meal Expense; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
03 / 03 / 2015

Transaction ID : VN7F49V3QK4

Amount of Each Disbursement this Period

9.13

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Starbucks**

Mailing Address 1735 N Lynn St  
# 20

City Arlington State VA Zip Code 22209-2013

Purpose of Disbursement  
Meal Expense; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
03 / 04 / 2015

Transaction ID : VN7F49V3RZ2

Amount of Each Disbursement this Period

0.53

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Starbucks**

Mailing Address 1735 N Lynn St  
# 20

City Arlington State VA Zip Code 22209-2013

Purpose of Disbursement  
Meal Expense; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
03 / 09 / 2015

Transaction ID : VN7F49V3QM2

Amount of Each Disbursement this Period

2.23

IE Only Account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

11.89

**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"/> 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 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)

**A. Starbucks**

Mailing Address 1735 N Lynn St  
# 20

City Arlington State VA Zip Code 22209-2013

Purpose of Disbursement  
Meal Expense; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
03 / 09 / 2015

**Transaction ID : VN7F49V3QN0**

Amount of Each Disbursement this Period

2.23

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Starbucks**

Mailing Address 1735 N Lynn St  
# 20

City Arlington State VA Zip Code 22209-2013

Purpose of Disbursement  
Meal Expense; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
03 / 09 / 2015

**Transaction ID : VN7F49V3QP8**

Amount of Each Disbursement this Period

6.25

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Starbucks**

Mailing Address 1735 N Lynn St  
# 20

City Arlington State VA Zip Code 22209-2013

Purpose of Disbursement  
Meal Expense; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
03 / 09 / 2015

**Transaction ID : VN7F49V3S00**

Amount of Each Disbursement this Period

1.24

IE Only Account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

9.72

**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"/> 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 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)		Date of Disbursement											
<b>A. Starbucks</b>		<table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>03</td> <td></td> <td>09</td> <td></td> <td>2015</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	03		09		2015
M M M	/	D D D	/	Y Y Y Y Y Y									
03		09		2015									
Mailing Address 1735 N Lynn St # 20		<b>Transaction ID : VN7F49V3S18</b>											
City Arlington	State VA	Zip Code 22209-2013	Amount of Each Disbursement this Period										
Purpose of Disbursement Meal Expense; IE Only Account		<input type="checkbox"/>	<input type="text" value="2.92"/>										
Candidate Name		Category/ Type											
Office Sought:	Disbursement For:	IE Only Account											
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼												
State: District:													

Full Name (Last, First, Middle Initial)		Date of Disbursement											
<b>B. Starbucks</b>		<table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>03</td> <td></td> <td>10</td> <td></td> <td>2015</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	03		10		2015
M M M	/	D D D	/	Y Y Y Y Y Y									
03		10		2015									
Mailing Address 1735 N Lynn St # 20		<b>Transaction ID : VN7F49V3RN3</b>											
City Arlington	State VA	Zip Code 22209-2013	Amount of Each Disbursement this Period										
Purpose of Disbursement Meal Expense; IE Only Account		<input type="checkbox"/>	<input type="text" value="2.23"/>										
Candidate Name		Category/ Type											
Office Sought:	Disbursement For:	IE Only Account											
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼												
State: District:													

Full Name (Last, First, Middle Initial)		Date of Disbursement											
<b>C. Starbucks</b>		<table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>03</td> <td></td> <td>10</td> <td></td> <td>2015</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	03		10		2015
M M M	/	D D D	/	Y Y Y Y Y Y									
03		10		2015									
Mailing Address 1735 N Lynn St # 20		<b>Transaction ID : VN7F49V3RS4</b>											
City Arlington	State VA	Zip Code 22209-2013	Amount of Each Disbursement this Period										
Purpose of Disbursement Meal Expense; IE Only Account		<input type="checkbox"/>	<input type="text" value="31.69"/>										
Candidate Name		Category/ Type											
Office Sought:	Disbursement For:	IE Only Account											
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼												
State: District:													

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	<input type="text" value="36.84"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**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"/> 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 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)

**A. Starbucks**

Mailing Address 1735 N Lynn St  
# 20

City Arlington State VA Zip Code 22209-2013

Purpose of Disbursement  
Meal Expense; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
03 / 10 / 2015

Transaction ID : VN7F49V3S26

Amount of Each Disbursement this Period

1.91

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Starbucks**

Mailing Address 1735 N Lynn St  
# 20

City Arlington State VA Zip Code 22209-2013

Purpose of Disbursement  
Meal Expense; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
03 / 11 / 2015

Transaction ID : VN7F49V14P3

Amount of Each Disbursement this Period

7.26

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Starbucks**

Mailing Address 1735 N Lynn St  
# 20

City Arlington State VA Zip Code 22209-2013

Purpose of Disbursement  
Meal Expense; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
03 / 12 / 2015

Transaction ID : VN7F49V3QQ6

Amount of Each Disbursement this Period

2.23

IE Only Account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

11.40

**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"/> 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 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)

**A. Starbucks**

Mailing Address 1735 N Lynn St  
# 20

City Arlington State VA Zip Code 22209-2013

Purpose of Disbursement  
Meal Expense; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
03 / 12 / 2015

**Transaction ID : VN7F49V3QR4**

Amount of Each Disbursement this Period

2.23

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Starbucks**

Mailing Address 1735 N Lynn St  
# 20

City Arlington State VA Zip Code 22209-2013

Purpose of Disbursement  
Meal Expense; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
03 / 12 / 2015

**Transaction ID : VN7F49V3S41**

Amount of Each Disbursement this Period

1.91

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Starbucks**

Mailing Address 1735 N Lynn St  
# 20

City Arlington State VA Zip Code 22209-2013

Purpose of Disbursement  
Meal Expense; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
03 / 13 / 2015

**Transaction ID : VN7F49V3QS2**

Amount of Each Disbursement this Period

2.23

IE Only Account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

6.37

**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"/> 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 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)

**A. Starbucks**

Mailing Address 1735 N Lynn St  
# 20

City Arlington State VA Zip Code 22209-2013

Purpose of Disbursement Meal Expense; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 03 / 18 / 2015

Transaction ID : VN7F49V3QT0

Amount of Each Disbursement this Period: 2.23

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Starbucks**

Mailing Address 1735 N Lynn St  
# 20

City Arlington State VA Zip Code 22209-2013

Purpose of Disbursement Meal Expense; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 03 / 18 / 2015

Transaction ID : VN7F49V3RV0

Amount of Each Disbursement this Period: 2.23

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Starbucks**

Mailing Address 1735 N Lynn St  
# 20

City Arlington State VA Zip Code 22209-2013

Purpose of Disbursement Meal Expense; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 03 / 19 / 2015

Transaction ID : VN7F49V3QV7

Amount of Each Disbursement this Period: 2.23

IE Only Account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 6.69

**TOTAL** 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"/> 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 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)

**A. Starbucks**

Mailing Address 1735 N Lynn St  
# 20

City Arlington State VA Zip Code 22209-2013

Purpose of Disbursement  
Meal Expense; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
03 / 19 / 2015

Transaction ID : VN7F49V3QY1

Amount of Each Disbursement this Period

1.91

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Starbucks**

Mailing Address 1735 N Lynn St  
# 20

City Arlington State VA Zip Code 22209-2013

Purpose of Disbursement  
Meal Expense; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
03 / 19 / 2015

Transaction ID : VN7F49V3SB5

Amount of Each Disbursement this Period

1.91

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Starbucks**

Mailing Address 1735 N Lynn St  
# 20

City Arlington State VA Zip Code 22209-2013

Purpose of Disbursement  
Meal Expense; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
03 / 20 / 2015

Transaction ID : VN7F49V3QW5

Amount of Each Disbursement this Period

2.23

IE Only Account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

6.05

**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"/> 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 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)

**A. Starbucks**

Mailing Address 1735 N Lynn St  
# 20

City Arlington State VA Zip Code 22209-2013

Purpose of Disbursement  
Meal Expense; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
03 / 20 / 2015

Transaction ID : VN7F49V3QX3

Amount of Each Disbursement this Period

5.00

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Starbucks**

Mailing Address 1735 N Lynn St  
# 20

City Arlington State VA Zip Code 22209-2013

Purpose of Disbursement  
Meal Expense; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
03 / 23 / 2015

Transaction ID : VN7F49V3QZ9

Amount of Each Disbursement this Period

2.23

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Starbucks**

Mailing Address 1735 N Lynn St  
# 20

City Arlington State VA Zip Code 22209-2013

Purpose of Disbursement  
Meal Expense; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
03 / 23 / 2015

Transaction ID : VN7F49V3R07

Amount of Each Disbursement this Period

0.53

IE Only Account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

7.76

**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"/> 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 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)

**A. Starbucks**

Mailing Address 1735 N Lynn St  
# 20

City Arlington State VA Zip Code 22209-2013

Purpose of Disbursement  
Meal Expense; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	23	/	2015

**Transaction ID : VN7F49V3R23**

Amount of Each Disbursement this Period

2.49
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IE Only Account

Full Name (Last, First, Middle Initial)

**B. Starbucks**

Mailing Address 1735 N Lynn St  
# 20

City Arlington State VA Zip Code 22209-2013

Purpose of Disbursement  
Meal Expense; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	23	/	2015

**Transaction ID : VN7F49V3SC3**

Amount of Each Disbursement this Period

10.78
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IE Only Account

Full Name (Last, First, Middle Initial)

**C. Starbucks**

Mailing Address 1735 N Lynn St  
# 20

City Arlington State VA Zip Code 22209-2013

Purpose of Disbursement  
Meal Expense; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	23	/	2015

**Transaction ID : VN7F49V3SD0**

Amount of Each Disbursement this Period

8.50
------

IE Only Account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

21.77
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# 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"/> 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 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)

### A. Starbucks

Mailing Address 1735 N Lynn St  
# 20

City Arlington State VA Zip Code 22209-2013

Purpose of Disbursement  
Meal Expense; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		23		2015

Transaction ID : VN7F49V3SF6

Amount of Each Disbursement this Period

2.49
------

IE Only Account

Full Name (Last, First, Middle Initial)

### B. Starbucks

Mailing Address 1735 N Lynn St  
# 20

City Arlington State VA Zip Code 22209-2013

Purpose of Disbursement  
Meal Expense; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		24		2015

Transaction ID : VN7F49V3R15

Amount of Each Disbursement this Period

1.91
------

IE Only Account

Full Name (Last, First, Middle Initial)

### C. Starbucks

Mailing Address 1735 N Lynn St  
# 20

City Arlington State VA Zip Code 22209-2013

Purpose of Disbursement  
Meal Expense; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		26		2015

Transaction ID : VN7F49V3R31

Amount of Each Disbursement this Period

2.23
------

IE Only Account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

6.63
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**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"/> 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 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)

**A. Starbucks**

Mailing Address 1735 N Lynn St  
# 20

City Arlington State VA Zip Code 22209-2013

Purpose of Disbursement  
Meal Expense; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 03 / 27 / 2015

**Transaction ID : VN7F49V3R49**

Amount of Each Disbursement this Period: 10.56

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Starbucks**

Mailing Address 1735 N Lynn St  
# 20

City Arlington State VA Zip Code 22209-2013

Purpose of Disbursement  
Meal Expense; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 03 / 27 / 2015

**Transaction ID : VN7F49V3R64**

Amount of Each Disbursement this Period: 2.92

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Starbucks**

Mailing Address 1735 N Lynn St  
# 20

City Arlington State VA Zip Code 22209-2013

Purpose of Disbursement  
Meal Expense; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 03 / 30 / 2015

**Transaction ID : VN7F49V3R56**

Amount of Each Disbursement this Period: 6.43

IE Only Account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 19.91

**TOTAL** 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"/> 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 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)		Date of Disbursement											
<b>A. Starbucks</b>		<table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>03</td> <td></td> <td>30</td> <td></td> <td>2015</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	03		30		2015
M M M	/	D D D	/	Y Y Y Y Y Y									
03		30		2015									
Mailing Address 1735 N Lynn St # 20		<b>Transaction ID : VN7F49V3R98</b>											
City Arlington	State VA	Zip Code 22209-2013	Amount of Each Disbursement this Period										
Purpose of Disbursement Meal Expense; IE Only Account	Candidate Name		<table border="1"><tr><td>6.43</td></tr></table>	6.43									
6.43													
Candidate Name	Category/Type		IE Only Account										
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)		Date of Disbursement											
<b>B. Starbucks</b>		<table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>03</td> <td></td> <td>30</td> <td></td> <td>2015</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	03		30		2015
M M M	/	D D D	/	Y Y Y Y Y Y									
03		30		2015									
Mailing Address 1735 N Lynn St # 20		<b>Transaction ID : VN7F49V3RA6</b>											
City Arlington	State VA	Zip Code 22209-2013	Amount of Each Disbursement this Period										
Purpose of Disbursement Meal Expense; IE Only Account	Candidate Name		<table border="1"><tr><td>2.23</td></tr></table>	2.23									
2.23													
Candidate Name	Category/Type		IE Only Account										
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)		Date of Disbursement											
<b>C. Starbucks</b>		<table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>03</td> <td></td> <td>30</td> <td></td> <td>2015</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	03		30		2015
M M M	/	D D D	/	Y Y Y Y Y Y									
03		30		2015									
Mailing Address 1735 N Lynn St # 20		<b>Transaction ID : VN7F49V3RB4</b>											
City Arlington	State VA	Zip Code 22209-2013	Amount of Each Disbursement this Period										
Purpose of Disbursement Meal Expense; IE Only Account	Candidate Name		<table border="1"><tr><td>4.51</td></tr></table>	4.51									
4.51													
Candidate Name	Category/Type		IE Only Account										
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:													

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	<table border="1"><tr><td>13.17</td></tr></table>	13.17
13.17		
<b>TOTAL</b> This Period (last page this line number only).....▶	<table border="1"><tr><td></td></tr></table>	

**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"/> 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 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)

**A. Starbucks**

Mailing Address 1735 N Lynn St  
# 20

City Arlington State VA Zip Code 22209-2013

Purpose of Disbursement  
Meal Expense; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : VN7F49V3RP1**

Amount of Each Disbursement this Period

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Starbucks**

Mailing Address 1735 N Lynn St  
# 20

City Arlington State VA Zip Code 22209-2013

Purpose of Disbursement  
Meal Expense; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : VN7F49V3SH2**

Amount of Each Disbursement this Period

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Starbucks**

Mailing Address 1735 N Lynn St  
# 20

City Arlington State VA Zip Code 22209-2013

Purpose of Disbursement  
Meal Expense; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : VN7F49V3SJ0**

Amount of Each Disbursement this Period

IE Only Account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** 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"/> 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 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)

**A. Starbucks**

Mailing Address 1735 N Lynn St  
# 20

City Arlington State VA Zip Code 22209-2013

Purpose of Disbursement  
Meal Expense; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
04 / 02 / 2015

**Transaction ID : VN7F49V19X8**

Amount of Each Disbursement this Period

2.23

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Starbucks**

Mailing Address 1735 N Lynn St  
# 20

City Arlington State VA Zip Code 22209-2013

Purpose of Disbursement  
Meal Expense; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
04 / 03 / 2015

**Transaction ID : VN7F49V19W0**

Amount of Each Disbursement this Period

2.12

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Starbucks**

Mailing Address 1735 N Lynn St  
# 20

City Arlington State VA Zip Code 22209-2013

Purpose of Disbursement  
Meal Expense; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
04 / 06 / 2015

**Transaction ID : VN7F49V19S6**

Amount of Each Disbursement this Period

8.42

IE Only Account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

12.77



**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"/> 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 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)		Date of Disbursement
<b>A. Starbucks</b>		<input type="text" value="04"/> / <input type="text" value="06"/> / <input type="text" value="2015"/>
Mailing Address 1735 N Lynn St # 20		<b>Transaction ID : VN7F49V19T4</b>
City Arlington	State VA	
Zip Code 22209-2013	Purpose of Disbursement Meal Expense; IE Only Account	Amount of Each Disbursement this Period
Candidate Name	<input type="text"/>	<input type="text" value="5.35"/>
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) ▼	IE Only Account
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>B. Starbucks</b>		<input type="text" value="04"/> / <input type="text" value="06"/> / <input type="text" value="2015"/>
Mailing Address 1735 N Lynn St # 20		<b>Transaction ID : VN7F49V19V2</b>
City Arlington	State VA	
Zip Code 22209-2013	Purpose of Disbursement Meal Expense; IE Only Account	Amount of Each Disbursement this Period
Candidate Name	<input type="text"/>	<input type="text" value="1.96"/>
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) ▼	IE Only Account
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>C. State of Michigan</b>		<input type="text" value="04"/> / <input type="text" value="01"/> / <input type="text" value="2015"/>
Mailing Address PO Box 20126		<b>Transaction ID : VN7F49V42D2</b>
City Lansing	State MI	
Zip Code 48901-0726	Purpose of Disbursement Filing Fee; IE Only Account	Amount of Each Disbursement this Period
Candidate Name	<input type="text"/>	<input type="text" value="300.00"/>
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) ▼	IE Only Account
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	<input type="text" value="307.31"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**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"/> 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 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)

**A. The Nomad**

Mailing Address 1170 Broadway

City New York State NY Zip Code 10001-7507

Purpose of Disbursement  
Travel Expense; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
01 / 12 / 2015

Transaction ID : VN7F49TTSD1

Amount of Each Disbursement this Period

71.34

IE Only Account

Full Name (Last, First, Middle Initial)

**B. The Nomad**

Mailing Address 1170 Broadway

City New York State NY Zip Code 10001-7507

Purpose of Disbursement  
hotel fee-ie only account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
01 / 20 / 2015

Transaction ID : VN7F49TTSC3

Amount of Each Disbursement this Period

46.65

IE Only Account

Full Name (Last, First, Middle Initial)

**C. The Nomad**

Mailing Address 1170 Broadway

City New York State NY Zip Code 10001-7507

Purpose of Disbursement  
Travel Expense; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
02 / 13 / 2015

Transaction ID : VN7F49V0HW0

Amount of Each Disbursement this Period

102.75

IE Only Account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

220.74

**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"/> 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 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)

**A. The Pivot Group, Inc.**

Mailing Address 1720 I St NW  
Ste 550

City Washington State DC Zip Code 20006-3741

Purpose of Disbursement  
Design Consulting-IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
02 / 03 / 2015

**Transaction ID : VN7F49TSJP9**

Amount of Each Disbursement this Period

6360.00

IE Only Account

Full Name (Last, First, Middle Initial)

**B. The Pivot Group, Inc.**

Mailing Address 1720 I St NW  
Ste 550

City Washington State DC Zip Code 20006-3741

Purpose of Disbursement  
Design Consulting-IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
03 / 05 / 2015

**Transaction ID : VN7F49TZ0Q4**

Amount of Each Disbursement this Period

27970.77

IE Only Account

Full Name (Last, First, Middle Initial)

**C. The Pivot Group, Inc.**

Mailing Address 1720 I St NW  
Ste 550

City Washington State DC Zip Code 20006-3741

Purpose of Disbursement  
Design Consulting-IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
04 / 20 / 2015

**Transaction ID : VN7F49TZ8C6**

Amount of Each Disbursement this Period

10000.00

IE Only Account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

44330.77

**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"/> 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 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)

**A. The Pivot Group, Inc.**

Mailing Address 1720 I St NW  
Ste 550

City Washington State DC Zip Code 20006-3741

Purpose of Disbursement  
Design Consulting-IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : VN7F49TZZF7**

Amount of Each Disbursement this Period

IE Only Account

Full Name (Last, First, Middle Initial)

**B. The Pivot Group, Inc.**

Mailing Address 1720 I St NW  
Ste 550

City Washington State DC Zip Code 20006-3741

Purpose of Disbursement  
Design Consulting-IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : VN7F49V0019**

Amount of Each Disbursement this Period

IE Only Account

Full Name (Last, First, Middle Initial)

**C. The UPS Store**

Mailing Address 51194 Romeo Plank Rd

City Macomb State MI Zip Code 48042-4111

Purpose of Disbursement  
Shipping Expense; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : VN7F49V0CM5**

Amount of Each Disbursement this Period

IE Only Account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** 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"/> 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 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)

**A. The UPS Store**

Mailing Address 51194 Romeo Plank Rd

City Macomb State MI Zip Code 48042-4111

Purpose of Disbursement  
Shipping Expense; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 17 / 2015

Transaction ID : VN7F49V0SJ6

Amount of Each Disbursement this Period

86.63

IE Only Account

Full Name (Last, First, Middle Initial)

**B. The UPS Store**

Mailing Address 51194 Romeo Plank Rd

City Macomb State MI Zip Code 48042-4111

Purpose of Disbursement  
Shipping Expense; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 01 / 2015

Transaction ID : VN7F49V42A8

Amount of Each Disbursement this Period

932.52

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Ticketmaster**

Mailing Address 3701 Wilshire Blvd  
Ste 530

City Los Angeles State CA Zip Code 90010-2818

Purpose of Disbursement  
Fundraising Event Ticket Distribution; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 04 / 2015

Transaction ID : VN7F49V40B0

Amount of Each Disbursement this Period

410.30

IE Only Account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

1429.45

**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"/> 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 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)

**A. Nicole Titus**

Mailing Address 1930 Columbia Rd NW  
Apt 421

City Arlington State VA Zip Code 22206

Purpose of Disbursement  
Travel Reimbursement; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
01 / 21 / 2015

**Transaction ID : VN7F49TYV60**

Amount of Each Disbursement this Period

88.23

Full Name (Last, First, Middle Initial)

**B. Uber**

Mailing Address 800 Market St

City San Francisco State CA Zip Code 94102-3033

Purpose of Disbursement  
Travel; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
01 / 21 / 2015

**Transaction ID : VN7F49TYV78**

Amount of Each Disbursement this Period

27.00

**[MEMO ITEM]**  
\*

Full Name (Last, First, Middle Initial)

**C. Nicole Titus**

Mailing Address 1930 Columbia Rd NW  
Apt 421

City Arlington State VA Zip Code 22206

Purpose of Disbursement  
Postage Reimbursement; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 13 / 2015

**Transaction ID : VN7F49TZC00**

Amount of Each Disbursement this Period

490.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

578.23

**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"/> 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 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)

**A. United States Postal Service**

Mailing Address 5834C N Kings Hwy

City Alexandria State VA Zip Code 22303-8000

Purpose of Disbursement Postage; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 13 / 2015

Transaction ID : VN7F49TZC18

Amount of Each Disbursement this Period

490.00

[MEMO ITEM]

\*

Full Name (Last, First, Middle Initial)

**B. Treasurer, State of Iowa**

Mailing Address PO Box 10471

City Des Moines State IA Zip Code 50306-0471

Purpose of Disbursement Withholding Taxes; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 07 / 2015

Transaction ID : VN7F49V41C1

Amount of Each Disbursement this Period

338.31

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Trophy Limousine Service & Transportation**

Mailing Address 7000 Holstein Ave Ste 1

City Philadelphia State PA Zip Code 19153-3292

Purpose of Disbursement Travel; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 10 / 2015

Transaction ID : VN7F49V3XY4

Amount of Each Disbursement this Period

168.50

IE Only Account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

506.81

**TOTAL** 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"/> 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 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)

**A. Trophy Limousine Service & Transportation**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	12	/	2015

Mailing Address 7000 Holstein Ave  
Ste 1

**Transaction ID : VN7F49V3XZ2**

City Philadelphia State PA Zip Code 19153-3292

Amount of Each Disbursement this Period

162.50
--------

Purpose of Disbursement  
Travel; IE Only Account

Category/ Type
-------------------

Candidate Name

IE Only Account

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

**B. Uber**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	02	/	2015

Mailing Address 800 Market St

**Transaction ID : VN7F49TTQY0**

City San Francisco State CA Zip Code 94102-3033

Amount of Each Disbursement this Period

35.00
-------

Purpose of Disbursement  
Travel; IE Only Account

Category/ Type
-------------------

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

**C. Uber**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	02	/	2015

Mailing Address 800 Market St

**Transaction ID : VN7F49TTQZ8**

City San Francisco State CA Zip Code 94102-3033

Amount of Each Disbursement this Period

15.00
-------

Purpose of Disbursement  
Travel; IE Only Account

Category/ Type
-------------------

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

212.50
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**TOTAL** This Period (last page this line number only)..... ▶

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**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"/> 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Ready PAC**

**A. Uber**

Full Name (Last, First, Middle Initial)

Mailing Address 800 Market St

City San Francisco State CA Zip Code 94102-3033

Purpose of Disbursement  
Travel; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
01 / 02 / 2015

**Transaction ID : VN7F49V0DC4**

Amount of Each Disbursement this Period  
56.00

**B. Uber**

Full Name (Last, First, Middle Initial)

Mailing Address 800 Market St

City San Francisco State CA Zip Code 94102-3033

Purpose of Disbursement  
Travel; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
01 / 05 / 2015

**Transaction ID : VN7F49V0CB3**

Amount of Each Disbursement this Period  
25.00

**C. Uber**

Full Name (Last, First, Middle Initial)

Mailing Address 800 Market St

City San Francisco State CA Zip Code 94102-3033

Purpose of Disbursement  
Travel; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
01 / 06 / 2015

**Transaction ID : VN7F49V0DB6**

Amount of Each Disbursement this Period  
75.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 156.00

**TOTAL** 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"/> 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 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)

**A. Uber**

Mailing Address 800 Market St

City San Francisco State CA Zip Code 94102-3033

Purpose of Disbursement  
Travel; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
01 / 07 / 2015

**Transaction ID : VN7F49TTR97**

Amount of Each Disbursement this Period

14.00

Full Name (Last, First, Middle Initial)

**B. Uber**

Mailing Address 800 Market St

City San Francisco State CA Zip Code 94102-3033

Purpose of Disbursement  
Travel; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
01 / 12 / 2015

**Transaction ID : VN7F49TTRA5**

Amount of Each Disbursement this Period

48.00

Full Name (Last, First, Middle Initial)

**C. Uber**

Mailing Address 800 Market St

City San Francisco State CA Zip Code 94102-3033

Purpose of Disbursement  
Travel; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
01 / 12 / 2015

**Transaction ID : VN7F49V0CF5**

Amount of Each Disbursement this Period

51.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

113.00

**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"/> 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 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)

**A. Uber**

Mailing Address 800 Market St

City San Francisco State CA Zip Code 94102-3033

Purpose of Disbursement  
Travel; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
01 / 14 / 2015

**Transaction ID : VN7F49TTR06**

Amount of Each Disbursement this Period

39.00

Full Name (Last, First, Middle Initial)

**B. Uber**

Mailing Address 800 Market St

City San Francisco State CA Zip Code 94102-3033

Purpose of Disbursement  
Travel; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
01 / 14 / 2015

**Transaction ID : VN7F49TTR13**

Amount of Each Disbursement this Period

15.00

Full Name (Last, First, Middle Initial)

**C. Uber**

Mailing Address 800 Market St

City San Francisco State CA Zip Code 94102-3033

Purpose of Disbursement  
Travel; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
01 / 15 / 2015

**Transaction ID : VN7F49TTR21**

Amount of Each Disbursement this Period

36.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

90.00

**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"/> 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 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)

**A. Uber**

Mailing Address 800 Market St

City San Francisco State CA Zip Code 94102-3033

Purpose of Disbursement  
Travel; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
01 / 20 / 2015

**Transaction ID : VN7F49TTR39**

Amount of Each Disbursement this Period

79.00

Full Name (Last, First, Middle Initial)

**B. Uber**

Mailing Address 800 Market St

City San Francisco State CA Zip Code 94102-3033

Purpose of Disbursement  
Travel; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
01 / 20 / 2015

**Transaction ID : VN7F49TTR47**

Amount of Each Disbursement this Period

99.00

Full Name (Last, First, Middle Initial)

**C. Uber**

Mailing Address 800 Market St

City San Francisco State CA Zip Code 94102-3033

Purpose of Disbursement  
Travel; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
01 / 22 / 2015

**Transaction ID : VN7F49TTR89**

Amount of Each Disbursement this Period

19.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

197.00

**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"/> 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 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)

**A. Uber**

Mailing Address 800 Market St

City San Francisco State CA Zip Code 94102-3033

Purpose of Disbursement  
Travel; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
01 / 22 / 2015

Transaction ID : VN7F49V0DD2

Amount of Each Disbursement this Period

15.56

Full Name (Last, First, Middle Initial)

**B. Uber**

Mailing Address 800 Market St

City San Francisco State CA Zip Code 94102-3033

Purpose of Disbursement  
Travel; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
01 / 30 / 2015

Transaction ID : VN7F49TTR55

Amount of Each Disbursement this Period

27.00

Full Name (Last, First, Middle Initial)

**C. Uber**

Mailing Address 800 Market St

City San Francisco State CA Zip Code 94102-3033

Purpose of Disbursement  
Travel; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
01 / 30 / 2015

Transaction ID : VN7F49TTR63

Amount of Each Disbursement this Period

29.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

71.56

**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"/> 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 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)

**A. Uber**

Mailing Address 800 Market St

City San Francisco State CA Zip Code 94102-3033

Purpose of Disbursement  
Travel; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
01 / 30 / 2015

**Transaction ID : VN7F49TTR71**

Amount of Each Disbursement this Period

15.00

Full Name (Last, First, Middle Initial)

**B. Uber**

Mailing Address 800 Market St

City San Francisco State CA Zip Code 94102-3033

Purpose of Disbursement  
Travel; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
01 / 30 / 2015

**Transaction ID : VN7F49V0CP0**

Amount of Each Disbursement this Period

35.00

Full Name (Last, First, Middle Initial)

**C. Uber**

Mailing Address 800 Market St

City San Francisco State CA Zip Code 94102-3033

Purpose of Disbursement  
Travel; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
02 / 02 / 2015

**Transaction ID : VN7F49V0NC0**

Amount of Each Disbursement this Period

25.00

IE Only Account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

75.00

**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"/> 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 checked="" 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)  
**Ready PAC**

Full Name (Last, First, Middle Initial)

**A. Uber**

Mailing Address 800 Market St

City San Francisco State CA Zip Code 94102-3033

Purpose of Disbursement  
Travel; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 02 / 2015

**Transaction ID : VN7F49V0ND7**

Amount of Each Disbursement this Period

23.00

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Uber**

Mailing Address 800 Market St

City San Francisco State CA Zip Code 94102-3033

Purpose of Disbursement  
Travel; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 02 / 2015

**Transaction ID : VN7F49V0NF3**

Amount of Each Disbursement this Period

24.00

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Uber**

Mailing Address 800 Market St

City San Francisco State CA Zip Code 94102-3033

Purpose of Disbursement  
Travel; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 02 / 2015

**Transaction ID : VN7F49V0NK5**

Amount of Each Disbursement this Period

22.36

IE Only Account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

69.36

**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"/> 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 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)

**A. Uber**

Mailing Address 800 Market St

City San Francisco State CA Zip Code 94102-3033

Purpose of Disbursement  
Travel; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
02 / 04 / 2015

**Transaction ID : VN7F49V0NB2**

Amount of Each Disbursement this Period

7.05

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Uber**

Mailing Address 800 Market St

City San Francisco State CA Zip Code 94102-3033

Purpose of Disbursement  
Travel; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
02 / 04 / 2015

**Transaction ID : VN7F49V0NE5**

Amount of Each Disbursement this Period

10.70

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Uber**

Mailing Address 800 Market St

City San Francisco State CA Zip Code 94102-3033

Purpose of Disbursement  
Travel; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
02 / 09 / 2015

**Transaction ID : VN7F49V0NG1**

Amount of Each Disbursement this Period

68.00

IE Only Account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

85.75



**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"/> 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 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)

**A. Uber**

Mailing Address 800 Market St

City San Francisco State CA Zip Code 94102-3033

Purpose of Disbursement Travel; IE Only Account

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY  
02 / 11 / 2015

**Transaction ID : VN7F49V0E85**

Amount of Each Disbursement this Period: 45.73

Full Name (Last, First, Middle Initial)

**B. Uber**

Mailing Address 800 Market St

City San Francisco State CA Zip Code 94102-3033

Purpose of Disbursement Travel; IE Only Account

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY  
02 / 13 / 2015

**Transaction ID : VN7F49V0NH9**

Amount of Each Disbursement this Period: 68.00

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Uber**

Mailing Address 800 Market St

City San Francisco State CA Zip Code 94102-3033

Purpose of Disbursement Travel; IE Only Account

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY  
02 / 17 / 2015

**Transaction ID : VN7F49V0NJ7**

Amount of Each Disbursement this Period: 20.00

IE Only Account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 133.73

**TOTAL** 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"/> 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 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)

**A. Uber**

Mailing Address 800 Market St

City San Francisco State CA Zip Code 94102-3033

Purpose of Disbursement  
Travel; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
02 / 20 / 2015

Transaction ID : VN7F49V0NM3

Amount of Each Disbursement this Period

9.32

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Uber**

Mailing Address 800 Market St

City San Francisco State CA Zip Code 94102-3033

Purpose of Disbursement  
Travel; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
03 / 02 / 2015

Transaction ID : VN7F49V0PA7

Amount of Each Disbursement this Period

25.00

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Uber**

Mailing Address 800 Market St

City San Francisco State CA Zip Code 94102-3033

Purpose of Disbursement  
Travel; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
03 / 03 / 2015

Transaction ID : VN7F49V14V2

Amount of Each Disbursement this Period

45.75

IE Only Account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

80.07

**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"/> 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 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)

**A. Uber**

Mailing Address 800 Market St

City San Francisco State CA Zip Code 94102-3033

Purpose of Disbursement  
Travel; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 03 / 2015

Transaction ID : VN7F49V14W8

Amount of Each Disbursement this Period

11.80

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Uber**

Mailing Address 800 Market St

City San Francisco State CA Zip Code 94102-3033

Purpose of Disbursement  
Travel; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 03 / 2015

Transaction ID : VN7F49V3Y75

Amount of Each Disbursement this Period

13.01

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Uber**

Mailing Address 800 Market St

City San Francisco State CA Zip Code 94102-3033

Purpose of Disbursement  
Travel; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 04 / 2015

Transaction ID : VN7F49V14X6

Amount of Each Disbursement this Period

14.80

IE Only Account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

39.61

**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"/> 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 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. Uber</b>		Date of Disbursement MM / DD / YYYY 03 / 05 / 2015
Mailing Address 800 Market St		<b>Transaction ID : VN7F49V0S20</b>
City San Francisco	State CA	
Zip Code 94102-3033	Purpose of Disbursement Travel; IE Only Account	Amount of Each Disbursement this Period 37.00
Candidate Name	Category/Type	IE Only Account
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>B. Uber</b>		Date of Disbursement MM / DD / YYYY 03 / 05 / 2015
Mailing Address 800 Market St		<b>Transaction ID : VN7F49V0S38</b>
City San Francisco	State CA	
Zip Code 94102-3033	Purpose of Disbursement Travel; IE Only Account	Amount of Each Disbursement this Period 69.00
Candidate Name	Category/Type	IE Only Account
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. Uber</b>		Date of Disbursement MM / DD / YYYY 03 / 06 / 2015
Mailing Address 800 Market St		<b>Transaction ID : VN7F49V0S53</b>
City San Francisco	State CA	
Zip Code 94102-3033	Purpose of Disbursement Travel; IE Only Account	Amount of Each Disbursement this Period 190.00
Candidate Name	Category/Type	IE Only Account
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	296.00
<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"/> 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 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)

**A. Uber**

Mailing Address 800 Market St

City San Francisco State CA Zip Code 94102-3033

Purpose of Disbursement  
Travel; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
03 / 09 / 2015

**Transaction ID : VN7F49V0S61**

Amount of Each Disbursement this Period

25.00

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Uber**

Mailing Address 800 Market St

City San Francisco State CA Zip Code 94102-3033

Purpose of Disbursement  
Travel; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
03 / 09 / 2015

**Transaction ID : VN7F49V0S79**

Amount of Each Disbursement this Period

31.00

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Uber**

Mailing Address 800 Market St

City San Francisco State CA Zip Code 94102-3033

Purpose of Disbursement  
Travel; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
03 / 09 / 2015

**Transaction ID : VN7F49V0S87**

Amount of Each Disbursement this Period

65.00

IE Only Account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

121.00

# 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"/> 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 checked="" 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)  
**Ready PAC**

Full Name (Last, First, Middle Initial)

### A. Uber

Mailing Address 800 Market St

City San Francisco State CA Zip Code 94102-3033

Purpose of Disbursement  
Travel; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	09	/	2015

Transaction ID : VN7F49V0S95

Amount of Each Disbursement this Period

65.00
-------

IE Only Account

Full Name (Last, First, Middle Initial)

### B. Uber

Mailing Address 800 Market St

City San Francisco State CA Zip Code 94102-3033

Purpose of Disbursement  
Travel; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	09	/	2015

Transaction ID : VN7F49V0SA3

Amount of Each Disbursement this Period

76.00
-------

IE Only Account

Full Name (Last, First, Middle Initial)

### C. Uber

Mailing Address 800 Market St

City San Francisco State CA Zip Code 94102-3033

Purpose of Disbursement  
Travel; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	09	/	2015

Transaction ID : VN7F49V0SB1

Amount of Each Disbursement this Period

78.00
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IE Only Account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

219.00
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**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"/> 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 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)

**A. Uber**

Mailing Address 800 Market St

City San Francisco State CA Zip Code 94102-3033

Purpose of Disbursement  
Travel; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 09 / 2015

**Transaction ID : VN7F49V3Y00**

Amount of Each Disbursement this Period

21.00

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Uber**

Mailing Address 800 Market St

City San Francisco State CA Zip Code 94102-3033

Purpose of Disbursement  
Travel; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 09 / 2015

**Transaction ID : VN7F49V3Y83**

Amount of Each Disbursement this Period

18.00

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Uber**

Mailing Address 800 Market St

City San Francisco State CA Zip Code 94102-3033

Purpose of Disbursement  
Travel; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 09 / 2015

**Transaction ID : VN7F49V3Y91**

Amount of Each Disbursement this Period

145.00

IE Only Account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

184.00

**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"/> 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 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. Uber</b>		Date of Disbursement MM / DD / YYYY 03 / 12 / 2015
Mailing Address 800 Market St		<b>Transaction ID : VN7F49V3YA9</b>
City San Francisco	State CA	
Purpose of Disbursement Travel; IE Only Account		Amount of Each Disbursement this Period 12.67
Candidate Name		IE Only Account
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:	Category/ Type	

Full Name (Last, First, Middle Initial) <b>B. Uber</b>		Date of Disbursement MM / DD / YYYY 03 / 16 / 2015
Mailing Address 800 Market St		<b>Transaction ID : VN7F49V0SE5</b>
City San Francisco	State CA	
Purpose of Disbursement Travel; IE Only Account		Amount of Each Disbursement this Period 37.00
Candidate Name		IE Only Account
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:	Category/ Type	

Full Name (Last, First, Middle Initial) <b>C. Uber</b>		Date of Disbursement MM / DD / YYYY 03 / 16 / 2015
Mailing Address 800 Market St		<b>Transaction ID : VN7F49V0SF2</b>
City San Francisco	State CA	
Purpose of Disbursement Travel; IE Only Account		Amount of Each Disbursement this Period 50.00
Candidate Name		IE Only Account
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:	Category/ Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	99.67
<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"/> 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 checked="" 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)  
**Ready PAC**

Full Name (Last, First, Middle Initial)

**A. Uber**

Mailing Address 800 Market St

City San Francisco State CA Zip Code 94102-3033

Purpose of Disbursement  
Travel; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
03 / 16 / 2015

**Transaction ID : VN7F49V3Y18**

Amount of Each Disbursement this Period

15.13

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Uber**

Mailing Address 800 Market St

City San Francisco State CA Zip Code 94102-3033

Purpose of Disbursement  
Travel; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
03 / 16 / 2015

**Transaction ID : VN7F49V3YC5**

Amount of Each Disbursement this Period

5.00

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Uber**

Mailing Address 800 Market St

City San Francisco State CA Zip Code 94102-3033

Purpose of Disbursement  
Travel; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
03 / 16 / 2015

**Transaction ID : VN7F49V3YD2**

Amount of Each Disbursement this Period

13.53

IE Only Account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

33.66

**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"/> 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 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)

**A. Uber**

Mailing Address 800 Market St

City San Francisco State CA Zip Code 94102-3033

Purpose of Disbursement  
Travel; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 17 / 2015

**Transaction ID : VN7F49V0SG0**

Amount of Each Disbursement this Period

15.00

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Uber**

Mailing Address 800 Market St

City San Francisco State CA Zip Code 94102-3033

Purpose of Disbursement  
Travel; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 18 / 2015

**Transaction ID : VN7F49V0SK4**

Amount of Each Disbursement this Period

23.00

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Uber**

Mailing Address 800 Market St

City San Francisco State CA Zip Code 94102-3033

Purpose of Disbursement  
Travel; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 18 / 2015

**Transaction ID : VN7F49V0SM2**

Amount of Each Disbursement this Period

26.00

IE Only Account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

64.00

**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"/> 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 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)

**A. Uber**

Mailing Address 800 Market St

City San Francisco State CA Zip Code 94102-3033

Purpose of Disbursement  
Travel; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
03 / 19 / 2015

**Transaction ID : VN7F49V3Y33**

Amount of Each Disbursement this Period

16.78

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Uber**

Mailing Address 800 Market St

City San Francisco State CA Zip Code 94102-3033

Purpose of Disbursement  
Travel; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
03 / 19 / 2015

**Transaction ID : VN7F49V3YE0**

Amount of Each Disbursement this Period

5.00

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Uber**

Mailing Address 800 Market St

City San Francisco State CA Zip Code 94102-3033

Purpose of Disbursement  
Travel; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
03 / 19 / 2015

**Transaction ID : VN7F49V3YF8**

Amount of Each Disbursement this Period

6.95

IE Only Account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

28.73

# 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"/> 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 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)

### A. Uber

Mailing Address 800 Market St

City San Francisco State CA Zip Code 94102-3033

Purpose of Disbursement  
Travel; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	19	/	2015

Transaction ID : VN7F49V3YH4

Amount of Each Disbursement this Period

93.00
-------

IE Only Account

Full Name (Last, First, Middle Initial)

### B. Uber

Mailing Address 800 Market St

City San Francisco State CA Zip Code 94102-3033

Purpose of Disbursement  
Travel; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	19	/	2015

Transaction ID : VN7F49V3YQ1

Amount of Each Disbursement this Period

38.00
-------

IE Only Account

Full Name (Last, First, Middle Initial)

### C. Uber

Mailing Address 800 Market St

City San Francisco State CA Zip Code 94102-3033

Purpose of Disbursement  
Travel; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	23	/	2015

Transaction ID : VN7F49V0SQ6

Amount of Each Disbursement this Period

15.00
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IE Only Account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

93.00
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**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"/> 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Ready PAC**

**A. Uber**

Full Name (Last, First, Middle Initial)

Mailing Address 800 Market St

City San Francisco State CA Zip Code 94102-3033

Purpose of Disbursement Travel; IE Only Account

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 03 / 23 / 2015

**Transaction ID : VN7F49V0SS1**

Amount of Each Disbursement this Period 32.00

IE Only Account

**B. Uber**

Full Name (Last, First, Middle Initial)

Mailing Address 800 Market St

City San Francisco State CA Zip Code 94102-3033

Purpose of Disbursement Travel; IE Only Account

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 03 / 23 / 2015

**Transaction ID : VN7F49V3Y41**

Amount of Each Disbursement this Period 12.46

IE Only Account

**C. Uber**

Full Name (Last, First, Middle Initial)

Mailing Address 800 Market St

City San Francisco State CA Zip Code 94102-3033

Purpose of Disbursement Travel; IE Only Account

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 03 / 23 / 2015

**Transaction ID : VN7F49V3YJ2**

Amount of Each Disbursement this Period 7.57

IE Only Account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 52.03

**TOTAL** 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"/> 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Ready PAC**

**A. Uber**

Full Name (Last, First, Middle Initial)

Mailing Address 800 Market St

City San Francisco State CA Zip Code 94102-3033

Purpose of Disbursement Travel; IE Only Account

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 03 / 24 / 2015

Transaction ID : VN7F49V0SR4

Amount of Each Disbursement this Period: 15.00

IE Only Account

**B. Uber**

Full Name (Last, First, Middle Initial)

Mailing Address 800 Market St

City San Francisco State CA Zip Code 94102-3033

Purpose of Disbursement Travel; IE Only Account

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 03 / 24 / 2015

Transaction ID : VN7F49V0SV7

Amount of Each Disbursement this Period: 21.00

IE Only Account

**C. Uber**

Full Name (Last, First, Middle Initial)

Mailing Address 800 Market St

City San Francisco State CA Zip Code 94102-3033

Purpose of Disbursement Travel; IE Only Account

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 03 / 24 / 2015

Transaction ID : VN7F49V0SW5

Amount of Each Disbursement this Period: 24.00

IE Only Account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 60.00

**TOTAL** 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"/> 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 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. Uber</b>		Date of Disbursement MM / DD / YYYY 03 / 24 / 2015
Mailing Address 800 Market St		<b>Transaction ID : VN7F49V0SY1</b>
City San Francisco	State CA	
Zip Code 94102-3033	Purpose of Disbursement Travel; IE Only Account	Amount of Each Disbursement this Period 20.62
Candidate Name	Category/Type	IE Only Account
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>B. Uber</b>		Date of Disbursement MM / DD / YYYY 03 / 25 / 2015
Mailing Address 800 Market St		<b>Transaction ID : VN7F49V0SZ9</b>
City San Francisco	State CA	
Zip Code 94102-3033	Purpose of Disbursement Travel; IE Only Account	Amount of Each Disbursement this Period 28.00
Candidate Name	Category/Type	IE Only Account
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. Uber</b>		Date of Disbursement MM / DD / YYYY 03 / 26 / 2015
Mailing Address 800 Market St		<b>Transaction ID : VN7F49TTRB2</b>
City San Francisco	State CA	
Zip Code 94102-3033	Purpose of Disbursement Travel; IE Only Account	Amount of Each Disbursement this Period 96.00
Candidate Name	Category/Type	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional)..... ▶	144.62
<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"/> 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 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. Uber</b>		Date of Disbursement MM / DD / YYYY 03 / 26 / 2015
Mailing Address 800 Market St		<b>Transaction ID : VN7F49V0T98</b>
City San Francisco	State CA	
Zip Code 94102-3033	Purpose of Disbursement Travel; IE Only Account	Amount of Each Disbursement this Period 25.00
Candidate Name	Category/Type	IE Only Account
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>B. Uber</b>		Date of Disbursement MM / DD / YYYY 03 / 26 / 2015
Mailing Address 800 Market St		<b>Transaction ID : VN7F49V0TB4</b>
City San Francisco	State CA	
Zip Code 94102-3033	Purpose of Disbursement Travel; IE Only Account	Amount of Each Disbursement this Period 15.00
Candidate Name	Category/Type	IE Only Account
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. Uber</b>		Date of Disbursement MM / DD / YYYY 03 / 26 / 2015
Mailing Address 800 Market St		<b>Transaction ID : VN7F49V0TC2</b>
City San Francisco	State CA	
Zip Code 94102-3033	Purpose of Disbursement Travel; IE Only Account	Amount of Each Disbursement this Period 28.00
Candidate Name	Category/Type	IE Only Account
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	68.00
<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"/> 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 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)

**A. Uber**

Mailing Address 800 Market St

City San Francisco State CA Zip Code 94102-3033

Purpose of Disbursement  
Travel; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 27 / 2015

**Transaction ID : VN7F49V0TD9**

Amount of Each Disbursement this Period

35.00

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Uber**

Mailing Address 800 Market St

City San Francisco State CA Zip Code 94102-3033

Purpose of Disbursement  
Travel; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 27 / 2015

**Transaction ID : VN7F49V0TE7**

Amount of Each Disbursement this Period

37.00

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Uber**

Mailing Address 800 Market St

City San Francisco State CA Zip Code 94102-3033

Purpose of Disbursement  
Travel; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 30 / 2015

**Transaction ID : VN7F49V0TF5**

Amount of Each Disbursement this Period

18.00

IE Only Account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

90.00

**TOTAL** 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"/> 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 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. Uber</b>		Date of Disbursement MM / DD / YYYY 03 / 30 / 2015
Mailing Address 800 Market St		<b>Transaction ID : VN7F49V0TG3</b>
City San Francisco	State CA	
Purpose of Disbursement Travel; IE Only Account		Amount of Each Disbursement this Period 18.00
Candidate Name		IE Only Account
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:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Uber</b>		Date of Disbursement MM / DD / YYYY 03 / 31 / 2015
Mailing Address 800 Market St		<b>Transaction ID : VN7F49V3Y59</b>
City San Francisco	State CA	
Purpose of Disbursement Travel; IE Only Account		Amount of Each Disbursement this Period 35.00
Candidate Name		IE Only Account
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:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. Uber</b>		Date of Disbursement MM / DD / YYYY 03 / 31 / 2015
Mailing Address 800 Market St		<b>Transaction ID : VN7F49V3YK0</b>
City San Francisco	State CA	
Purpose of Disbursement Travel; IE Only Account		Amount of Each Disbursement this Period 47.00
Candidate Name		IE Only Account
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:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	100.00
<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"/> 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 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)

**A. Uber**

Mailing Address 800 Market St

City San Francisco State CA Zip Code 94102-3033

Purpose of Disbursement  
Travel; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2015

**Transaction ID : VN7F49V3YM8**

Amount of Each Disbursement this Period

20.00
-------

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Uber**

Mailing Address 800 Market St

City San Francisco State CA Zip Code 94102-3033

Purpose of Disbursement  
Travel; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2015

**Transaction ID : VN7F49V3YP4**

Amount of Each Disbursement this Period

19.00
-------

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Uber**

Mailing Address 800 Market St

City San Francisco State CA Zip Code 94102-3033

Purpose of Disbursement  
Travel; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	01	/	2015

**Transaction ID : VN7F49V1B60**

Amount of Each Disbursement this Period

20.00
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IE Only Account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

59.00
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**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"/> 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 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)

**A. Uber**

Mailing Address 800 Market St

City San Francisco State CA Zip Code 94102-3033

Purpose of Disbursement  
Travel; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
04 / 02 / 2015

**Transaction ID : VN7F49V1B93**

Amount of Each Disbursement this Period

24.00

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Uber**

Mailing Address 800 Market St

City San Francisco State CA Zip Code 94102-3033

Purpose of Disbursement  
Travel; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
04 / 02 / 2015

**Transaction ID : VN7F49V1BA1**

Amount of Each Disbursement this Period

21.00

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Uber**

Mailing Address 800 Market St

City San Francisco State CA Zip Code 94102-3033

Purpose of Disbursement  
Travel; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
04 / 02 / 2015

**Transaction ID : VN7F49V1BB9**

Amount of Each Disbursement this Period

10.79

IE Only Account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

55.79

**TOTAL** 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"/> 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 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)

**A. Uber**

Mailing Address 800 Market St

City San Francisco State CA Zip Code 94102-3033

Purpose of Disbursement  
Travel; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
04 / 02 / 2015

**Transaction ID : VN7F49V1BE3**

Amount of Each Disbursement this Period

26.00

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Uber**

Mailing Address 800 Market St

City San Francisco State CA Zip Code 94102-3033

Purpose of Disbursement  
Travel; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
04 / 03 / 2015

**Transaction ID : VN7F49V1644**

Amount of Each Disbursement this Period

44.00

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Uber**

Mailing Address 800 Market St

City San Francisco State CA Zip Code 94102-3033

Purpose of Disbursement  
Travel; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
04 / 03 / 2015

**Transaction ID : VN7F49V1B78**

Amount of Each Disbursement this Period

22.00

IE Only Account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

92.00

# 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"/> 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 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)

### A. Uber

Mailing Address 800 Market St

City San Francisco State CA Zip Code 94102-3033

Purpose of Disbursement  
Travel; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		03		2015

Transaction ID : VN7F49V1BC7

Amount of Each Disbursement this Period

10.27
-------

IE Only Account

Full Name (Last, First, Middle Initial)

### B. Uber

Mailing Address 800 Market St

City San Francisco State CA Zip Code 94102-3033

Purpose of Disbursement  
Travel; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		03		2015

Transaction ID : VN7F49V1BD5

Amount of Each Disbursement this Period

10.10
-------

IE Only Account

Full Name (Last, First, Middle Initial)

### C. Uber

Mailing Address 800 Market St

City San Francisco State CA Zip Code 94102-3033

Purpose of Disbursement  
Travel; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		06		2015

Transaction ID : VN7F49V15Z4

Amount of Each Disbursement this Period

15.00
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IE Only Account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

35.37
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**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"/> 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 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)

**A. Uber**

Mailing Address 800 Market St

City San Francisco State CA Zip Code 94102-3033

Purpose of Disbursement  
Travel; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
04 / 06 / 2015

**Transaction ID : VN7F49V1602**

Amount of Each Disbursement this Period

42.00

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Uber**

Mailing Address 800 Market St

City San Francisco State CA Zip Code 94102-3033

Purpose of Disbursement  
Travel; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
04 / 06 / 2015

**Transaction ID : VN7F49V1610**

Amount of Each Disbursement this Period

20.00

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Uber**

Mailing Address 800 Market St

City San Francisco State CA Zip Code 94102-3033

Purpose of Disbursement  
Travel; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
04 / 06 / 2015

**Transaction ID : VN7F49V1628**

Amount of Each Disbursement this Period

24.00

IE Only Account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

86.00

**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"/> 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 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)

**A. Uber**

Mailing Address 800 Market St

City San Francisco State CA Zip Code 94102-3033

Purpose of Disbursement  
Travel; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
04 / 06 / 2015

**Transaction ID : VN7F49V1652**

Amount of Each Disbursement this Period

46.00

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Uber**

Mailing Address 800 Market St

City San Francisco State CA Zip Code 94102-3033

Purpose of Disbursement  
Travel; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
04 / 06 / 2015

**Transaction ID : VN7F49V1B86**

Amount of Each Disbursement this Period

10.40

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Uber**

Mailing Address 800 Market St

City San Francisco State CA Zip Code 94102-3033

Purpose of Disbursement  
Travel; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
04 / 07 / 2015

**Transaction ID : VN7F49V1636**

Amount of Each Disbursement this Period

41.00

IE Only Account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

97.40



**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"/> 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 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)

**A. Uline**

Mailing Address 12575 Uline Dr

City Pleasant Prairie State WI Zip Code 53158-3686

Purpose of Disbursement  
Shipping Supplies; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 23 / 2015

Transaction ID : VN7F49V1660

Amount of Each Disbursement this Period

224.17

IE Only Account

Full Name (Last, First, Middle Initial)

**B. United States Postal Service**

Mailing Address 5834C N Kings Hwy

City Alexandria State VA Zip Code 22303-8000

Purpose of Disbursement  
Postage; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 08 / 2015

Transaction ID : VN7F49V0DF8

Amount of Each Disbursement this Period

157.15

IE Only Account

Full Name (Last, First, Middle Initial)

**C. United States Postal Service**

Mailing Address 5834C N Kings Hwy

City Alexandria State VA Zip Code 22303-8000

Purpose of Disbursement  
Postage; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 10 / 2015

Transaction ID : VN7F49V0EA1

Amount of Each Disbursement this Period

147.00

IE Only Account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

528.32

**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"/> 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 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)

**A. United States Postal Service**

Mailing Address 5834C N Kings Hwy

City Alexandria State VA Zip Code 22303-8000

Purpose of Disbursement  
Postage; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
02 / 17 / 2015

Transaction ID : VN7F49V0NN1

Amount of Each Disbursement this Period

980.00

IE Only Account

Full Name (Last, First, Middle Initial)

**B. United States Postal Service**

Mailing Address 5834C N Kings Hwy

City Alexandria State VA Zip Code 22303-8000

Purpose of Disbursement  
Postage; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
03 / 27 / 2015

Transaction ID : VN7F49V3YY7

Amount of Each Disbursement this Period

7.36

IE Only Account

Full Name (Last, First, Middle Initial)

**C. United States Postal Service**

Mailing Address 5834C N Kings Hwy

City Alexandria State VA Zip Code 22303-8000

Purpose of Disbursement  
Postage; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
03 / 27 / 2015

Transaction ID : VN7F49V3YZ5

Amount of Each Disbursement this Period

237.64

IE Only Account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

1225.00

**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"/> 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 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)

**A. United States Postal Service**

Mailing Address 5834C N Kings Hwy

City Alexandria State VA Zip Code 22303-8000

Purpose of Disbursement Postage; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
05 / 20 / 2015

Transaction ID : VN7F49V21X8

Amount of Each Disbursement this Period

44.27

IE Only Account

Full Name (Last, First, Middle Initial)

**B. United States Postal Service**

Mailing Address 5834C N Kings Hwy

City Alexandria State VA Zip Code 22303-8000

Purpose of Disbursement Postage; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
06 / 09 / 2015

Transaction ID : VN7F49V2F75

Amount of Each Disbursement this Period

16.67

IE Only Account

Full Name (Last, First, Middle Initial)

**C. US Airways**

Mailing Address 4000 E Sky Harbor Blvd

City Phoenix State AZ Zip Code 85034-3802

Purpose of Disbursement Travel; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
01 / 28 / 2015

Transaction ID : VN7F49V0DE0

Amount of Each Disbursement this Period

516.20

IE Only Account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

577.14

**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"/> 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Ready PAC**

**A. US Airways**

Full Name (Last, First, Middle Initial)

Mailing Address 4000 E Sky Harbor Blvd

City Phoenix State AZ Zip Code 85034-3802

Purpose of Disbursement Travel; IE Only Account

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY  
02 / 23 / 2015

**Transaction ID : VN7F49V0E93**

Amount of Each Disbursement this Period: 314.10

Category/Type

**B. US Airways**

Full Name (Last, First, Middle Initial)

Mailing Address 4000 E Sky Harbor Blvd

City Phoenix State AZ Zip Code 85034-3802

Purpose of Disbursement Travel; IE Only Account

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY  
03 / 23 / 2015

**Transaction ID : VN7F49V14Y4**

Amount of Each Disbursement this Period: 988.70

IE Only Account

Category/Type

**C. US Airways**

Full Name (Last, First, Middle Initial)

Mailing Address 4000 E Sky Harbor Blvd

City Phoenix State AZ Zip Code 85034-3802

Purpose of Disbursement Travel; IE Only Account

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY  
03 / 25 / 2015

**Transaction ID : VN7F49V14Z2**

Amount of Each Disbursement this Period: 309.10

IE Only Account

Category/Type

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 1611.90

**TOTAL** 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"/> 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 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)

**A. US Airways**

Mailing Address 4000 E Sky Harbor Blvd

City Phoenix State AZ Zip Code 85034-3802

Purpose of Disbursement  
Travel; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	5		2	0	1	5

**Transaction ID : VN7F49V1500**

Amount of Each Disbursement this Period

2	1	3	.	1	0
---	---	---	---	---	---

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Verizon**

Mailing Address PO Box 15124

City Albany State NY Zip Code 12212-5124

Purpose of Disbursement  
Telephone, Internet Usage-IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	3		2	0	1	5

**Transaction ID : VN7F49V16A1**

Amount of Each Disbursement this Period

3	2	8	.	7	1	5
---	---	---	---	---	---	---

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Wesley K. Clark & Associates**

Mailing Address 116 Ottenheimer St

City Little Rock State AR Zip Code 72201-1667

Purpose of Disbursement  
Travel Reimbursement; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	3		2	0	1	5

**Transaction ID : VN7F49TZD27**

Amount of Each Disbursement this Period

3	2	7	.	5	1	2
---	---	---	---	---	---	---

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

6	7	7	.	5	3	7
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**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"/> 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 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. American Airlines</b>		Date of Disbursement MM / DD / YYYY 02 / 27 / 2015
Mailing Address PO Box 619616		<b>Transaction ID : VN7F49V0DR9</b>
City Dallas	State TX	
Purpose of Disbursement Travel; IE Only Account		Amount of Each Disbursement this Period 91.50
Candidate Name		<b>[MEMO ITEM]</b> *
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:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. American Airlines</b>		Date of Disbursement MM / DD / YYYY 04 / 13 / 2015
Mailing Address PO Box 619616		<b>Transaction ID : VN7F49TZD50</b>
City Dallas	State TX	
Purpose of Disbursement Travel; IE Only Account		Amount of Each Disbursement this Period 359.60
Candidate Name		<b>[MEMO ITEM]</b> *
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:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. American Airlines</b>		Date of Disbursement MM / DD / YYYY 04 / 13 / 2015
Mailing Address PO Box 619616		<b>Transaction ID : VN7F49TZD68</b>
City Dallas	State TX	
Purpose of Disbursement Travel; IE Only Account		Amount of Each Disbursement this Period 359.60
Candidate Name		<b>[MEMO ITEM]</b> *
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:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	0.00
<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"/> 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 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)

**A. American Airlines**

Mailing Address PO Box 619616

City Dallas State TX Zip Code 75261-9616

Purpose of Disbursement  
Travel; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 13 / 2015

Transaction ID : VN7F49TZD76

Amount of Each Disbursement this Period

785.10

[MEMO ITEM]

\*

Full Name (Last, First, Middle Initial)

**B. Delta Airlines**

Mailing Address PO Box 20706

City Atlanta State GA Zip Code 30320-6001

Purpose of Disbursement  
Travel; IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 13 / 2015

Transaction ID : VN7F49TZD34

Amount of Each Disbursement this Period

454.10

[MEMO ITEM]

\*

Full Name (Last, First, Middle Initial)

**C. LimoLink**

Mailing Address 701 Tama St  
Bldg A

City Marion State IA Zip Code 52302-4806

Purpose of Disbursement  
Travel; E Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 13 / 2015

Transaction ID : VN7F49TZD42

Amount of Each Disbursement this Period

581.39

[MEMO ITEM]

\*

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**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"/> 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 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. Evan Howard Wessel</b>		Date of Disbursement MM / DD / YYYY 04 / 14 / 2015
Mailing Address 324 Chapman Way		<b>Transaction ID : VN7F49V43K0</b>
City Falls Church	State VA	
Purpose of Disbursement Office Assistant Stipend; IE Only Account		Amount of Each Disbursement this Period 1416.67
Candidate Name		IE Only Account
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:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Evan Howard Wessel</b>		Date of Disbursement MM / DD / YYYY 04 / 15 / 2015
Mailing Address 324 Chapman Way		<b>Transaction ID : VN7F49V4341</b>
City Falls Church	State VA	
Purpose of Disbursement Office Supply Reimbursement; IE Only Account		Amount of Each Disbursement this Period 420.28
Candidate Name		IE Only Account
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:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. Adobe Systems, Inc.</b>		Date of Disbursement MM / DD / YYYY 04 / 15 / 2015
Mailing Address 801 N 34th St		<b>Transaction ID : VN7F49V4359</b>
City Seattle	State WA	
Purpose of Disbursement Software; IE Only Account		Amount of Each Disbursement this Period 129.87
Candidate Name		[MEMO ITEM] *
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:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional)..... ▶	1836.95
<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"/> 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 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)

**A. Microsoft**

Mailing Address 205 108th Ave NE  
Ste 400

City Bellevue State WA Zip Code 98004-5770

Purpose of Disbursement  
Software; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
04 / 15 / 2015

Transaction ID : VN7F49V4367

Amount of Each Disbursement this Period

49.95

[MEMO ITEM]

\*

Full Name (Last, First, Middle Initial)

**B. Evan Howard Wessel**

Mailing Address 324 Chapman Way

City Falls Church State VA Zip Code 22042

Purpose of Disbursement  
Office Supply Reimbursement; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
04 / 15 / 2015

Transaction ID : VN7F49V4383

Amount of Each Disbursement this Period

133.54

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Staples**

Mailing Address 3804 Wilson Blvd

City Arlington State VA Zip Code 22203-1920

Purpose of Disbursement  
Office Supply Reimbursement; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
04 / 15 / 2015

Transaction ID : VN7F49V4391

Amount of Each Disbursement this Period

133.54

[MEMO ITEM]

\*

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

133.54

**TOTAL** 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"/> 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 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. Paul White</b>		Date of Disbursement MM / DD / YYYY 06 / 16 / 2015
Mailing Address 274 Poipu Dr		<b>Transaction ID : VN7F49V0068</b>
City Honolulu	State HI Zip Code 96825-2128	
Purpose of Disbursement Food for Event; IE Only Account		Amount of Each Disbursement this Period 380.81
Candidate Name		Category/Type
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>B. Costco Hawaii #120</b>		Date of Disbursement MM / DD / YYYY 06 / 16 / 2015
Mailing Address 333 Keahole St Bldg A		<b>Transaction ID : VN7F49V0076</b>
City Honolulu	State HI Zip Code 96825-3428	
Purpose of Disbursement Food for Event; IE Only Account		Amount of Each Disbursement this Period 149.85
Candidate Name		Category/Type
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:		<b>[MEMO ITEM]</b> *

Full Name (Last, First, Middle Initial) <b>C. Fujioka's Wine Times</b>		Date of Disbursement MM / DD / YYYY 06 / 16 / 2015
Mailing Address 2919 Kapiolani Blvd		<b>Transaction ID : VN7F49V0084</b>
City Honolulu	State HI Zip Code 96826-3503	
Purpose of Disbursement Beverages for Event; IE Only Account		Amount of Each Disbursement this Period 213.82
Candidate Name		Category/Type
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:		<b>[MEMO ITEM]</b> *

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	380.81
<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"/> 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 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)

**A. Valerie Wilson**

Mailing Address 223 N Guadalupe St  
# 549

City Santa Fe State NM Zip Code 87501-1868

Purpose of Disbursement  
Travel Reimbursement; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		03		2015

**Transaction ID : VN7F49TZDF9**

Amount of Each Disbursement this Period

298.90
--------

Itemization Below if Required

Full Name (Last, First, Middle Initial)

**B. Winchester Inn & Suites**

Mailing Address 15625 Highway 59 N

City Humble State TX Zip Code 77396-2140

Purpose of Disbursement  
Travel; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		05		2015

**Transaction ID : VN7F49V0D41**

Amount of Each Disbursement this Period

78.00
-------

Full Name (Last, First, Middle Initial)

**C. Winchester Inn & Suites**

Mailing Address 15625 Highway 59 N

City Humble State TX Zip Code 77396-2140

Purpose of Disbursement  
Travel; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		03		2015

**Transaction ID : VN7F49V0E28**

Amount of Each Disbursement this Period

78.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

454.90
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**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"/> 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 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)

**A. Winchester Inn & Suites**

Mailing Address 15625 Highway 59 N

City Humble State TX Zip Code 77396-2140

Purpose of Disbursement  
Travel; IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
02 / 26 / 2015

**Transaction ID : VN7F49V0E36**

Amount of Each Disbursement this Period

45.00

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. Windward Strategies**

Mailing Address 5713 Overlea Rd

City Bethesda State MD Zip Code 20816-1918

Purpose of Disbursement  
Direct Mail Production-IE Account Only

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
02 / 02 / 2015

**Transaction ID : VN7F49TSJY2**

Amount of Each Disbursement this Period

25000.00

Category/  
Type

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Windward Strategies**

Mailing Address 5713 Overlea Rd

City Bethesda State MD Zip Code 20816-1918

Purpose of Disbursement  
Direct Mail Production-IE Account Only

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
02 / 06 / 2015

**Transaction ID : VN7F49TSKH2**

Amount of Each Disbursement this Period

83242.60

Category/  
Type

IE Only Account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

108287.60

**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"/> 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 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)

**A. Windward Strategies**

Mailing Address 5713 Overlea Rd

City State Zip Code  
Bethesda MD 20816-1918

Purpose of Disbursement  
Direct Mail Production-IE Account Only

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
03 / 04 / 2015

Transaction ID : VN7F49TZ4W3

Amount of Each Disbursement this Period

30000.00

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Windward Strategies**

Mailing Address 5713 Overlea Rd

City State Zip Code  
Bethesda MD 20816-1918

Purpose of Disbursement  
Direct Mail Production-IE Account Only

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
03 / 16 / 2015

Transaction ID : VN7F49TZ4X1

Amount of Each Disbursement this Period

100772.48

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Windward Strategies**

Mailing Address 5713 Overlea Rd

City State Zip Code  
Bethesda MD 20816-1918

Purpose of Disbursement  
Direct Mail Production-IE Account Only

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
04 / 10 / 2015

Transaction ID : VN7F49TZCV1

Amount of Each Disbursement this Period

25000.00

IE Only Account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

155772.48

**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"/> 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 checked="" 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)  
**Ready PAC**

Full Name (Last, First, Middle Initial) <b>A. Windward Strategies</b>		Date of Disbursement MM / DD / YYYY 04 / 14 / 2015
Mailing Address 5713 Overlea Rd		<b>Transaction ID : VN7F49TZ8N7</b>
City Bethesda	State MD	
Purpose of Disbursement Direct Mail Production-IE Account Only		Amount of Each Disbursement this Period 20000.00
Candidate Name		IE Only Account
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>B. Windward Strategies</b>		Date of Disbursement MM / DD / YYYY 04 / 20 / 2015
Mailing Address 5713 Overlea Rd		<b>Transaction ID : VN7F49TZ8R0</b>
City Bethesda	State MD	
Purpose of Disbursement Direct Mail Production-IE Account Only		Amount of Each Disbursement this Period 10000.00
Candidate Name		IE Only Account
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. Windward Strategies</b>		Date of Disbursement MM / DD / YYYY 04 / 24 / 2015
Mailing Address 5713 Overlea Rd		<b>Transaction ID : VN7F49TZ834</b>
City Bethesda	State MD	
Purpose of Disbursement Direct Mail Production-IE Account Only		Amount of Each Disbursement this Period 10000.00
Candidate Name		IE Only Account
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	40000.00
<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"/> 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 checked="" 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)  
**Ready PAC**

Full Name (Last, First, Middle Initial) <b>A. Windward Strategies</b>		Date of Disbursement MM / DD / YYYY 05 / 07 / 2015
Mailing Address 5713 Overlea Rd		<b>Transaction ID : VN7F49TZZE9</b>
City Bethesda	State MD	
Zip Code 20816-1918	Purpose of Disbursement Direct Mail Production-IE Account Only	Amount of Each Disbursement this Period 50000.00
Candidate Name	Category/Type	IE Only Account
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>B. Windward Strategies</b>		Date of Disbursement MM / DD / YYYY 06 / 22 / 2015
Mailing Address 5713 Overlea Rd		<b>Transaction ID : VN7F49TZZZ3</b>
City Bethesda	State MD	
Zip Code 20816-1918	Purpose of Disbursement Direct Mail Production-IE Account Only	Amount of Each Disbursement this Period 50000.00
Candidate Name	Category/Type	IE Only Account
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.</b>		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	
Candidate Name	Category/Type	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional)..... ▶	100000.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶	3493636.24

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **Ready PAC** Transaction ID : VN8ECD9HBH8L

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) Amalgamated Bank	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1800 Massachusetts Ave NW	
City Washington State DC ZIP Code 20036-1222	

Original Amount of Loan 1000000.00	Cumulative Payment To Date 1000000.00	Balance Outstanding at Close of This Period 0.00
---------------------------------------	--	---

**TERMS**

Date Incurred: M M / D D / Y Y Y Y Y Y  /  /

Date Due: M M / D D / Y Y Y Y Y Y  /  /

Interest Rate:  % (apr)

Secured:  Yes  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"/>

<b>SUBTOTALS</b> This Period This Page (optional).....▶	<input type="text" value="0.00"/>
<b>TOTALS</b> This Period (last page in this line only).....▶	<input type="text" value="0.00"/>

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.



: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SC/10

Transaction ID : VN8ECD9HBH8L

It has a maturity date of February 28, 2015.

Form/Schedule:

Transaction ID:

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 1274 OF 1282
	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 Ste 640	
City State Washington DC Zip Code 20001-2621	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : VN5GM9H9X47</b>	
Amount Incurred This Period 58312.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 58312.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Catalist, LLC</b>	Nature of Debt (Purpose): Data Modeling-IE Only Account
Mailing Address 1090 Vermont Ave NW Ste 300	
City State Washington DC Zip Code 20005-4966	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : VN5GM9H9X63</b>	
Amount Incurred This Period 60000.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 60000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>CTS Global Partners</b>	Nature of Debt (Purpose): Fundraising Consulting;IE Only Account
Mailing Address 801 Arthur Godfrey Rd Ste 401	
City State Zip Code Miami Beach FL 33140-3333	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : VN5GM9H9WZ8</b>	
Amount Incurred This Period 10000.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 10000.00

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	128312.00
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SD10

Transaction ID : VN5GM9H9X47

Finance Consulting-IE Only Account

Form/Schedule: SD10

Transaction ID: VN5GM9H9X63

Data Modeling-IE Only Account

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SD10

Transaction ID : VN5GM9H9WZ8

Fundraising Consulting;IE Only Account

Form/Schedule:

Transaction ID:

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 1277 OF 1282
	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>Dufour &amp; Co. Productions, LLC</b>	Nature of Debt (Purpose): Event Management; IE Only Account
Mailing Address 1901 Fort Myer Dr Ste 502	
City State Zip Code Arlington VA 22209-1620	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : VN5GM9H9X55</b>	
Amount Incurred This Period 17468.65	Payment This Period 0.00	Outstanding Balance at Close of This Period 17468.65

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>NGP Van</b>	Nature of Debt (Purpose): Online Database Fee-IE Only Account
Mailing Address 1101 15th St NW Ste 500	
City State Zip Code Washington DC 20005-5006	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : VN5GM9H9X13</b>	
Amount Incurred This Period 35375.35	Payment This Period 0.00	Outstanding Balance at Close of This Period 35375.35

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Rising Tide Interactive LLC</b>	Nature of Debt (Purpose): Online Consulting-IE Account Only
Mailing Address 901 New York Ave NW Ste 470	
City State Zip Code Washington DC 20001-4432	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : VN5GM9H9X21</b>	
Amount Incurred This Period 35000.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 35000.00

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	87844.00
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SD10

Transaction ID : VN5GM9H9X55

Event Management; IE Only Account

Form/Schedule: SD10

Transaction ID: VN5GM9H9X13

Online Database Fee-IE Only Account

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SD10

Transaction ID : VN5GM9H9X21

Online Consulting-IE Account Only

Form/Schedule:

Transaction ID:

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 1280 OF 1282
	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, Young &amp; Lamb</b>	Nature of Debt (Purpose): Legal Services-IE Account Only
Mailing Address 1025 Vermont Ave NW Ste 300	
City State Washington DC Zip Code 20005-6302	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : VN5GM9H9X06</b>	
Amount Incurred This Period 19252.50	Payment This Period 0.00	Outstanding Balance at Close of This Period 19252.50

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 Ste 550	
City State Washington DC Zip Code 20006-3741	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : VN5GM9H9X71</b>	
Amount Incurred This Period 93235.19	Payment This Period 0.00	Outstanding Balance at Close of This Period 93235.19

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Windward Strategies</b>	Nature of Debt (Purpose): Direct Mail Production-IE Account Only
Mailing Address 5713 Overlea Rd	
City State Zip Code Bethesda MD 20816-1918	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : VN5GM9H9X39</b>	
Amount Incurred This Period 58312.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 58312.00

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	170799.69
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	386955.69
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	386955.69



: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SD10

Transaction ID : VN5GM9H9X06

Legal Services-IE Account Only

Form/Schedule: SD10

Transaction ID: VN5GM9H9X71

Design Consulting-IE Only Account

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SD10

Transaction ID : VN5GM9H9X39

Direct Mail Production-IE Account Only

Form/Schedule:

Transaction ID: