

**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:

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

(c) 12-Day

PRE-Election

Report for the:

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

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the State of

(d) 30-Day

POST-Election

Report for the:

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

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

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

M M M /

D D D /

Y Y Y Y Y Y Y

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

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Ready PAC

Report Covering the Period: From: M M / D D / Y Y Y Y 01 / 01 / 2014 To: M M / D D / Y Y Y Y 03 / 31 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y</span> 2014		748968.07
(b) Cash on Hand at Beginning of Reporting Period.....	748968.07	
(c) Total Receipts (from Line 19) .....	1705580.12	1705580.12
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	2454548.19	2454548.19
7. Total Disbursements (from Line 31) .....	1641050.14	1641050.14
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	813498.05	813498.05
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) .....	0.00	



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)

Page 3

Write or Type Committee Name

Ready PAC

Report Covering the Period:

From:

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	01	/	2014

To:

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2014

**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.).....

1705580.12

1705580.12

## 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))..... ▶

1705580.12

1705580.12

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) .....

1705580.12

1705580.12

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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 .....	1641050.14	1641050.14
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)) ..	1641050.14	1641050.14
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1641050.14	1641050.14

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
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 PageFOR LINE NUMBER: PAGE 6 OF 539  
(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**

Full Name (Last, First, Middle Initial)

**A. Varinder Abrol**

Mailing Address 7789 Solitude Ct

City

Mc Lean

State

VA

Zip Code

22102-2026

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Tadger Cohen Edelson

Occupation

Structural engineer

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	18	/	2014

**Transaction ID : VN8ECC24HZ3**

Amount of Each Receipt this Period

100.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Varinder Abrol**

Mailing Address 7789 Solitude Ct

City

Mc Lean

State

VA

Zip Code

22102-2026

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Tadger Cohen Edelson

Occupation

Structural engineer

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02	/	18	/	2014

**Transaction ID : VN8ECC8SB20**

Amount of Each Receipt this Period

100.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Varinder Abrol**

Mailing Address 7789 Solitude Ct

City

Mc Lean

State

VA

Zip Code

22102-2026

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Tadger Cohen Edelson

Occupation

Structural engineer

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03	/	18	/	2014

**Transaction ID : VN8ECCER946**

Amount of Each Receipt this Period

100.00

Contribution-IE Only Account

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

300.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 7 OF 539  
(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

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NAME OF COMMITTEE (In Full)

**Ready PAC**

Full Name (Last, First, Middle Initial)

**A. Lynda Abshire**

Mailing Address 2 Judy Point Ln

City

Westport

State

CT

Zip Code

06880-6419

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

Retired

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

20.16

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			2	2			2	0	1	4		

**Transaction ID : VN8ECCF2ED7**

Amount of Each Receipt this Period

20.16

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Lynda Abshire**

Mailing Address 2 Judy Point Ln

City

Westport

State

CT

Zip Code

06880-6419

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

Retired

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

40.32

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			3	0			2	0	1	4		

**Transaction ID : VN8ECCGE1N9**

Amount of Each Receipt this Period

20.16

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Lynda Abshire**

Mailing Address 2 Judy Point Ln

City

Westport

State

CT

Zip Code

06880-6419

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

Retired

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

5040.32

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			3	1			2	0	1	4		

**Transaction ID : VN8ECCJJ7G7**

Amount of Each Receipt this Period

5000.00

Contribution-IE Only Account

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

5040.32

**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 8 OF 539

(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

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NAME OF COMMITTEE (In Full)

Ready PAC

Full Name (Last, First, Middle Initial)

A. Gloria Acevedo-Ishak

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

WinnDixie, Inc

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20.16

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	1		2	0	1	4

Transaction ID : VN8ECBV2VW0

Amount of Each Receipt this Period

20.16

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

B. Gloria Acevedo-Ishak

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

WinnDixie, Inc

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

40.32

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	8		2	0	1	4

Transaction ID : VN8ECBWFQC1

Amount of Each Receipt this Period

20.16

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

C. Gloria Acevedo-Ishak

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

WinnDixie, Inc

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

60.48

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	5		2	0	1	4

Transaction ID : VN8ECBXQK8

Amount of Each Receipt this Period

20.16

Contribution-IE Only Account

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

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

60.48



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 539

(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

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NAME OF COMMITTEE (In Full)

**Ready PAC**

Full Name (Last, First, Middle Initial)

**A. Gloria Acevedo-Ishak**

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

WinnDixie, Inc

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

80.64

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	2		2	0	1	4

**Transaction ID : VN8ECC2G184**

Amount of Each Receipt this Period

20.16

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Gloria Acevedo-Ishak**

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

WinnDixie, Inc

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.80

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	9		2	0	1	4

**Transaction ID : VN8ECC3GFK4**

Amount of Each Receipt this Period

20.16

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Gloria Acevedo-Ishak**

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

WinnDixie, Inc

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

120.96

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	5		2	0	1	4

**Transaction ID : VN8ECC66449**

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: PAGE 10 OF 539

(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
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	--

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NAME OF COMMITTEE (In Full)

Ready PAC

Full Name (Last, First, Middle Initial)

**A. Gloria Acevedo-Ishak**

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

WinnDixie, Inc

Occupation

Pharmacist

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
0	2												

Transaction ID : VN8ECC7VED9

Amount of Each Receipt this Period

20.16

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Gloria Acevedo-Ishak**

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

WinnDixie, Inc

Occupation

Pharmacist

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
0	2												

Transaction ID : VN8ECC98GB1

Amount of Each Receipt this Period

20.16

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Gloria Acevedo-Ishak**

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

WinnDixie, Inc

Occupation

Pharmacist

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
0	2												

Transaction ID : VN8ECCA5EZ5

Amount of Each Receipt this Period

20.16

Contribution-IE Only Account

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

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

60.48

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 11 OF 539

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="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. Gloria Acevedo-Ishak**

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

WinnDixie, Inc

Occupation

Pharmacist

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

201.60

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			0	5			2	0	1	4		

**Transaction ID : VN8ECCB92N2**

Amount of Each Receipt this Period

20.16

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Gloria Acevedo-Ishak**

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

WinnDixie, Inc

Occupation

Pharmacist

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

221.76

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3				1	2		2	0	1	4		

**Transaction ID : VN8ECCCM4P4**

Amount of Each Receipt this Period

20.16

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Gloria Acevedo-Ishak**

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

WinnDixie, Inc

Occupation

Pharmacist

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

241.92

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3				1	9		2	0	1	4		

**Transaction ID : VN8ECCER1Y4**

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: PAGE 12 OF 539

(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. Gloria Acevedo-Ishak**

Mailing Address 13822 Eagles Glen Ct

City State Zip Code  
Orlando FL 32837-8032

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WinnDixie, Inc

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.08

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 26 / 2014

**Transaction ID : VN8ECCFH919**

Amount of Each Receipt this Period

20.16

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Dr. Cyrus Adami**

Mailing Address 1401 Magnolia Ave

City State Zip Code  
Manhattan Beach CA 90266-5218

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Global United Tech

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

347.00

Date of Receipt

M M / D D / Y Y Y Y Y  
01 / 05 / 2014

**Transaction ID : VN8ECBVNJA0**

Amount of Each Receipt this Period

347.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Barbara Adams**

Mailing Address 112 N Woodstock St

City State Zip Code  
Philadelphia PA 19103-1111

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Philadelphia Housing Authority

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  
02 / 04 / 2014

**Transaction ID : VN8ECCJ6WE4**

Amount of Each Receipt this Period

1000.00

Contribution-IE Only Account

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

1367.16

**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 13 OF 539

(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

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NAME OF COMMITTEE (In Full)

Ready PAC

Full Name (Last, First, Middle Initial)

A. E. Bruce Adams

Mailing Address 130 Enclave Blvd

City

Savannah

State

GA

Zip Code

31419

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Adams Funeral Services

Occupation

Owner/Mortician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01		16		2014

Transaction ID : VN8ECBZ3AY6

Amount of Each Receipt this Period

100.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

B. E. Bruce Adams

Mailing Address 130 Enclave Blvd

City

Savannah

State

GA

Zip Code

31419

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Adams Funeral Services

Occupation

Owner/Mortician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		16		2014

Transaction ID : VN8ECC8NBX3

Amount of Each Receipt this Period

100.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

C. E. Bruce Adams

Mailing Address 130 Enclave Blvd

City

Savannah

State

GA

Zip Code

31419

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Adams Funeral Services

Occupation

Owner/Mortician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		16		2014

Transaction ID : VN8ECCE0P04

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: PAGE 14 OF 539  
(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. Wadud Ahmad**

Mailing Address 227 W Apsley St

City

Philadelphia

State

PA

Zip Code

19144-4218

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ahmad, Zaffarese & Smyler, LLC

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 Y Y  
02 / 05 / 2014

**Transaction ID : VN8ECC6SEB5**

Amount of Each Receipt this Period

1000.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

## **B. Rosemary Ahmann**

Mailing Address 12970 Blackberry Ln

City

Minocqua

State

WI

Zip Code

54548-8505

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 ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 05 / 2014

**Transaction ID : VN8ECBVPJY4**

Amount of Each Receipt this Period

2000.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

## **C. Joseph Alsup**

Mailing Address 4586 Best Rd

City

Larkspur

State

CO

Zip Code

80118-6142

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Accenture

Occupation

Management Consultant

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  
02 / 21 / 2014

**Transaction ID : VN8ECC9HAY0**

Amount of Each Receipt this Period

500.00

Contribution-IE Only Account

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

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

3500.00

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

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

FOR LINE NUMBER: PAGE 15 OF 539

(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

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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  
DallasState  
TXZip Code  
75261-9616FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

341.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	9			2	0	1	4		

Transaction ID : VN8ECC65RY8

Amount of Each Receipt this Period

341.00

Offset to Expenditure-IE Only Account

Full Name (Last, First, Middle Initial)

**B. American Airlines**

Mailing Address PO Box 619616

City  
DallasState  
TXZip Code  
75261-9616FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

606.26

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			0	3			2	0	1	4		

Transaction ID : VN8ECCFSPA0

Amount of Each Receipt this Period

265.26

Offset to Expenditure-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Andrea B. Schlanger Trust**

Mailing Address PO Box 52397

City  
TulsaState  
OKZip Code  
74152-0397FEC 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
0	3			0	7			2	0	1	4		

Transaction ID : VN8ECCE3FR2

Amount of Each Receipt this Period

1000.00

Contribution-IE Only Account

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

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

1606.26

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

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

FOR LINE NUMBER: PAGE 16 OF 539

(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

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NAME OF COMMITTEE (In Full)

Ready PAC

Full Name (Last, First, Middle Initial)

**A. Barbi Appelquist**

Mailing Address 610 24th St

City

Santa Monica

State

CA

Zip Code

90402

FEC ID number of contributing  
federal political committee.

C

Name of Employer

cohen gardner llp

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
03			31			2014			

Transaction ID : VN8ECC8X42

Amount of Each Receipt this Period

500.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Lillian Argilagos**

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

M	M	/	D	D	/	Y	Y	Y	Y
01			19			2014			

Transaction ID : VN8ECC26075

Amount of Each Receipt this Period

100.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Lillian Argilagos**

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

M	M	/	D	D	/	Y	Y	Y	Y
02			19			2014			

Transaction ID : VN8ECC98J99

Amount of Each Receipt this Period

100.00

Contribution-IE Only Account

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

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

700.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 OF 539

(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
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	--

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NAME OF COMMITTEE (In Full)

**Ready PAC**

Full Name (Last, First, Middle Initial)

**A. Lillian Argilagos**

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

Viamerica Corporation

Occupation

Corporate Counsel

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			1	9			2	0	1	4		

**Transaction ID : VN8ECCER3M0**

Amount of Each Receipt this Period

100.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Valerie Arkoosh**

Mailing Address 530 Spring Ln

City

Wyndmoor

State

PA

Zip Code

19038-8413

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Pennsylvania

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			3	0			2	0	1	4		

**Transaction ID : VN8ECC3RNE0**

Amount of Each Receipt this Period

1000.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Michael Armstrong**Mailing Address 2012 Wyoming Ave NW  
Apt 101

City

Washington

State

DC

Zip Code

20009-5052

FEC ID number of contributing  
federal political committee.

C

Name of Employer

National Council Of Architectural Regi

Occupation

Chief Executive Officer

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			2	4			2	0	1	4		

**Transaction ID : VN8ECCHMFP5**

Amount of Each Receipt this Period

500.00

Contribution-IE Only Account

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

1600.00

**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 18 OF 539  
(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. Scott Armstrong**

Mailing Address

City State Zip Code  
 Seattle WA 98112

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Group Health

Healthcare Executive

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 / 08 / 2014

**Transaction ID : VN8ECCBY4T2**

Amount of Each Receipt this Period

500.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

## **B. Bob Aspell**

Mailing Address 5201 Albert Pike Rd  
 Apt B2

City State Zip Code  
 Hot Springs AR 71913-7373

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

M M / D D / Y Y Y Y Y Y  
 02 / 18 / 2014

**Transaction ID : VN8ECC8SMR3**

Amount of Each Receipt this Period

500.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

## **C. Ford Austin**

Mailing Address 14430 Benefit St  
 301

City State Zip Code  
 Sherman Oaks CA 91423-4000

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

The Ford Austin Company

Filmmaker

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  
 02 / 28 / 2014

**Transaction ID : VN8ECCAGDV7**

Amount of Each Receipt this Period

50.00

Contribution-IE Only Account

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

1050.00

**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 19 OF 539

(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

Full Name (Last, First, Middle Initial)

**A. Ford Austin**

Mailing Address 14430 Benefit St  
301

City State Zip Code  
Sherman Oaks CA 91423-4000

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Ford Austin Company

Occupation  
Filmmaker

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 / 07 / 2014

Transaction ID : VN8ECCBMZS2

Amount of Each Receipt this Period

50.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Ford Austin**

Mailing Address 14430 Benefit St  
301

City State Zip Code  
Sherman Oaks CA 91423-4000

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Ford Austin Company

Occupation  
Filmmaker

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 / 14 / 2014

Transaction ID : VN8ECCDCGM9

Amount of Each Receipt this Period

50.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Ford Austin**

Mailing Address 14430 Benefit St  
301

City State Zip Code  
Sherman Oaks CA 91423-4000

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Ford Austin Company

Occupation  
Filmmaker

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 / 21 / 2014

Transaction ID : VN8ECCERBN4

Amount of Each Receipt this Period

50.00

Contribution-IE Only Account

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

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

150.00

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

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

FOR LINE NUMBER: PAGE 20 OF 539

(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

Full Name (Last, First, Middle Initial)

**A. Ford Austin**

Mailing Address 14430 Benefit St  
301

City State Zip Code  
Sherman Oaks CA 91423-4000

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Ford Austin Company

Occupation  
Filmmaker

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  
03 / 28 / 2014

Transaction ID : VN8ECCG5B95

Amount of Each Receipt this Period

50.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Arnoldo Avalos**

Mailing Address 19 Greens Ln

City State Zip Code  
Pleasanton CA 94566-9762

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Avalos Foundation

Occupation  
Founder

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 / 31 / 2014

Transaction ID : VN8ECCJX594

Amount of Each Receipt this Period

500.00

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

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  
01 / 07 / 2014

Transaction ID : VN8ECBW45Y7

Amount of Each Receipt this Period

100.00

Contribution-IE Only Account

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

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

650.00

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

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

FOR LINE NUMBER: PAGE 21 OF 539  
(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. Mouna Ayoub**

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 ▼

200.00

Date of Receipt

01 / 14 / 2014

**Transaction ID : VN8ECBXQCT4**

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  
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 ▼

300.00

Date of Receipt

01 / 21 / 2014

**Transaction ID : VN8ECC2BZY0**

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  
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 ▼

400.00

Date of Receipt

01 / 28 / 2014

**Transaction ID : VN8ECC3EEM2**

Amount of Each Receipt this Period

100.00

Contribution-IE Only Account

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

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

300.00

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

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

FOR LINE NUMBER: PAGE 22 OF 539

(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. Mouna Ayoub**

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 04 / 2014

**Transaction ID : VN8ECC61DR6**

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  
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 ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 11 / 2014

**Transaction ID : VN8ECC7AM55**

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  
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 ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 18 / 2014

**Transaction ID : VN8ECC8VEK8**

Amount of Each Receipt this Period

100.00

Contribution-IE Only Account

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

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

300.00

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

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

FOR LINE NUMBER: PAGE 23 OF 539

(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

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NAME OF COMMITTEE (In Full)

Ready PAC

Full Name (Last, First, Middle Initial)

**A. Mouna Ayoub**

Mailing Address 1 Jochris Dr

City  
PrincetonState  
NJZip Code  
08540-2003FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

Retired

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	1		2	0	1	4

Transaction ID : VN8ECCC7897

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  
PrincetonState  
NJZip Code  
08540-2003FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

Retired

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	8		2	0	1	4

Transaction ID : VN8ECCER6E9

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  
PrincetonState  
NJZip Code  
08540-2003FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

Retired

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	5		2	0	1	4

Transaction ID : VN8ECCFEQS5

Amount of Each Receipt this Period

100.00

Contribution-IE Only Account

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

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

300.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 24 OF 539  
(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**

Full Name (Last, First, Middle Initial)

**A. Saum Ayria**

Mailing Address 301 W 53rd St

City  
New YorkState  
NYZip Code  
10019-5766FEC ID number of contributing  
federal political committee.

C

Name of Employer

JPMC

Occupation

GR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.60

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
02			04			2014			

**Transaction ID : VN8ECC608W9**

Amount of Each Receipt this Period

201.60

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Claudine Bacher**

Mailing Address 24 Dockside Ln

City  
Key LargoState  
FLZip Code  
33037-5267FEC 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

M	M	/	D	D	/	Y	Y	Y	Y
03			27			2014			

**Transaction ID : VN8ECCFSTK1**

Amount of Each Receipt this Period

5000.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Daisy Baez**

Mailing Address 11 Malaga Ave

City  
Coral GablesState  
FLZip Code  
33134-6905FEC ID number of contributing  
federal political committee.

C

Name of Employer

Elements Behavioral

Occupation

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
01			09			2014			

**Transaction ID : VN8ECBWTBG4**

Amount of Each Receipt this Period

500.00

Contribution-IE Only Account

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

5701.60



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

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

FOR LINE NUMBER: PAGE 25 OF 539

(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
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	--

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NAME OF COMMITTEE (In Full)

Ready PAC

Full Name (Last, First, Middle Initial)

**A. Ken Bailey**

Mailing Address 440 Louisiana St  
Ste 2100

City	State	Zip Code
Houston	TX	77002-4206

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Bailey Peavy Bailey

Occupation

Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

9000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	07	/	2014

Transaction ID : VN8ECCE20D4

Amount of Each Receipt this Period

9000.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. David Bailin**

Mailing Address 30 Chimney Sweep Ln

City	State	Zip Code
Little Rock	AR	72212

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Bailin Studio

Occupation

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	/	07	/	2014

Transaction ID : VN8ECC6VTN5

Amount of Each Receipt this Period

500.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Alexander R. Baldwin III**

Mailing Address 509 Madison Ave  
Frnt 4

City	State	Zip Code
New York	NY	10022-5642

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 ▼

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2014

Transaction ID : VN8ECCJJ7T6

Amount of Each Receipt this Period

5000.00

Contribution-IE Only Account

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

14500.00

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 PageFOR LINE NUMBER: PAGE 26 OF 539  
(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

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NAME OF COMMITTEE (In Full)

Ready PAC

Full Name (Last, First, Middle Initial)

**A. Marion Ballard**

Mailing Address 4413 Chalfont PI

City  
BethesdaState  
MDZip Code  
20816-1812FEC 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

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	18	/	2014

Transaction ID : VN8ECCE9RN3

Amount of Each Receipt this Period

1000.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Joanne Bamberger**

Mailing Address 3502 Raymond St

City  
Chevy ChaseState  
MDZip Code  
20815-3228FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Author

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	/	26	/	2014

Transaction ID : VN8ECCA80S0

Amount of Each Receipt this Period

20.16

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Joanne Bamberger**

Mailing Address 3502 Raymond St

City  
Chevy ChaseState  
MDZip Code  
20815-3228FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Author

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1020.16

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2014

Transaction ID : VN8ECCJM4J4

Amount of Each Receipt this Period

1000.00

Contribution-IE Only Account

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

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

2020.16

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

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

FOR LINE NUMBER: PAGE 27 OF 539

(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
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	--

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NAME OF COMMITTEE (In Full)

Ready PAC

Full Name (Last, First, Middle Initial)

**A. Mark W Banks**

Mailing Address 4461 Waters Edge Ln

City	State	Zip Code
Sanibel	FL	33957-2806

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
0	1			0	9			2	0	1	4		

Transaction ID : VN8ECBWQDX6

Amount of Each Receipt this Period

2500.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Lisa Barber**

Mailing Address 6906 Mistyleaf Ln

City	State	Zip Code
Sugar Land	TX	77479-4806

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 ▼

64.16

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			0	8			2	0	1	4		

Transaction ID : VN8ECBWDNX5

Amount of Each Receipt this Period

64.16

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Lisa Barber**

Mailing Address 6906 Mistyleaf Ln

City	State	Zip Code
Sugar Land	TX	77479-4806

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 ▼

314.16

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	7			2	0	1	4		

Transaction ID : VN8ECCAB4Z8

Amount of Each Receipt this Period

250.00

Contribution-IE Only Account

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

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

2814.16

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 28 OF 539  
(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

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NAME OF COMMITTEE (In Full)

**Ready PAC**

Full Name (Last, First, Middle Initial)

**A. Yeongteh Bark**

Mailing Address 64-42 231 Street

City	State	Zip Code
Oakland Gardens	NY	11364

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Small 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	/	31	/	2014

Transaction ID : VN8ECCJK1K7

Amount of Each Receipt this Period

500.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Lyle Barnes**Mailing Address 611 S Wells St  
Apt 2403

City	State	Zip Code
Chicago	IL	60607-4798

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Louis Vuitton

Occupation

Director of Stores, Midwest / New Engl

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

165.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	01	/	2014

Transaction ID : VN8ECC3YBR3

Amount of Each Receipt this Period

65.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Lyle Barnes**Mailing Address 611 S Wells St  
Apt 2403

City	State	Zip Code
Chicago	IL	60607-4798

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Louis Vuitton

Occupation

Director of Stores, Midwest / New Engl

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

165.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	01	/	2014

Transaction ID : VN8ECC3YBY0

Amount of Each Receipt this Period

100.00

Contribution-IE Only Account

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

665.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 OF 539

(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 checked="" 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)

**A. Lyle Barnes**

Mailing Address 611 S Wells St  
Apt 2403

City State Zip Code  
Chicago IL 60607-4798

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Louis Vuitton

Occupation

Director of Stores, Midwest / New Engl

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  
03 / 25 / 2014

Transaction ID : VN8ECCFFNC6

Amount of Each Receipt this Period

50.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Michael F. Barrett**

Mailing Address 1615 Monk Rd

City State Zip Code  
Gladwyne PA 19035-1349

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Saltz, Mangeluzzi, Barrett &amp; Bendestry

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 / 05 / 2014

Transaction ID : VN8ECC6SEC3

Amount of Each Receipt this Period

500.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Becky A Bartness**

Mailing Address 2810 N 3rd St

City State Zip Code  
Phoenix AZ 85004-1011

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wilenchik &amp; Bartness, PC

Occupation

attorney

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  
03 / 12 / 2014

Transaction ID : VN8ECCCSKD2

Amount of Each Receipt this Period

100.00

Contribution-IE Only Account

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

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

650.00

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

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

FOR LINE NUMBER: PAGE 30 OF 539

(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

Full Name (Last, First, Middle Initial)

**A. Becky A Bartness**

Mailing Address 2810 N 3rd St

City

Phoenix

State

AZ

Zip Code

85004-1011

FEC ID number of contributing federal political committee.

C

Name of Employer

Wilenchik &amp; Bartness, PC

Occupation

attorney

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

130.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	12	/	2014

Transaction ID : VN8ECCSKV3

Amount of Each Receipt this Period

30.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Becky A Bartness**

Mailing Address 2810 N 3rd St

City

Phoenix

State

AZ

Zip Code

85004-1011

FEC ID number of contributing federal political committee.

C

Name of Employer

Wilenchik &amp; Bartness, PC

Occupation

attorney

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

175.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	14	/	2014

Transaction ID : VN8ECCDE1Y5

Amount of Each Receipt this Period

45.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Becky A Bartness**

Mailing Address 2810 N 3rd St

City

Phoenix

State

AZ

Zip Code

85004-1011

FEC ID number of contributing federal political committee.

C

Name of Employer

Wilenchik &amp; Bartness, PC

Occupation

attorney

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	17	/	2014

Transaction ID : VN8ECCE5980

Amount of Each Receipt this Period

35.00

Contribution-IE Only Account

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

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

110.00

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

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

FOR LINE NUMBER: PAGE 31 OF 539  
(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. Becky A Bartness**

Mailing Address 2810 N 3rd St

City State Zip Code  
 Phoenix AZ 85004-1011

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Wilenchik & Bartness, PC

Occupation  
 attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 17 / 2014

**Transaction ID : VN8ECCE5F83**

Amount of Each Receipt this Period

50.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

## **B. Becky A Bartness**

Mailing Address 2810 N 3rd St

City State Zip Code  
 Phoenix AZ 85004-1011

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Wilenchik & Bartness, PC

Occupation  
 attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 22 / 2014

**Transaction ID : VN8ECCF2BX7**

Amount of Each Receipt this Period

50.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

## **C. Becky A Bartness**

Mailing Address 2810 N 3rd St

City State Zip Code  
 Phoenix AZ 85004-1011

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Wilenchik & Bartness, PC

Occupation  
 attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 22 / 2014

**Transaction ID : VN8ECCF2TH4**

Amount of Each Receipt this Period

35.00

Contribution-IE Only Account

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

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

135.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 OF 539

(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**

Full Name (Last, First, Middle Initial)

**A. Jean Barton**Mailing Address 3800 Fairfax Dr  
Apt 1604

City	State	Zip Code
Arlington	VA	22203-1722

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Jean Barton

Occupation

Retired Educator

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	/	31	/	2014

**Transaction ID : VN8ECCGPSH0**

Amount of Each Receipt this Period

201.60

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. William Barzee**

Mailing Address 40 NW 3rd St

City	State	Zip Code
Miami	FL	33128-1838

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Barzee Flores

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
01	/	30	/	2014

**Transaction ID : VN8ECC66293**

Amount of Each Receipt this Period

5000.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Catriona Beck**

Mailing Address 56 Balch Farm Rd

City	State	Zip Code
Bennington	NH	03442-4202

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	/	24	/	2014

**Transaction ID : VN8ECC34R16**

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 PageFOR LINE NUMBER:  
(check only one)

PAGE 33 OF 539

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="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 Beeuwkes**

Mailing Address 1360 Monument St

City

Concord

State

MA

Zip Code

01742-5322

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

Homemaker

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	3			0	7		2	0	1	4		

**Transaction ID : VN8ECCE24B8**

Amount of Each Receipt this Period

10000.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Beverly Behme**

Mailing Address 2875 Washington Ave

City

Evansville

State

IN

Zip Code

47720

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

Retired

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	4		2	0	1	4		

**Transaction ID : VN8ECC2RT72**

Amount of Each Receipt this Period

1000.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Marguerite Beitzel**

Mailing Address 4720 Pinnacle Dr

City

Bradenton

State

FL

Zip Code

34208-8497

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

Retired

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

20.16

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1			0	6		2	0	1	4		

**Transaction ID : VN8ECBVQJE7**

Amount of Each Receipt this Period

20.16

Contribution-IE Only Account

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

11020.16

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 34 OF 539

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="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. Marguerite Beitzel**

Mailing Address 4720 Pinnacle Dr

City

Bradenton

State

FL

Zip Code

34208-8497

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

Retired

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

40.32

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	3		2	0	1	4

**Transaction ID : VN8ECBXGQN1**

Amount of Each Receipt this Period

20.16

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Marguerite Beitzel**

Mailing Address 4720 Pinnacle Dr

City

Bradenton

State

FL

Zip Code

34208-8497

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

Retired

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

60.48

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	0		2	0	1	4

**Transaction ID : VN8ECC27CY9**

Amount of Each Receipt this Period

20.16

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Marguerite Beitzel**

Mailing Address 4720 Pinnacle Dr

City

Bradenton

State

FL

Zip Code

34208-8497

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

Retired

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

80.64

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	7		2	0	1	4

**Transaction ID : VN8ECC39PJ4**

Amount of Each Receipt this Period

20.16

Contribution-IE Only Account

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

60.48

# **SCHEDULE A (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 539

☐ 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. Marguerite Beitzel**

Mailing Address 4720 Pinnacle Dr

City

Bradenton

State

FL

Zip Code

34208-8497

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 / D D / Y Y Y Y Y Y  
02 / 03 / 2014

**Transaction ID : VN8ECC5F0G2**

Amount of Each Receipt this Period

20.16

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

## **B. Marguerite Beitzel**

Mailing Address 4720 Pinnacle Dr

City

Bradenton

State

FL

Zip Code

34208-8497

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 / D D / Y Y Y Y Y Y  
02 / 10 / 2014

**Transaction ID : VN8ECC712P0**

Amount of Each Receipt this Period

20.16

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

## **C. Marguerite Beitzel**

Mailing Address 4720 Pinnacle Dr

City

Bradenton

State

FL

Zip Code

34208-8497

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 / D D / Y Y Y Y Y Y  
02 / 17 / 2014

**Transaction ID : VN8ECC8PSQ3**

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: PAGE 36 OF 539

(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
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	--

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NAME OF COMMITTEE (In Full)

**Ready PAC**

Full Name (Last, First, Middle Initial)

**A. Marguerite Beitzel**

Mailing Address 4720 Pinnacle Dr

City

Bradenton

State

FL

Zip Code

34208-8497

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
0	2				2	4				2	0	1	4

**Transaction ID : VN8ECC9STN6**

Amount of Each Receipt this Period

20.16

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Marguerite Beitzel**

Mailing Address 4720 Pinnacle Dr

City

Bradenton

State

FL

Zip Code

34208-8497

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
0	3				0	3				2	0	1	4

**Transaction ID : VN8ECCAY2B8**

Amount of Each Receipt this Period

20.16

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Marguerite Beitzel**

Mailing Address 4720 Pinnacle Dr

City

Bradenton

State

FL

Zip Code

34208-8497

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
0	3				1	0				2	0	1	4

**Transaction ID : VN8ECCC2QK9**

Amount of Each Receipt this Period

20.16

Contribution-IE Only Account

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

60.48

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

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

FOR LINE NUMBER: PAGE 37 OF 539

(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

Full Name (Last, First, Middle Initial)

**A. Marguerite Beitzel**

Mailing Address 4720 Pinnacle Dr

City

Bradenton

State

FL

Zip Code

34208-8497

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

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			1	7			2	0	1	4		

Transaction ID : VN8ECCE29V4

Amount of Each Receipt this Period

20.16

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Marguerite Beitzel**

Mailing Address 4720 Pinnacle Dr

City

Bradenton

State

FL

Zip Code

34208-8497

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

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			2	4			2	0	1	4		

Transaction ID : VN8ECCF8WM8

Amount of Each Receipt this Period

20.16

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Marguerite Beitzel**

Mailing Address 4720 Pinnacle Dr

City

Bradenton

State

FL

Zip Code

34208-8497

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 ▼

262.08

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			3	1			2	0	1	4		

Transaction ID : VN8ECCGK723

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: PAGE 38 OF 539

(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

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NAME OF COMMITTEE (In Full)

Ready PAC

Full Name (Last, First, Middle Initial)

**A. Corinna Bellizzi**

Mailing Address 365 Tabor Dr

City

Scotts Valley

State

CA

Zip Code

95066-2832

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Supernutrition

Occupation

VP of Sales

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
0	3			2	0			2	0	1	4		

Transaction ID : VN8ECCENCQ8

Amount of Each Receipt this Period

250.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Hank Bennett IV**

Mailing Address 11625 S Mulberry Ln

City

Jenks

State

OK

Zip Code

74037-2136

FEC ID number of contributing  
federal political committee.

C

Name of Employer

First Oklahoma Bank

Occupation

Vice President &amp; Corporate Secretary

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
0	3			0	7			2	0	1	4		

Transaction ID : VN8ECCE3G55

Amount of Each Receipt this Period

2000.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Kevin Peter Berg**

Mailing Address 642 Huntley Dr

Apt 4

City

West Hollywood

State

CA

Zip Code

90069-5030

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Village Roadshow Entertainment Group

Occupation

General Counsel

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
0	2			0	5			2	0	1	4		

Transaction ID : VN8ECC691Z0

Amount of Each Receipt this Period

201.60

Contribution-IE Only Account

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

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

2451.60

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

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

FOR LINE NUMBER: PAGE 39 OF 539

(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
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	--

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NAME OF COMMITTEE (In Full)

Ready PAC

Full Name (Last, First, Middle Initial)

**A. Kevin Peter Berg**

Mailing Address 642 Huntley Dr  
Apt 4

City State Zip Code  
West Hollywood CA 90069-5030

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Village Roadshow Entertainment Group

Occupation  
General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.76

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 18 / 2014

Transaction ID : VN8ECCE9D87

Amount of Each Receipt this Period

20.16

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Samuel Berger**

Mailing Address 4228 45th St NW

City State Zip Code  
Washington DC 20016-2468

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Albright Stonebridge Group

Occupation  
Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 08 / 2014

Transaction ID : VN8ECCBYJJ9

Amount of Each Receipt this Period

500.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Patricia Bernardi**

Mailing Address 2180 Mixsell Ave

City State Zip Code  
Bethlehem PA 18015-6229

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 / D D / Y Y Y Y Y  
01 / 25 / 2014

Transaction ID : VN8ECC36NH1

Amount of Each Receipt this Period

2500.00

Contribution-IE Only Account

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

3020.16

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 40 OF 539

(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

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NAME OF COMMITTEE (In Full)

Ready PAC

Full Name (Last, First, Middle Initial)

**A. Teri Bernardi**

Mailing Address 333 Washington Blvd  
502

City State Zip Code  
Marina Del Rey CA 90292-5152

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Green Grown Bulk

Occupation

Owner

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 / 18 / 2014

Transaction ID : VN8ECC24HX7

Amount of Each Receipt this Period

100.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Teri Bernardi**

Mailing Address 333 Washington Blvd  
502

City State Zip Code  
Marina Del Rey CA 90292-5152

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Green Grown Bulk

Occupation

Owner

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  
02 / 18 / 2014

Transaction ID : VN8ECC8S3Q9

Amount of Each Receipt this Period

100.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Teri Bernardi**

Mailing Address 333 Washington Blvd  
502

City State Zip Code  
Marina Del Rey CA 90292-5152

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Green Grown Bulk

Occupation

Owner

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  
03 / 18 / 2014

Transaction ID : VN8ECCER7A1

Amount of Each Receipt this Period

100.00

Contribution-IE Only Account

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

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

300.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 41 OF 539

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="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. Sallie Bingham**Mailing Address 369 Montezuma Ave  
# 316

City	State	Zip Code
Santa Fe	NM	87501-2835

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 ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	29	/	2014

**Transaction ID : VN8ECC3GC23**

Amount of Each Receipt this Period

500.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Sallie Bingham**Mailing Address 369 Montezuma Ave  
# 316

City	State	Zip Code
Santa Fe	NM	87501-2835

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 ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2014

**Transaction ID : VN8ECCAGPJ6**

Amount of Each Receipt this Period

500.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Sallie Bingham**Mailing Address 369 Montezuma Ave  
# 316

City	State	Zip Code
Santa Fe	NM	87501-2835

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 ▼

1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	28	/	2014

**Transaction ID : VN8ECCG5KK0**

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: PAGE 42 OF 539

(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

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NAME OF COMMITTEE (In Full)

Ready PAC

Full Name (Last, First, Middle Initial)

**A. Arthur Birenbaum**

Mailing Address 225 S 18th St

City  
Philadelphia

State Zip Code  
PA 19103-6128

FEC ID number of contributing  
federal political committee.

C

Name of Employer

The Bancorp

Occupation

Executive Vice President of Commercial

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 31 / 2014

Transaction ID : VN8ECCJ9E13

Amount of Each Receipt this Period

216.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Barbara Black**

Mailing Address 237 S 18th St  
Apt 3B

City  
Philadelphia

State Zip Code  
PA 19103-6112

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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 05 / 2014

Transaction ID : VN8ECC6SED1

Amount of Each Receipt this Period

1000.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Joshua Blevins**

Mailing Address PO Box 7316

City  
Little Rock

State Zip Code  
AR 72217-7316

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Delta Capital Partnership

Occupation

Real Estate Developer

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 / 06 / 2014

Transaction ID : VN8ECCBD0A4

Amount of Each Receipt this Period

500.00

Contribution-IE Only Account

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

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

1716.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 43 OF 539

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="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. Adele G Block**

Mailing Address 535 Park Ave

City  
New YorkState  
NYZip Code  
10065-8167FEC ID number of contributing  
federal political committee.

C

Name of Employer

Adele and Leonard Block Foundation Inc

Occupation

Board Member

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
0	3			1	0			2	0	1	4		

**Transaction ID : VN8ECCHG6S9**

Amount of Each Receipt this Period

1000.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Beth I.Z. Boland**

Mailing Address 8 Riverview Ter

City  
DoverState  
MAZip Code  
02030-2248FEC ID number of contributing  
federal political committee.

C

Name of Employer

Foley &amp; Lardner

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
0	3			3	1			2	0	1	4		

**Transaction ID : VN8ECCJH0N4**

Amount of Each Receipt this Period

1000.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Bonner Group, Inc.**Mailing Address 455 Massachusetts Ave NW  
Ste 640City  
WashingtonState  
DCZip Code  
20001-2621FEC 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	Y
0	1			3	1			2	0	1	4		

**Transaction ID : VN8ECCJQRA7**

Amount of Each Receipt this Period

10000.00

In-Kind; Furniture; IE Only Account

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

12000.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 44 OF 539  
(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

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NAME OF COMMITTEE (In Full)

**Ready PAC**

Full Name (Last, First, Middle Initial)

**A. Sheldon Bonovitz**

Mailing Address 1930 Panama St

City  
PhiladelphiaState Zip Code  
PA 19103-6610FEC 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
02	/	05	/	2014

**Transaction ID : VN8ECC6SEF7**

Amount of Each Receipt this Period

5000.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Robbie Bradford**

Mailing Address 3901 Cedar Hill Rd

City  
Little RockState Zip Code  
AR 72202-1915FEC ID number of contributing  
federal political committee.

C

Name of Employer

Robbie Thomas-Knight, Ph.D.

Occupation

Psychologist

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	/	07	/	2014

**Transaction ID : VN8ECCE1ZE2**

Amount of Each Receipt this Period

1000.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Katherine Bradley**

Mailing Address 2211 30th St NW

City  
WashingtonState Zip Code  
DC 20008-2703FEC ID number of contributing  
federal political committee.

C

Name of Employer

CityBridge Foundation

Occupation

President

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	/	31	/	2014

**Transaction ID : VN8ECCJCEF9**

Amount of Each Receipt this Period

2500.00

Contribution-IE Only Account

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

8500.00

# **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 45 OF 539

☐ 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. Helen Brann**

Mailing Address 94 Curtis Rd

City  
Bridgewater

State Zip Code  
CT 06752-1204

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Helen Brann Agency

Occupation  
literary agent

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 / 06 / 2014

**Transaction ID : VN8ECBVQ7V6**

Amount of Each Receipt this Period

100.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

## **B. Helen Brann**

Mailing Address 94 Curtis Rd

City  
Bridgewater

State Zip Code  
CT 06752-1204

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Helen Brann Agency

Occupation  
literary agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 26 / 2014

**Transaction ID : VN8ECC37ZG4**

Amount of Each Receipt this Period

250.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

## **C. Barbra Branson**

Mailing Address PO Box 12  
406 5th st

City  
Menlo

State Zip Code  
IA 50164-0012

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 ▼

133.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 24 / 2014

**Transaction ID : VN8ECC31WW3**

Amount of Each Receipt this Period

133.00

Contribution-IE Only Account

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

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

483.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 OF 539

(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
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	--

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NAME OF COMMITTEE (In Full)

**Ready PAC**

Full Name (Last, First, Middle Initial)

**A. Barbra Branson**

Mailing Address PO Box 12

406 5th st

City

Menlo

State

IA

Zip Code

50164-0012

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 ▼

208.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2				2	0			2	0	1	4	

**Transaction ID : VN8ECC9BDG8**

Amount of Each Receipt this Period

75.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Lisa Brassler**

Mailing Address 203 Duncan Dr

City

Maryville

State

TN

Zip Code

37803-6555

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Small Business Owner

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
0	2				0	8			2	0	1	4	

**Transaction ID : VN8ECC6WZ00**

Amount of Each Receipt this Period

2500.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Dustin Brighton**

Mailing Address 102 El Dorado Dr

City

Little Rock

State

AR

Zip Code

72212-2816

FEC ID number of contributing  
federal political committee.

C

Name of Employer

eBay, Inc.

Occupation

Director, Government Relations

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
0	2				1	0			2	0	1	4	

**Transaction ID : VN8ECC75K79**

Amount of Each Receipt this Period

500.00

Contribution-IE Only Account

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

3075.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 47 OF 539  
(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
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	--

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NAME OF COMMITTEE (In Full)

**Ready PAC**

Full Name (Last, First, Middle Initial)

**A. Brenna Britton**

Mailing Address 1271 Avenue Of The Americas

City	State	Zip Code
New York	NY	10020-1300

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PEOPLE magazine

Occupation

Photo Editor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.76

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	4		2	0	1	4

**Transaction ID : VN8ECC8E971**

Amount of Each Receipt this Period

221.76

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Aimee Brown**

Mailing Address 2624 Laguna St

City	State	Zip Code
San Francisco	CA	94123-4908

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

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	8		2	0	1	4

**Transaction ID : VN8ECC3H1S9**

Amount of Each Receipt this Period

1000.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Lisa Brown**

Mailing Address 638 Palisade Ave

City	State	Zip Code
Jersey City	NJ	07307-1024

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Writer/Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

138.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	0		2	0	1	4

**Transaction ID : VN8ECC3Q4R3**

Amount of Each Receipt this Period

38.00

Contribution-IE Only Account

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

1259.76

**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: PAGE 48 OF 539

(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. Lisa Brown**

Mailing Address 638 Palisade Ave

City

Jersey City

State

NJ

Zip Code

07307-1024

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Writer/Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

138.00

Date of Receipt

01 / 30 / 2014

**Transaction ID : VN8ECC3Q5K6**

Amount of Each Receipt this Period

100.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Lisa Brown**

Mailing Address 638 Palisade Ave

City

Jersey City

State

NJ

Zip Code

07307-1024

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Writer/Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

183.00

Date of Receipt

02 / 07 / 2014

**Transaction ID : VN8ECC6VNI1**

Amount of Each Receipt this Period

45.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Lisa Brown**

Mailing Address 638 Palisade Ave

City

Jersey City

State

NJ

Zip Code

07307-1024

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Writer/Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

283.00

Date of Receipt

02 / 28 / 2014

**Transaction ID : VN8ECCAMM09**

Amount of Each Receipt this Period

100.00

Contribution-IE Only Account

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

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

245.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 49 OF 539  
(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**

Full Name (Last, First, Middle Initial)

**A. Robert Browne**Mailing Address 25 Central Park W  
Apt 21KCity State Zip Code  
New York NY 10023-7231FEC ID number of contributing  
federal political committee.

C

Name of Employer

Brown Harris Stevens

Occupation

Real Estate Sales

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 26 2014**Transaction ID : VN8ECCA6Y76**

Amount of Each Receipt this Period

2500.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Robert Browne**Mailing Address 25 Central Park W  
Apt 21KCity State Zip Code  
New York NY 10023-7231FEC ID number of contributing  
federal political committee.

C

Name of Employer

Brown Harris Stevens

Occupation

Real Estate Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 24 2014**Transaction ID : VN8ECCF6C76**

Amount of Each Receipt this Period

1000.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Alyssa Budihas**Mailing Address 67 Thompson St  
Apt 1DCity State Zip Code  
New York NY 10012-4366FEC ID number of contributing  
federal political committee.

C

Name of Employer

WilmerHale

Occupation

Attorney

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 11 2014**Transaction ID : VN8ECCBSF2**

Amount of Each Receipt this Period

201.60

Contribution-IE Only Account

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

3701.60

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

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

FOR LINE NUMBER: PAGE 50 OF 539

(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

Full Name (Last, First, Middle Initial)

**A. Irene Bueno**

Mailing Address 3108 33rd PI NW

City  
Washington

State Zip Code  
DC 20008

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NVG LLC

Occupation

Political Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03	/	12	/	2014

Transaction ID : VN8ECCCS704

Amount of Each Receipt this Period

2500.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. John Bumgarner Jr.**

Mailing Address 2200 S Utica PI  
FI 9

City  
Tulsa

State Zip Code  
OK 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

M M	/	D D	/	Y Y Y Y
03	/	07	/	2014

Transaction ID : VN8ECCE3J66

Amount of Each Receipt this Period

5000.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Gregg Burgess**

Mailing Address 6677 Hanson Ln

City  
Lorton

State Zip Code  
VA 22079-1367

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SAP America

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
01	/	07	/	2014

Transaction ID : VN8ECBWASV2

Amount of Each Receipt this Period

500.00

Contribution-IE Only Account

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

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

8000.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 51 OF 539

(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
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NAME OF COMMITTEE (In Full)

Ready PAC

Full Name (Last, First, Middle Initial)

**A. Todd Burton**Mailing Address 1600 S Eads St  
Apt 405SCity State Zip Code  
Arlington VA 22202-2904FEC ID number of contributing  
federal political committee.

C

Name of Employer

US Army

Occupation

Military Officer

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
0	1			1	4			2	0	1	4		

Transaction ID : VN8ECBXNPM1

Amount of Each Receipt this Period

20.16

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Todd Burton**Mailing Address 1600 S Eads St  
Apt 405SCity State Zip Code  
Arlington VA 22202-2904FEC ID number of contributing  
federal political committee.

C

Name of Employer

US Army

Occupation

Military Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

120.16

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	1			2	0	1	4		

Transaction ID : VN8ECC2BYA1

Amount of Each Receipt this Period

100.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Todd Burton**Mailing Address 1600 S Eads St  
Apt 405SCity State Zip Code  
Arlington VA 22202-2904FEC ID number of contributing  
federal political committee.

C

Name of Employer

US Army

Occupation

Military Officer

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
0	2			2	1			2	0	1	4		

Transaction ID : VN8ECC9FE88

Amount of Each Receipt this Period

100.00

Contribution-IE Only Account

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

220.16

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 PageFOR LINE NUMBER: PAGE 52 OF 539  
(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
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	--

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NAME OF COMMITTEE (In Full)

**Ready PAC**

Full Name (Last, First, Middle Initial)

**A. Todd Burton**Mailing Address 1600 S Eads St  
Apt 405SCity State Zip Code  
Arlington VA 22202-2904FEC ID number of contributing  
federal political committee.

C

Name of Employer

US Army

Occupation

Military Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.16

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 21 / 2014**Transaction ID : VN8ECCERBY5**

Amount of Each Receipt this Period

100.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. John Byrne**

Mailing Address 17730 Foreston Rd

City State Zip Code  
Parkton MD 21120FEC ID number of contributing  
federal political committee.

C

Name of Employer

Tricerat Inc.

Occupation

Executive

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 / 23 / 2014**Transaction ID : VN8ECC2M882**

Amount of Each Receipt this Period

500.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Gloria Cabe**Mailing Address 9039 Sligo Creek Pkwy  
Apt 908City State Zip Code  
Silver Spring MD 20901FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Consultant

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 / 01 / 2014**Transaction ID : VN8ECBV31N9**

Amount of Each Receipt this Period

20.16

Contribution-IE Only Account

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

620.16

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 53 OF 539

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="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. Gloria Cabe**Mailing Address 9039 Sligo Creek Pkwy  
Apt 908City State Zip Code  
Silver Spring MD 20901FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

120.16

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 04 / 2014**Transaction ID : VN8ECCB3GD3**

Amount of Each Receipt this Period

100.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Gloria Cabe**Mailing Address 9039 Sligo Creek Pkwy  
Apt 908City State Zip Code  
Silver Spring MD 20901FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.32

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 21 / 2014**Transaction ID : VN8ECCEZ899**

Amount of Each Receipt this Period

100.16

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. California Health Acupuncture Inc**

Mailing Address 821 San Antonio Rd

City State Zip Code  
Palo Alto CA 94303-4618FEC 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 / D D / Y Y Y Y Y  
03 / 31 / 2014**Transaction ID : VN8ECCJX8F8**

Amount of Each Receipt this Period

250.00

Contribution-IE Only Account

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

450.16

# **SCHEDULE A (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 539

☐ 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. Matt Capalby**

Mailing Address 7400 N Saddle Trl

City

State

Zip Code

Flagstaff

AZ

86001-8036

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

G&C Consulting, LLC.

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  
02 / 08 / 2014

**Transaction ID : VN8ECC6X018**

Amount of Each Receipt this Period

201.60

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

## **B. David Capes**

Mailing Address 150 Carondelet Plz  
Number 1503

City

State

Zip Code

Saint Louis

MO

63105-3453

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 31 / 2014

**Transaction ID : VN8ECCJJ8D6**

Amount of Each Receipt this Period

500.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

## **C. Luz Cardenas**

Mailing Address 7 Tara Dr

City

State

Zip Code

Mount Laurel

NJ

08054-9546

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Cardenas Grant Communications

Marketing Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.08

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 24 / 2014

**Transaction ID : VN8ECC2QFQ5**

Amount of Each Receipt this Period

262.08

Contribution-IE Only Account

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

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

963.68

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 55 OF 539  
(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
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	--

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NAME OF COMMITTEE (In Full)

**Ready PAC**

Full Name (Last, First, Middle Initial)

**A. Kate Carey**

Mailing Address 3903 Underwood St

City

Chevy Chase

State

MD

Zip Code

20815-5029

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

None

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			3	1			2	0	1	4		

**Transaction ID : VN8ECCH1TB2**

Amount of Each Receipt this Period

1000.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Sandra Carlisle**

Mailing Address PO Box 49

City

Benton

State

AR

Zip Code

72018-0049

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

Retired

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

150.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			1	0			2	0	1	4		

**Transaction ID : VN8ECBWVS63**

Amount of Each Receipt this Period

100.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Sandra Carlisle**

Mailing Address PO Box 49

City

Benton

State

AR

Zip Code

72018-0049

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

Retired

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

150.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			1	0			2	0	1	4		

**Transaction ID : VN8ECBWVT97**

Amount of Each Receipt this Period

50.00

Contribution-IE Only Account

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

1150.00

**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 56 OF 539

(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. Sandra Carlisle**

Mailing Address PO Box 49

City  
Benton

State  
AR

Zip Code  
72018-0049

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 Y Y  
02 / 10 / 2014

**Transaction ID : VN8ECC70P34**

Amount of Each Receipt this Period

50.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Sandra Carlisle**

Mailing Address PO Box 49

City  
Benton

State  
AR

Zip Code  
72018-0049

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 Y Y  
02 / 18 / 2014

**Transaction ID : VN8ECC8WBT3**

Amount of Each Receipt this Period

20.16

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Sandra Carlisle**

Mailing Address PO Box 49

City  
Benton

State  
AR

Zip Code  
72018-0049

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 ▼

270.16

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 10 / 2014

**Transaction ID : VN8ECCC0987**

Amount of Each Receipt this Period

50.00

Contribution-IE Only Account

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

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

120.16



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 57 OF 539  
(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

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NAME OF COMMITTEE (In Full)

**Ready PAC**

Full Name (Last, First, Middle Initial)

**A. Juanita Castro**

Mailing Address 710 Catalonia Ave

City	State	Zip Code
Miami	FL	33134

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

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	07	/	2014

**Transaction ID : VN8ECBW21N2**

Amount of Each Receipt this Period

50.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Juanita Castro**

Mailing Address 710 Catalonia Ave

City	State	Zip Code
Miami	FL	33134

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
01	/	10	/	2014

**Transaction ID : VN8ECBWTNN5**

Amount of Each Receipt this Period

50.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Juanita Castro**

Mailing Address 710 Catalonia Ave

City	State	Zip Code
Miami	FL	33134

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

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	25	/	2014

**Transaction ID : VN8ECC35H68**

Amount of Each Receipt this Period

50.00

Contribution-IE Only Account

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

150.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 58 OF 539  
(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

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NAME OF COMMITTEE (In Full)

**Ready PAC**

Full Name (Last, First, Middle Initial)

**A. Juanita Castro**

Mailing Address 710 Catalonia Ave

City	State	Zip Code
Miami	FL	33134

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
02	/	02	/	2014

**Transaction ID : VN8ECC3ZJC1**

Amount of Each Receipt this Period

50.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Juanita Castro**

Mailing Address 710 Catalonia Ave

City	State	Zip Code
Miami	FL	33134

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 ▼

235.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	18	/	2014

**Transaction ID : VN8ECC92YH0**

Amount of Each Receipt this Period

35.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Juanita Castro**

Mailing Address 710 Catalonia Ave

City	State	Zip Code
Miami	FL	33134

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 ▼

270.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	26	/	2014

**Transaction ID : VN8ECCA99S6**

Amount of Each Receipt this Period

35.00

Contribution-IE Only Account

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

120.00

**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 59 OF 539

(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
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	--

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NAME OF COMMITTEE (In Full)

Ready PAC

Full Name (Last, First, Middle Initial)

**A. Larry Ceisler**

Mailing Address 1525 Locust St  
 Fl 6

City	State	Zip Code
Philadelphia	PA	19102-3710

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Ceisler Media & Issue Advocacy

Occupation  
 Principal

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	/	30	/	2014

Transaction ID : VN8ECC3RH26

Amount of Each Receipt this Period

1000.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. CFS II, Inc.**

Mailing Address 2488 E 81st St  
 Ste 500

City	State	Zip Code
Tulsa	OK	74137-4214

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

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	07	/	2014

Transaction ID : VN8ECCE3HT1

Amount of Each Receipt this Period

5000.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Sandy Chamberlain**

Mailing Address 2807 E Pawhuska St

City	State	Zip Code
Broken Arrow	OK	74014-1878

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 ▼

154.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	07	/	2014

Transaction ID : VN8ECBWARE9

Amount of Each Receipt this Period

154.00

Contribution-IE Only Account

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

6154.00

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 PageFOR LINE NUMBER: PAGE 60 OF 539  
(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

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NAME OF COMMITTEE (In Full)

**Ready PAC**

Full Name (Last, First, Middle Initial)

**A. Sandy Chamberlain**

Mailing Address 2807 E Pawhuska St

City

Broken Arrow

State

OK

Zip Code

74014-1878

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

Retired

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

189.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	23	/	2014

**Transaction ID : VN8ECC2MDF7**

Amount of Each Receipt this Period

35.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Sandy Chamberlain**

Mailing Address 2807 E Pawhuska St

City

Broken Arrow

State

OK

Zip Code

74014-1878

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

Retired

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

209.16

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	30	/	2014

**Transaction ID : VN8ECCGDAM2**

Amount of Each Receipt this Period

20.16

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Davie Champion**

Mailing Address 10460 47th Ave SW

City

Seattle

State

WA

Zip Code

98146-1045

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Champion &amp; Associates

Occupation

owner

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	05	/	2014

**Transaction ID : VN8ECBVP0F7**

Amount of Each Receipt this Period

500.00

Contribution-IE Only Account

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

555.16

**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 61 OF 539

(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

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NAME OF COMMITTEE (In Full)

Ready PAC

Full Name (Last, First, Middle Initial)

**A. Deborah Chang**

Mailing Address 2617 Gellert Ct

City	State	Zip Code
South San Francisco	CA	94080

FEC ID number of contributing federal political committee.

C

Name of Employer

Genentech

Occupation

Global Training Lead, PTD

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	/	05	/	2014

Transaction ID : VN8ECBVPGW5

Amount of Each Receipt this Period

100.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Deborah Chang**

Mailing Address 2617 Gellert Ct

City	State	Zip Code
South San Francisco	CA	94080

FEC ID number of contributing federal political committee.

C

Name of Employer

Genentech

Occupation

Global Training Lead, PTD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.32

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2014

Transaction ID : VN8ECCAJB3

Amount of Each Receipt this Period

215.32

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Steve Chon**

Mailing Address 4 Vista Ln

City	State	Zip Code
Glen Head	NY	11545-3139

FEC ID number of contributing federal political committee.

C

Name of Employer

C. Castle Group

Occupation

Business Executive

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
03	/	31	/	2014

Transaction ID : VN8ECCJK8H6

Amount of Each Receipt this Period

10000.00

Contribution-IE Only Account

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

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

10315.32

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 62 OF 539  
(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

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NAME OF COMMITTEE (In Full)

**Ready PAC**

Full Name (Last, First, Middle Initial)

**A. Sophie Christman 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 University

Occupation

Teacher and Scholar

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.80

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			1	3			2	0	1	4		

**Transaction ID : VN8ECBXGK22**

Amount of Each Receipt this Period

336.80

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Athanasios Christopoulos**

Mailing Address 3360 Overland Pass

City

Northbrook

State

IL

Zip Code

60062

FEC ID number of contributing  
federal political committee.

C

Name of Employer

safeway

Occupation

pharmacist

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
0	2			2	1			2	0	1	4		

**Transaction ID : VN8ECC9NFX4**

Amount of Each Receipt this Period

20.16

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Athanasios Christopoulos**

Mailing Address 3360 Overland Pass

City

Northbrook

State

IL

Zip Code

60062

FEC ID number of contributing  
federal political committee.

C

Name of Employer

safeway

Occupation

pharmacist

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
0	3			1	4			2	0	1	4		

**Transaction ID : VN8ECCHK512**

Amount of Each Receipt this Period

200.00

Contribution-IE Only Account

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

556.96

# **SCHEDULE A (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 539

☐ 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. Jaekun Chung**

Mailing Address 10 E 29th St  
Number 9C

City State Zip Code  
New York NY 10016-7429

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Jay Joshua Inc.

Occupation

Partner

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 / 31 / 2014

**Transaction ID : VN8ECCJJCM0**

Amount of Each Receipt this Period

500.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

## **B. Maxine K. Clark**

Mailing Address 2015 S Warson Rd

City State Zip Code  
Saint Louis MO 63124-1151

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Build-A-Bear

Occupation

Executive

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 / 31 / 2014

**Transaction ID : VN8ECCJJ829**

Amount of Each Receipt this Period

500.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

## **C. Charles Cliett**

Mailing Address 1711 Center St

City State Zip Code  
Little Rock AR 72206-1416

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mitchell Williams Law Firm

Occupation

Attorney

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 / 19 / 2014

**Transaction ID : VN8ECC26SX1**

Amount of Each Receipt this Period

50.00

Contribution-IE Only Account

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

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

1050.00

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

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

FOR LINE NUMBER: PAGE 64 OF 539  
(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. Charles Cliett**

Mailing Address 1711 Center St

City

Little Rock

State

AR

Zip Code

72206-1416

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mitchell Williams Law Firm

Occupation

Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 10 / 2014

**Transaction ID : VN8ECC793Z4**

Amount of Each Receipt this Period

500.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Michael Clinton**

Mailing Address 752 W Thurman Ave

City

Porterville

State

CA

Zip Code

93257-3242

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Jeff Lloyd

Occupation

Automotive Shop Assistant

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  
02 / 21 / 2014

**Transaction ID : VN8ECC9JTA5**

Amount of Each Receipt this Period

35.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Michael Clinton**

Mailing Address 752 W Thurman Ave

City

Porterville

State

CA

Zip Code

93257-3242

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Jeff Lloyd

Occupation

Automotive Shop Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

70.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 28 / 2014

**Transaction ID : VN8ECCAJT24**

Amount of Each Receipt this Period

35.00

Contribution-IE Only Account

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

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

570.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 65 OF 539  
(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**

Full Name (Last, First, Middle Initial)

**A. Michael Clinton**

Mailing Address 752 W Thurman Ave

City

Porterville

State

CA

Zip Code

93257-3242

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Jeff Lloyd

Occupation

Automotive Shop Assistant

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	/	07	/	2014

**Transaction ID : VN8ECCBX3K7**

Amount of Each Receipt this Period

35.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Michael Clinton**

Mailing Address 752 W Thurman Ave

City

Porterville

State

CA

Zip Code

93257-3242

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Jeff Lloyd

Occupation

Automotive Shop Assistant

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
03	/	14	/	2014

**Transaction ID : VN8ECCDCK00**

Amount of Each Receipt this Period

35.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Michael Clinton**

Mailing Address 752 W Thurman Ave

City

Porterville

State

CA

Zip Code

93257-3242

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Jeff Lloyd

Occupation

Automotive Shop Assistant

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
03	/	21	/	2014

**Transaction ID : VN8ECCF4CN2**

Amount of Each Receipt this Period

35.00

Contribution-IE Only Account

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

105.00

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

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

FOR LINE NUMBER: PAGE 66 OF 539  
(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. Michael Clinton**

Mailing Address 752 W Thurman Ave

City

Porterville

State

CA

Zip Code

93257-3242

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Jeff Lloyd

Occupation

Automotive Shop Assistant

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  
03 / 28 / 2014

**Transaction ID : VN8ECCG5762**

Amount of Each Receipt this Period

35.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

## **B. Robert Cloutier**

Mailing Address 444 E Medical Center Blvd  
Apt 111

City

Webster

State

TX

Zip Code

77598

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 ▼

10.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 25 / 2014

**Transaction ID : VN8ECC36SF4**

Amount of Each Receipt this Period

10.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

## **C. Robert Cloutier**

Mailing Address 444 E Medical Center Blvd  
Apt 111

City

Webster

State

TX

Zip Code

77598

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 / D D / Y Y Y Y Y Y  
02 / 09 / 2014

**Transaction ID : VN8ECC6XGV7**

Amount of Each Receipt this Period

100.00

Contribution-IE Only Account

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

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

145.00

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

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

FOR LINE NUMBER: PAGE 67 OF 539

(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

Full Name (Last, First, Middle Initial)

**A. Robert Cloutier**

Mailing Address 444 E Medical Center Blvd  
Apt 111

City State Zip Code  
Webster TX 77598

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 / D D / Y Y Y Y Y Y  
02 / 09 / 2014

Transaction ID : VN8ECC6XH64

Amount of Each Receipt this Period

100.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Robert Cloutier**

Mailing Address 444 E Medical Center Blvd  
Apt 111

City State Zip Code  
Webster TX 77598

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 ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 25 / 2014

Transaction ID : VN8ECCA0YS0

Amount of Each Receipt this Period

10.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Robert Cloutier**

Mailing Address 444 E Medical Center Blvd  
Apt 111

City State Zip Code  
Webster TX 77598

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 ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 09 / 2014

Transaction ID : VN8ECCBZDF1

Amount of Each Receipt this Period

100.00

Contribution-IE Only Account

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

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

210.00

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

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

 FOR LINE NUMBER: PAGE 68 OF 539  
 (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

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NAME OF COMMITTEE (In Full)

Ready PAC

Full Name (Last, First, Middle Initial)

**A. Robert Cloutier**
 Mailing Address 444 E Medical Center Blvd  
 Apt 111

City	State	Zip Code
Webster	TX	77598

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 ▼

330.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	25	/	2014

Transaction ID : VN8ECCFEX10

Amount of Each Receipt this Period

10.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Robert Cloutier**
 Mailing Address 444 E Medical Center Blvd  
 Apt 111

City	State	Zip Code
Webster	TX	77598

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 ▼

375.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2014

Transaction ID : VN8ECCGPCK9

Amount of Each Receipt this Period

45.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Bruce Cohen**
 Mailing Address 274 W 11th St  
 Apt 5R

City	State	Zip Code
New York	NY	10014-2467

FEC ID number of contributing federal political committee.

C

Name of Employer

Self Employed

Occupation

Producer

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	/	30	/	2014

Transaction ID : VN8ECC3PTN9

Amount of Each Receipt this Period

100.00

Contribution-IE Only Account

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

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

155.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 69 OF 539

(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
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	--

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NAME OF COMMITTEE (In Full)

**Ready PAC**

Full Name (Last, First, Middle Initial)

**A. Bruce Cohen**Mailing Address 274 W 11th St  
Apt 5RCity State Zip Code  
New York NY 10014-2467FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Producer

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
02	/	28	/	2014

**Transaction ID : VN8ECCAJSJG2**

Amount of Each Receipt this Period

100.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Bruce Cohen**Mailing Address 274 W 11th St  
Apt 5RCity State Zip Code  
New York NY 10014-2467FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Producer

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	/	2014

**Transaction ID : VN8ECCGDKG9**

Amount of Each Receipt this Period

100.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Lawrence I. Cohen**Mailing Address 520 N Columbus Blvd  
Ste 303City State Zip Code  
Philadelphia PA 19123-4228FEC ID number of contributing  
federal political committee.

C

Name of Employer

Guestcounts Hospitality

Occupation

Restaurateur

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	/	2014

**Transaction ID : VN8ECC6SEK8**

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: PAGE 70 OF 539

(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. Stewart L. Cohen**

Mailing Address 620 Montgomery School Ln

City

Wynnewood

State

PA

Zip Code

19096-1029

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cohen Placitella Roth PC

Occupation

Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.33

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 05 / 2014

**Transaction ID : VN8ECC6SEJ0**

Amount of Each Receipt this Period

333.33

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

## **B. Samantha Coker**

Mailing Address 447 N Doheny Dr

City

Beverly Hills

State

CA

Zip Code

90210-3999

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 12 / 2014

**Transaction ID : VN8ECCCSJJ9**

Amount of Each Receipt this Period

500.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

## **C. Lisa Colacurcio**

Mailing Address 10525 Ayres Ave

City

Los Angeles

State

CA

Zip Code

90064

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Paladin Realty Partners

Occupation

Managing Director

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 / 14 / 2014

**Transaction ID : VN8ECCDCCD7**

Amount of Each Receipt this Period

500.00

Contribution-IE Only Account

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

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

1333.33

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

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

FOR LINE NUMBER: PAGE 71 OF 539

(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

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NAME OF COMMITTEE (In Full)

Ready PAC

Full Name (Last, First, Middle Initial)

**A. Stuart H. Coleman**

Mailing Address 2000 Broadway  
Apt 268

City State Zip Code  
New York NY 10023-5028

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Stroock

Occupation

Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 13 / 2014

Transaction ID : VN8ECCGFP48

Amount of Each Receipt this Period

5000.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Conrad Collins**

Mailing Address 5115 N Dysart Rd  
Ste 202-120

City State Zip Code  
Litchfield Park AZ 85340-3032

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Rising Empire Investments

Occupation

Venture Capital

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 / 18 / 2014

Transaction ID : VN8ECCE74D5

Amount of Each Receipt this Period

201.60

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Ken Comfort**

Mailing Address 21425 Kirsten Falls Dr

City State Zip Code  
Porter TX 77365-8815

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 / D D / Y Y Y Y Y Y  
02 / 07 / 2014

Transaction ID : VN8ECC6SCB9

Amount of Each Receipt this Period

500.00

Contribution-IE Only Account

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

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

5701.60

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 72 OF 539

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="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. Eva Condon**

Mailing Address 128 Adams St

City

San Antonio

State

TX

Zip Code

78210-1103

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	/	D	D	/	Y	Y	Y	Y
0	1		2	6		2	0	1	4

**Transaction ID : VN8ECC38HY2**

Amount of Each Receipt this Period

2500.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. R. Sue Connolly**

Mailing Address 1618 W Rosehill Dr

City

Chicago

State

IL

Zip Code

60660

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MKMB Restaurant Ptnrs LLC

Occupation

CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	6		2	0	1	4

**Transaction ID : VN8ECC38JJ6**

Amount of Each Receipt this Period

200.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. R. Sue Connolly**

Mailing Address 1618 W Rosehill Dr

City

Chicago

State

IL

Zip Code

60660

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MKMB Restaurant Ptnrs LLC

Occupation

CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	6		2	0	1	4

**Transaction ID : VN8ECC38JK4**

Amount of Each Receipt this Period

45.00

Contribution-IE Only Account

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

2745.00

**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 73 OF 539

(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. R. Sue Connolly**

Mailing Address 1618 W Rosehill Dr

City State Zip Code  
Chicago IL 60660

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MKMB Restaurant Ptnrs LLC

Occupation  
CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 26 / 2014

**Transaction ID : VN8ECC38K97**

Amount of Each Receipt this Period

140.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Roberta Conroy**

Mailing Address 33 Haldeman Rd

City State Zip Code  
Santa Monica CA 90402-1003

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 / D D / Y Y Y Y Y Y  
03 / 28 / 2014

**Transaction ID : VN8ECCG3YP2**

Amount of Each Receipt this Period

201.60

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Teresa Constant**

Mailing Address 13588 Pauhaska Rd

City State Zip Code  
Apple Valley CA 92308

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 / D D / Y Y Y Y Y Y  
01 / 03 / 2014

**Transaction ID : VN8ECBVGPK1**

Amount of Each Receipt this Period

2500.00

Contribution-IE Only Account

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

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

2841.60

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 74 OF 539

(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
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	--

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NAME OF COMMITTEE (In Full)

**Ready PAC**

Full Name (Last, First, Middle Initial)

**A. Stephen Copley**

Mailing Address 5009 Candlewick Ln

City

North Little Rock

State

AR

Zip Code

72116-6873

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United Methodist Church

Occupation

Clergy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20.16

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	8		2	0	1	4		

**Transaction ID : VN8ECC3FZ67**

Amount of Each Receipt this Period

20.16

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Stephen Copley**

Mailing Address 5009 Candlewick Ln

City

North Little Rock

State

AR

Zip Code

72116-6873

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United Methodist Church

Occupation

Clergy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.16

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	0		2	0	1	4		

**Transaction ID : VN8ECC9B8H7**

Amount of Each Receipt this Period

200.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Christine Corless**

Mailing Address 12031 Brewster Dr

City

Tampa

State

FL

Zip Code

33626-2501

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Not Provided

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1			1	6		2	0	1	4		

**Transaction ID : VN8ECBZ3526**

Amount of Each Receipt this Period

500.00

Contribution-IE Only Account

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

720.16

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 75 OF 539  
(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

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NAME OF COMMITTEE (In Full)

**Ready PAC**

Full Name (Last, First, Middle Initial)

**A. Susan Cota**

Mailing Address 4647 Edgewood Ave

City	State	Zip Code
Oakland	CA	94602-1403

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	/	12	/	2014

**Transaction ID : VN8ECBX39C0**

Amount of Each Receipt this Period

100.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Susan Cota**

Mailing Address 4647 Edgewood Ave

City	State	Zip Code
Oakland	CA	94602-1403

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
02	/	12	/	2014

**Transaction ID : VN8ECC81PT5**

Amount of Each Receipt this Period

100.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Susan Cota**

Mailing Address 4647 Edgewood Ave

City	State	Zip Code
Oakland	CA	94602-1403

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	/	12	/	2014

**Transaction ID : VN8ECCCJ7N5**

Amount of Each Receipt this Period

100.00

Contribution-IE Only Account

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

300.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 76 OF 539

(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

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NAME OF COMMITTEE (In Full)

**Ready PAC**

Full Name (Last, First, Middle Initial)

**A. Gail Craddock**

Mailing Address 12377 243rd PI NE

City	State	Zip Code
Redmond	WA	98053-5719

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

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	29	/	2014

**Transaction ID : VN8ECC3H0Q0**

Amount of Each Receipt this Period

1000.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Damon Craig**

Mailing Address 17 River Edge Rd

City	State	Zip Code
River Edge	NJ	07661-2452

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Blue Zees Real Estate LLC

Occupation

Project Manager

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	/	2014

**Transaction ID : VN8ECC98967**

Amount of Each Receipt this Period

500.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Tania Cruz**Mailing Address 200 S Biscayne Blvd  
Ste 4100

City	State	Zip Code
Miami	FL	33131-2362

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Squire Sanders

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
03	/	14	/	2014

**Transaction ID : VN8ECCGFVG3**

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: PAGE 77 OF 539

(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

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NAME OF COMMITTEE (In Full)

Ready PAC

Full Name (Last, First, Middle Initial)

**A. Carrie Cunningham**

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 ▼

100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	30	/	2014

Transaction ID : VN8ECC3PM93

Amount of Each Receipt this Period

100.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Carrie Cunningham**

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 ▼

200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2014

Transaction ID : VN8ECCAH2E0

Amount of Each Receipt this Period

100.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Carrie Cunningham**

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 ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	30	/	2014

Transaction ID : VN8ECCGDGE7

Amount of Each Receipt this Period

100.00

Contribution-IE Only Account

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

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

300.00

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

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

FOR LINE NUMBER: PAGE 78 OF 539

(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

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NAME OF COMMITTEE (In Full)

Ready PAC

Full Name (Last, First, Middle Initial)

**A. Daisy Fresh Drive In Cleaners**

Mailing Address 234 149th Pl

City	State	Zip Code
Whitestone	NY	11357-1131

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
03		31		2014

Transaction ID : VN8ECCJJBB6

Amount of Each Receipt this Period

250.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Ethel L Daniels**

Mailing Address 1257 W 50th St

City	State	Zip Code
Los Angeles	CA	90037-2823

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Principal

San Diego City Schools

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		12		2014

Transaction ID : VN8ECCHH4H9

Amount of Each Receipt this Period

500.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Karen Daroff**

Mailing Address 1007 Livezey Ln

City	State	Zip Code
Philadelphia	PA	19119-3356

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self Employed

Designer

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		2014

Transaction ID : VN8ECC8MW29

Amount of Each Receipt this Period

1000.00

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: PAGE 79 OF 539

(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

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NAME OF COMMITTEE (In Full)

Ready PAC

Full Name (Last, First, Middle Initial)

**A. Aaron Darr**Mailing Address 318 W 45th St  
Apt 5

City	State	Zip Code
New York	NY	10036-8343

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Darr for New York

Occupation

Actor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.60

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	0		2	0	1	4

Transaction ID : VN8ECC27702

Amount of Each Receipt this Period

201.60

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Aaron Darr**Mailing Address 318 W 45th St  
Apt 5

City	State	Zip Code
New York	NY	10036-8343

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Darr for New York

Occupation

Actor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

206.60

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	3		2	0	1	4

Transaction ID : VN8ECC2NDN1

Amount of Each Receipt this Period

5.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Aaron Darr**Mailing Address 318 W 45th St  
Apt 5

City	State	Zip Code
New York	NY	10036-8343

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Darr for New York

Occupation

Actor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

246.92

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	4		2	0	1	4

Transaction ID : VN8ECC2P4B9

Amount of Each Receipt this Period

20.16

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: PAGE 80 OF 539

(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

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NAME OF COMMITTEE (In Full)

Ready PAC

Full Name (Last, First, Middle Initial)

**A. Aaron Darr**Mailing Address 318 W 45th St  
Apt 5

City	State	Zip Code
New York	NY	10036-8343

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Darr for New York

Occupation

Actor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

246.92

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	24	/	2014

Transaction ID : VN8ECC2PS82

Amount of Each Receipt this Period

20.16

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Alexandra Daum**Mailing Address 120 E End Ave  
8B

City	State	Zip Code
New York	NY	10028-7552

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Bain and Company

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	/	13	/	2014

Transaction ID : VN8ECCDB2Q6

Amount of Each Receipt this Period

201.60

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Mark Davidson**

Mailing Address 169 Starlight Crest Dr

City	State	Zip Code
La Canada Flintridge	CA	91011-2836

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wesco Aircraft Holdings, Inc

Occupation

Corporate Treasurer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	24	/	2014

Transaction ID : VN8ECC34P60

Amount of Each Receipt this Period

205.00

Contribution-IE Only Account

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

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

426.76



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 81 OF 539  
(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

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NAME OF COMMITTEE (In Full)

**Ready PAC**

Full Name (Last, First, Middle Initial)

**A. Bill Davies**

Mailing Address 8550 El Corte Rd

City

Atascadero

State

CA

Zip Code

93422-5346

FEC ID number of contributing  
federal political committee.

C

Name of Employer

San Luis Coastal School District

Occupation

Custodian

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01		03		2014

**Transaction ID : VN8ECBVH5K2**

Amount of Each Receipt this Period

500.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Bill Davies**

Mailing Address 8550 El Corte Rd

City

Atascadero

State

CA

Zip Code

93422-5346

FEC ID number of contributing  
federal political committee.

C

Name of Employer

San Luis Coastal School District

Occupation

Custodian

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		03		2014

**Transaction ID : VN8ECC5EMH4**

Amount of Each Receipt this Period

500.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Jewel Day**

Mailing Address 535 Lovett Blvd

City

Houston

State

TX

Zip Code

77006-4020

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01		26		2014

**Transaction ID : VN8ECC38794**

Amount of Each Receipt this Period

50.00

Contribution-IE Only Account

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

1050.00

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 82 OF 539

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="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. Jewel Day**

Mailing Address 535 Lovett Blvd

City

Houston

State

TX

Zip Code

77006-4020

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

150.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	27	/	2014

**Transaction ID : VN8ECC3DMT6**

Amount of Each Receipt this Period

100.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Jewel Day**

Mailing Address 535 Lovett Blvd

City

Houston

State

TX

Zip Code

77006-4020

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

240.32

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	30	/	2014

**Transaction ID : VN8ECC3SEC7**

Amount of Each Receipt this Period

90.32

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Randeep Dhillon**

Mailing Address 2400 Carlita Rd

City

Bakersfield

State

CA

Zip Code

93304-7201

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Economist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

35.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	05	/	2014

**Transaction ID : VN8ECBVNPE1**

Amount of Each Receipt this Period

35.00

Contribution-IE Only Account

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

225.32

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

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

FOR LINE NUMBER: PAGE 83 OF 539  
(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. Randeep Dhillon**

Mailing Address 2400 Carlita Rd

City State Zip Code  
Bakersfield CA 93304-7201

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Economist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

70.00

Date of Receipt

01 / 12 / 2014

**Transaction ID : VN8ECBX3AJ8**

Amount of Each Receipt this Period

35.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

## **B. Randeep Dhillon**

Mailing Address 2400 Carlita Rd

City State Zip Code  
Bakersfield CA 93304-7201

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Economist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

105.00

Date of Receipt

01 / 19 / 2014

**Transaction ID : VN8ECC25YT0**

Amount of Each Receipt this Period

35.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

## **C. Randeep Dhillon**

Mailing Address 2400 Carlita Rd

City State Zip Code  
Bakersfield CA 93304-7201

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Economist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

140.00

Date of Receipt

01 / 26 / 2014

**Transaction ID : VN8ECC38379**

Amount of Each Receipt this Period

35.00

Contribution-IE Only Account

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

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

105.00

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

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

FOR LINE NUMBER: PAGE 84 OF 539

(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. Randeep Dhillon**

Mailing Address 2400 Carlita Rd

City State Zip Code  
Bakersfield CA 93304-7201

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Economist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

175.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 02 / 2014

**Transaction ID : VN8ECC3ZB69**

Amount of Each Receipt this Period

35.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

## **B. Randeep Dhillon**

Mailing Address 2400 Carlita Rd

City State Zip Code  
Bakersfield CA 93304-7201

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Economist

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  
02 / 09 / 2014

**Transaction ID : VN8ECC6XBD7**

Amount of Each Receipt this Period

35.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

## **C. Randeep Dhillon**

Mailing Address 2400 Carlita Rd

City State Zip Code  
Bakersfield CA 93304-7201

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Economist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 16 / 2014

**Transaction ID : VN8ECC8NAW2**

Amount of Each Receipt this Period

35.00

Contribution-IE Only Account

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

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

105.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 85 OF 539  
(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. Randeep Dhillon

Mailing Address 2400 Carlita Rd

City State Zip Code  
Bakersfield CA 93304-7201

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Economist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 23 / 2014

Transaction ID : VN8ECC9PT14

Amount of Each Receipt this Period

35.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

### B. Randeep Dhillon

Mailing Address 2400 Carlita Rd

City State Zip Code  
Bakersfield CA 93304-7201

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Economist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 02 / 2014

Transaction ID : VN8ECCAW2Z1

Amount of Each Receipt this Period

35.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

### C. Randeep Dhillon

Mailing Address 2400 Carlita Rd

City State Zip Code  
Bakersfield CA 93304-7201

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Economist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 09 / 2014

Transaction ID : VN8ECCBZB84

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: PAGE 86 OF 539

(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

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NAME OF COMMITTEE (In Full)

Ready PAC

Full Name (Last, First, Middle Initial)

**A. Randeep Dhillon**

Mailing Address 2400 Carlita Rd

City	State	Zip Code
Bakersfield	CA	93304-7201

FEC ID number of contributing federal political committee.

C

Name of Employer

Self

Occupation

Economist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	6	/	2	0	1	4

Transaction ID : VN8ECCE1290

Amount of Each Receipt this Period

35.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Randeep Dhillon**

Mailing Address 2400 Carlita Rd

City	State	Zip Code
Bakersfield	CA	93304-7201

FEC ID number of contributing federal political committee.

C

Name of Employer

Self

Occupation

Economist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	3	/	2	0	1	4

Transaction ID : VN8ECCF4VG4

Amount of Each Receipt this Period

35.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Randeep Dhillon**

Mailing Address 2400 Carlita Rd

City	State	Zip Code
Bakersfield	CA	93304-7201

FEC ID number of contributing federal political committee.

C

Name of Employer

Self

Occupation

Economist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

455.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	3	0	/	2	0	1	4

Transaction ID : VN8ECCGDCF6

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: PAGE 87 OF 539

(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

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NAME OF COMMITTEE (In Full)

Ready PAC

Full Name (Last, First, Middle Initial)

**A. Karen Diefenbach**

Mailing Address 1200 Grandview Ave  
Unit 201

City State Zip Code  
Columbus OH 43212-3437

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Nationwide Children's Hospital

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
01 / 22 / 2014

Transaction ID : VN8ECC2JP93

Amount of Each Receipt this Period

500.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Leanne DiLorenzo**

Mailing Address 1736 SW Prospect Dr

City State Zip Code  
Portland OR 97201

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
none

Occupation  
non profit/student

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.48

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 21 / 2014

Transaction ID : VN8ECCEQYY7

Amount of Each Receipt this Period

337.48

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Leanne DiLorenzo**

Mailing Address 1736 SW Prospect Dr

City State Zip Code  
Portland OR 97201

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
none

Occupation  
non profit/student

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.48

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 21 / 2014

Transaction ID : VN8ECCEQZ11

Amount of Each Receipt this Period

38.00

Contribution-IE Only Account

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

875.48

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: PAGE 88 OF 539  
(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. Robert M. Dolgin**

Mailing Address 28 Portland Pl

City

Saint Louis

State

MO

Zip Code

63108-1204

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 31 / 2014

**Transaction ID : VN8ECCJJ8F2**

Amount of Each Receipt this Period

250.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Barbara Dossey**

Mailing Address 878 Paseo Del Sur

City

Santa Fe

State

NM

Zip Code

87501-8836

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Nurse Educator

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 / 2014

**Transaction ID : VN8ECBWE6C8**

Amount of Each Receipt this Period

100.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Barbara Dossey**

Mailing Address 878 Paseo Del Sur

City

Santa Fe

State

NM

Zip Code

87501-8836

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Nurse Educator

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  
02 / 08 / 2014

**Transaction ID : VN8ECC6W9Q2**

Amount of Each Receipt this Period

100.00

Contribution-IE Only Account

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

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

450.00



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

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

FOR LINE NUMBER: PAGE 89 OF 539

(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

Full Name (Last, First, Middle Initial)

**A. Barbara Dossey**

Mailing Address 878 Paseo Del Sur

City

Santa Fe

State

NM

Zip Code

87501-8836

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Nurse Educator

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			0	8			2	0	1	4		

Transaction ID : VN8ECCBY2S0

Amount of Each Receipt this Period

100.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Neal Doughty**

Mailing Address 1101 26th St SW

City

Austin

State

MN

Zip Code

55912-5125

FEC ID number of contributing  
federal political committee.

C

Name of Employer

REO Speedwagon

Occupation

Musician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			1	8			2	0	1	4		

Transaction ID : VN8ECC24JK1

Amount of Each Receipt this Period

100.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**c. Neal Doughty**

Mailing Address 1101 26th St SW

City

Austin

State

MN

Zip Code

55912-5125

FEC ID number of contributing  
federal political committee.

C

Name of Employer

REO Speedwagon

Occupation

Musician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	8			2	0	1	4		

Transaction ID : VN8ECC8SH23

Amount of Each Receipt this Period

100.00

Contribution-IE Only Account

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

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

300.00

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

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

FOR LINE NUMBER: PAGE 90 OF 539

(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. Neal Doughty**

Mailing Address 1101 26th St SW

City State Zip Code  
 Austin MN 55912-5125

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
 REO Speedwagon Musician

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  
 03 18 2014

**Transaction ID : VN8ECCER9J6**

Amount of Each Receipt this Period

100.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

## **B. Carolyn Douglas**

Mailing Address 345 E 84th St  
 Apt 1

City State Zip Code  
 New York NY 10028-4434

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
 Self 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 25 2014

**Transaction ID : VN8ECC37MW4**

Amount of Each Receipt this Period

250.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

## **C. Carl Dranoff**

Mailing Address 440 S Broad St  
 Ph 2

City State Zip Code  
 Philadelphia PA 19146-4915

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
 Dranoff Properties President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 02 05 2014

**Transaction ID : VN8ECC6SEP2**

Amount of Each Receipt this Period

2000.00

Contribution-IE Only Account

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

2350.00

**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 91 OF 539

(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

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NAME OF COMMITTEE (In Full)

Ready PAC

Full Name (Last, First, Middle Initial)

**A. Duane Morris LLP**

Mailing Address 30 S 17th St

City  
PhiladelphiaState  
PAZip Code  
19103-4016FEC ID number of contributing  
federal political committee.

C C00364133

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	5		2	0	1	4		

Transaction ID : VN8ECC6SJ31

Amount of Each Receipt this Period

5000.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. John Paul Dubinsky**Mailing Address 625 S Skinker Blvd  
Apt 1503City  
Saint LouisState  
MOZip Code  
63105-2345FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	3			3	1		2	0	1	4		

Transaction ID : VN8ECCJJ7F9

Amount of Each Receipt this Period

5000.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Egencia**

Mailing Address 333 108th Ave NE

City  
BellevueState  
WAZip Code  
98004-5703FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

418.56

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	8		2	0	1	4		

Transaction ID : VN8ECCFMM09

Amount of Each Receipt this Period

418.56

Offset to Expenditure-IE Only Account

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

10418.56

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 PageFOR LINE NUMBER:  
(check only one)

PAGE 92 OF 539

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="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. Egencia**

Mailing Address 333 108th Ave NE

City  
BellevueState  
WAZip Code  
98004-5703FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

438.56

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	1			2	0	1	4		

**Transaction ID : VN8ECCFPZE9**

Amount of Each Receipt this Period

20.00

Offset to Expenditure-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Hoard Egerman**

Mailing Address 3216 Davis St

City  
OaklandState  
CAZip Code  
94601FEC ID number of contributing  
federal political committee.

C

Name of Employer

SSA

Occupation

Customer Representative

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

115.16

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	7			2	0	1	4		

**Transaction ID : VN8ECCAB4F4**

Amount of Each Receipt this Period

20.16

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Hoard Egerman**

Mailing Address 3216 Davis St

City  
OaklandState  
CAZip Code  
94601FEC ID number of contributing  
federal political committee.

C

Name of Employer

SSA

Occupation

Customer Representative

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

115.16

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	7			2	0	1	4		

**Transaction ID : VN8ECCAB564**

Amount of Each Receipt this Period

95.00

Contribution-IE Only Account

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

135.16

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

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

FOR LINE NUMBER: PAGE 93 OF 539

(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

Full Name (Last, First, Middle Initial)

**A. Hoard Egerman**

Mailing Address 3216 Davis St

City

Oakland

State

CA

Zip Code

94601

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SSA

Occupation

Customer Representative

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

135.32

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			1	7			2	0	1	4		

Transaction ID : VN8ECCE55G4

Amount of Each Receipt this Period

20.16

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Hoard Egerman**

Mailing Address 3216 Davis St

City

Oakland

State

CA

Zip Code

94601

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SSA

Occupation

Customer Representative

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

217.32

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			2	8			2	0	1	4		

Transaction ID : VN8ECCG1V16

Amount of Each Receipt this Period

82.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Sharon Elghanayan Corzine**

Mailing Address 944 5th Ave

Apt 4

City

New York

State

NY

Zip Code

10021-2656

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Psychotherapist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			3	1			2	0	1	4		

Transaction ID : VN8ECCJGV92

Amount of Each Receipt this Period

25000.00

Contribution-IE Only Account

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

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

25102.16

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

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

FOR LINE NUMBER: PAGE 94 OF 539

(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. Donna Esteves**

Mailing Address 77 Yacht Club Dr

City State Zip Code  
 Lake Hopatcong NJ 07849-1313

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

01 / 09 / 2014

**Transaction ID : VN8ECBWP6K5**

Amount of Each Receipt this Period

50.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Donna Esteves**

Mailing Address 77 Yacht Club Dr

City State Zip Code  
 Lake Hopatcong NJ 07849-1313

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

01 / 13 / 2014

**Transaction ID : VN8ECBXGNM0**

Amount of Each Receipt this Period

100.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Donna Esteves**

Mailing Address 77 Yacht Club Dr

City State Zip Code  
 Lake Hopatcong NJ 07849-1313

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 / 13 / 2014

**Transaction ID : VN8ECC8AGV0**

Amount of Each Receipt this Period

100.00

Contribution-IE Only Account

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

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

250.00

# **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 95 OF 539

☐ 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. Donna Esteves**

Mailing Address 77 Yacht Club Dr

City

Lake Hopatcong

State

NJ

Zip Code

07849-1313

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 ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 13 / 2014

**Transaction ID : VN8ECCDAR54**

Amount of Each Receipt this Period

100.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

## **B. Fabian Nunez for Treasurer 2014**

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 ▼

25000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 31 / 2014

**Transaction ID : VN8ECCJGVP0**

Amount of Each Receipt this Period

25000.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

## **C. Rebecca Faeder**

Mailing Address 1501 Brookmeade PI

City

Vienna

State

VA

Zip Code

22182-1503

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

Housewife

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 / 25 / 2014

**Transaction ID : VN8ECCA41C8**

Amount of Each Receipt this Period

1000.00

Contribution-IE Only Account

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

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

26100.00

# 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 96 OF 539

☐ 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. Jill Faenza

Mailing Address 1320 Danberry Ln

City State Zip Code  
Daly City CA 94014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sierra Point CU

Occupation

CEO

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 / 06 / 2014

Transaction ID : VN8ECBVQZ37

Amount of Each Receipt this Period

25.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

B. Jill Faenza

Mailing Address 1320 Danberry Ln

City State Zip Code  
Daly City CA 94014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sierra Point CU

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

120.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 12 / 2014

Transaction ID : VN8ECBX3WG2

Amount of Each Receipt this Period

95.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

C. Jill Faenza

Mailing Address 1320 Danberry Ln

City State Zip Code  
Daly City CA 94014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sierra Point CU

Occupation

CEO

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  
01 / 21 / 2014

Transaction ID : VN8ECC2BXK9

Amount of Each Receipt this Period

60.00

Contribution-IE Only Account

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

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

180.00



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

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

FOR LINE NUMBER: PAGE 97 OF 539

(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

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NAME OF COMMITTEE (In Full)

Ready PAC

Full Name (Last, First, Middle Initial)

A. Jill Faenza

Mailing Address 1320 Danberry Ln

City	State	Zip Code
Daly City	CA	94014

FEC ID number of contributing federal political committee.

C

Name of Employer

Sierra Point CU

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.16

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
03			14			2014			

Transaction ID : VN8ECCDD251

Amount of Each Receipt this Period

20.16

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

B. Edward Farmer

Mailing Address 406 14th Ave E

City	State	Zip Code
Seattle	WA	98112

FEC ID number of contributing federal political committee.

C

Name of Employer

Navos

Occupation

Psychotherapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
01			25			2014			

Transaction ID : VN8ECC377R4

Amount of Each Receipt this Period

250.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

C. Conchata Ferrell

Mailing Address PO Box 7010

City	State	Zip Code
Santa Monica	CA	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

M	M	/	D	D	/	Y	Y	Y	Y
01			18			2014			

Transaction ID : VN8ECC24GW9

Amount of Each Receipt this Period

500.00

Contribution-IE Only Account

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

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

770.16

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

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

 FOR LINE NUMBER: PAGE 98 OF 539  
 (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

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NAME OF COMMITTEE (In Full)

Ready PAC

Full Name (Last, First, Middle Initial)

A. John H. Ferring IV

Mailing Address 22 Portland Pl

City

Saint Louis

State

MO

Zip Code

63108-1204

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Plaze, Inc.

Occupation

Executive

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
03			31			2014			

Transaction ID : VN8ECCJJ7P5

Amount of Each Receipt this Period

5000.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

B. Michael F Fink

Mailing Address 3439 Brae Bourn Dr

City

Huntingdon Valley

State

PA

Zip Code

19006-4003

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

Retired

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1020.16

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
02			27			2014			

Transaction ID : VN8ECCABQM2

Amount of Each Receipt this Period

1020.16

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

C. Irene Fischer-Davidson

Mailing Address 1733 NW 25th Ave

City

Portland

State

OR

Zip Code

97210

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

Retired

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
01			11			2014			

Transaction ID : VN8ECBX2YH5

Amount of Each Receipt this Period

100.00

Contribution-IE Only Account

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

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

6120.16

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

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

FOR LINE NUMBER: PAGE 99 OF 539

(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. Irene Fischer-Davidson**

Mailing Address 1733 NW 25th Ave

City State Zip Code  
 Portland OR 97210

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 ▼

350.00

Date of Receipt

02 / 23 / 2014

**Transaction ID : VN8ECC9PYM2**

Amount of Each Receipt this Period

250.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Aleta Fisher**

Mailing Address 1166 Lindenwood Dr

City State Zip Code  
 Tarpon Springs FL 34688-7632

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

02 / 11 / 2014

**Transaction ID : VN8ECCJMZB5**

Amount of Each Receipt this Period

200.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Aleta Fisher**

Mailing Address 1166 Lindenwood Dr

City State Zip Code  
 Tarpon Springs FL 34688-7632

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

02 / 11 / 2014

**Transaction ID : VN8ECCJMZD1**

Amount of Each Receipt this Period

25.00

Contribution-IE Only Account

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

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

475.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 100 OF 539

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="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. Fleck Consulting Inc.**

Mailing Address PO Box 1865

City  
AllentownState  
PAZip Code  
18105-1865FEC 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		05		2014

**Transaction ID : VN8ECC6SJC0**

Amount of Each Receipt this Period

1000.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Abbe F. Fletman**

Mailing Address 422 W Price St

City  
PhiladelphiaState  
PAZip Code  
19144-4406FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Flaster Greenberg PC

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		05		2014

**Transaction ID : VN8ECC6SF09**

Amount of Each Receipt this Period

250.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Cathy Folts**

Mailing Address 9 Harris Ln

City  
HarvardState  
MAZip Code  
01451-1657FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Groton School

Teacher

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		31		2014

**Transaction ID : VN8ECCH1ZB4**

Amount of Each Receipt this Period

2500.00

Contribution-IE Only Account

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

3750.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 101 OF 539

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="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. DeFred G Folts III**

Mailing Address 9 Harris Ln

City

Harvard

State

MA

Zip Code

01451-1657

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Windhaven Investment Management

Occupation

Senior Managing Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	0		2	0	1	4

**Transaction ID : VN8ECC9F5T2**

Amount of Each Receipt this Period

2500.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Timothy Forest**

Mailing Address 1186 Dolores St

City

San Francisco

State

CA

Zip Code

94110-3657

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

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	4		2	0	1	4

**Transaction ID : VN8ECBXNQM4**

Amount of Each Receipt this Period

500.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Sandy Fortier**

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 ▼

100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	1		2	0	1	4

**Transaction ID : VN8ECC3T7H0**

Amount of Each Receipt this Period

100.00

Contribution-IE Only Account

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

3100.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 102 OF 539

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="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. Sandy Fortier**

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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		28		2014

**Transaction ID : VN8ECCAGHW3**

Amount of Each Receipt this Period

100.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Sandy Fortier**

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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		28		2014

**Transaction ID : VN8ECCG5B87**

Amount of Each Receipt this Period

100.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Jamilyn Fournier**

Mailing Address 6110 N 52nd Pl

City

Paradise Valley

State

AZ

Zip Code

85253-5106

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self employed

Occupation

Interior Design

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

232.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01		30		2014

**Transaction ID : VN8ECC3PDJ8**

Amount of Each Receipt this Period

232.00

Contribution-IE Only Account

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

432.00

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 103 OF 539

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="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. Elizabeth Frame Ellison**

Mailing Address 3442 S Atlanta Pl

City

Tulsa

State

OK

Zip Code

74105-2825

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Lobeck Taylor Family Foundation

Occupation

Executive Director

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			0	7			2	0	1	4		

**Transaction ID : VN8ECCE3F44**

Amount of Each Receipt this Period

1000.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Scott Freda**

Mailing Address 348 Franklin Ct

City

Ambler

State

PA

Zip Code

19002-1019

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SCF Consulting LLC

Occupation

President

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	5			2	0	1	4		

**Transaction ID : VN8ECC6SEQ0**

Amount of Each Receipt this Period

2000.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Robert A. Freedman**

Mailing Address 1612 Farrier Trl

City

Clearwater

State

FL

Zip Code

33765

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Best Efforts

Occupation

Retired

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	1			2	0	1	4		

**Transaction ID : VN8ECCJMZR8**

Amount of Each Receipt this Period

200.00

Contribution-IE Only Account

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

3200.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 104 OF 539  
(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

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NAME OF COMMITTEE (In Full)

**Ready PAC**

Full Name (Last, First, Middle Initial)

**A. Robert A. Freedman**

Mailing Address 1612 Farrier Trl

City	State	Zip Code
Clearwater	FL	33765

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Best Efforts

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	/	11	/	2014

**Transaction ID : VN8ECCJMZT4**

Amount of Each Receipt this Period

50.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Richard Friedman**

Mailing Address 20 University Rd

City	State	Zip Code
Cambridge	MA	02138-5756

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Real estate developer

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	/	18	/	2014

**Transaction ID : VN8ECCE8RP2**

Amount of Each Receipt this Period

5000.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Friends of Mike Gerber**

Mailing Address PO Box 208

City	State	Zip Code
Ambler	PA	19002-0208

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	/	07	/	2014

**Transaction ID : VN8ECCE24F9**

Amount of Each Receipt this Period

1000.00

Contribution-IE Only Account

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

6050.00



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

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

FOR LINE NUMBER: PAGE 105 OF 539

(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. Glen Fukushima**

Mailing Address 1111 23rd St NW  
Apt 5A

City Washington State DC Zip Code 20037-3321

FEC ID number of contributing federal political committee.

C

Name of Employer  
Center for American Progress

Occupation  
Senior Fellow

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y  
01 / 26 / 2014

Transaction ID : VN8ECC38NJ4

Amount of Each Receipt this Period

50.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

## **B. Glen Fukushima**

Mailing Address 1111 23rd St NW  
Apt 5A

City Washington State DC Zip Code 20037-3321

FEC ID number of contributing federal political committee.

C

Name of Employer  
Center for American Progress

Occupation  
Senior Fellow

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25050.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 15 / 2014

Transaction ID : VN8ECCDY587

Amount of Each Receipt this Period

25000.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

## **C. Woody Futrell**

Mailing Address PO Box 217  
1430 W Leslie St

City Nashville State AR Zip Code 71852-0217

FEC ID number of contributing federal political committee.

C

Name of Employer  
Futrell Marine

Occupation  
owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.16

Date of Receipt

M M / D D / Y Y Y Y Y  
01 / 03 / 2014

Transaction ID : VN8ECBVHKR1

Amount of Each Receipt this Period

200.16

Contribution-IE Only Account

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

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

25250.16

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 106 OF 539

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="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. Patrick Gabbard**

Mailing Address 5304 Albervan St

City

Shawnee

State

KS

Zip Code

66216-1457

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Kansas

Occupation

Teaching Assistant

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

45.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	25	/	2014

**Transaction ID : VN8ECC37PA7**

Amount of Each Receipt this Period

45.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Patrick Gabbard**

Mailing Address 5304 Albervan St

City

Shawnee

State

KS

Zip Code

66216-1457

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Kansas

Occupation

Teaching Assistant

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

545.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	27	/	2014

**Transaction ID : VN8ECCG0YD9**

Amount of Each Receipt this Period

500.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Ernest Gaeta**

Mailing Address 2014 Bernard Blvd

City

Endicott

State

NY

Zip Code

13760-1401

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

Retired

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	06	/	2014

**Transaction ID : VN8ECC6S7W5**

Amount of Each Receipt this Period

500.00

Contribution-IE Only Account

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

1045.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 107 OF 539

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="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. Phillip Galbreath**Mailing Address 1325 15th St NW  
Apt 911

City	State	Zip Code
Washington	DC	20005-2951

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PricewaterhouseCooper LLP

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	/	15	/	2014

**Transaction ID : VN8ECBXVYV8**

Amount of Each Receipt this Period

201.60

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Michael Gardner**

Mailing Address 9451 Ensley Ln

City	State	Zip Code
Leawood	KS	66206-2020

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Old Mission United Methodist Church

Occupation

Clergy

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	/	08	/	2014

**Transaction ID : VN8ECBWH7H4**

Amount of Each Receipt this Period

100.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Michael Gardner**

Mailing Address 9451 Ensley Ln

City	State	Zip Code
Leawood	KS	66206-2020

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Old Mission United Methodist Church

Occupation

Clergy

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
02	/	08	/	2014

**Transaction ID : VN8ECC6W7C2**

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 108 OF 539

☐ 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. Michael Gardner**

Mailing Address 9451 Ensley Ln

City

Leawood

State

KS

Zip Code

66206-2020

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Old Mission United Methodist Church

Occupation

Clergy

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

03 / 08 / 2014

**Transaction ID : VN8ECCBXZX5**

Amount of Each Receipt this Period

100.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Carrie Gasaway**

Mailing Address 820 Salisbury Way

City

Clarksville

State

TN

Zip Code

37043-5689

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Lawyer

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

248.16

Date of Receipt

02 / 22 / 2014

**Transaction ID : VN8ECC9NM31**

Amount of Each Receipt this Period

50.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Carrie Gasaway**

Mailing Address 820 Salisbury Way

City

Clarksville

State

TN

Zip Code

37043-5689

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Lawyer

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

248.16

Date of Receipt

02 / 22 / 2014

**Transaction ID : VN8ECC9NMP1**

Amount of Each Receipt this Period

198.16

Contribution-IE Only Account

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

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

348.16

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 109 OF 539

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="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. Barbara A. Geisman**

Mailing Address 1517 Washington Ave

City

Saint Louis

State

MO

Zip Code

63103-1841

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Thompson Coburn, 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
0	3			3	1			2	0	1	4		

**Transaction ID : VN8ECCJJ9N2**

Amount of Each Receipt this Period

250.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Robert Geltzer**

Mailing Address 115 E 87th St

City

New York

State

NY

Zip Code

10128

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

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			1	0			2	0	1	4		

**Transaction ID : VN8ECBWWE25**

Amount of Each Receipt this Period

1000.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Sharon Wilson Geno**

Mailing Address 511 E St SE

City

Washington

State

DC

Zip Code

20003-4270

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ballard Soahr LLP

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
0	2			0	5			2	0	1	4		

**Transaction ID : VN8ECC6SES6**

Amount of Each Receipt this Period

500.00

Contribution-IE Only Account

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

1750.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 110 OF 539

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="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. Gail Gentry**

Mailing Address 4553 Don Ricardo Dr

City

Los Angeles

State

CA

Zip Code

90008-2811

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Travelers Insurance Company

Occupation

Commercial Entertainment Underwriter

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	5		2	0	1	4

**Transaction ID : VN8ECBVNJM9**

Amount of Each Receipt this Period

2500.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. RAYNOLD GIDEON**

Mailing Address 1357 Belfast Dr

City

Los Angeles

State

CA

Zip Code

90069-1325

FEC ID number of contributing  
federal political committee.

C

Name of Employer

freelance

Occupation

screenwriter/producer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20.16

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	5		2	0	1	4

**Transaction ID : VN8ECBVNRR3**

Amount of Each Receipt this Period

20.16

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. RAYNOLD GIDEON**

Mailing Address 1357 Belfast Dr

City

Los Angeles

State

CA

Zip Code

90069-1325

FEC ID number of contributing  
federal political committee.

C

Name of Employer

freelance

Occupation

screenwriter/producer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

40.32

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1			1		2	0	1	4

**Transaction ID : VN8ECC26TY2**

Amount of Each Receipt this Period

20.16

Contribution-IE Only Account

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

2540.32

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 111 OF 539

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="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. RAYNOLD GIDEON**

Mailing Address 1357 Belfast Dr

City

Los Angeles

State

CA

Zip Code

90069-1325

FEC ID number of contributing  
federal political committee.

C

Name of Employer

freelance

Occupation

screenwriter/producer

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

55.32

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	3			2	0	1	4		

Transaction ID : VN8ECC2NN01

Amount of Each Receipt this Period

15.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. RAYNOLD GIDEON**

Mailing Address 1357 Belfast Dr

City

Los Angeles

State

CA

Zip Code

90069-1325

FEC ID number of contributing  
federal political committee.

C

Name of Employer

freelance

Occupation

screenwriter/producer

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

90.32

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	8			2	0	1	4		

Transaction ID : VN8ECC6WW37

Amount of Each Receipt this Period

35.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. RAYNOLD GIDEON**

Mailing Address 1357 Belfast Dr

City

Los Angeles

State

CA

Zip Code

90069-1325

FEC ID number of contributing  
federal political committee.

C

Name of Employer

freelance

Occupation

screenwriter/producer

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

160.32

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	8			2	0	1	4		

Transaction ID : VN8ECC92EV5

Amount of Each Receipt this Period

70.00

Contribution-IE Only Account

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

120.00

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

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

FOR LINE NUMBER: PAGE 112 OF 539  
(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. RAYNOLD GIDEON**

Mailing Address 1357 Belfast Dr

City

Los Angeles

State

CA

Zip Code

90069-1325

FEC ID number of contributing  
federal political committee.

C

Name of Employer

freelance

Occupation

screenwriter/producer

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

170.32

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 20 / 2014

**Transaction ID : VN8ECC9CJW9**

Amount of Each Receipt this Period

10.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

## **B. RAYNOLD GIDEON**

Mailing Address 1357 Belfast Dr

City

Los Angeles

State

CA

Zip Code

90069-1325

FEC ID number of contributing  
federal political committee.

C

Name of Employer

freelance

Occupation

screenwriter/producer

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

190.48

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 27 / 2014

**Transaction ID : VN8ECCG10R9**

Amount of Each Receipt this Period

20.16

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

## **C. RAYNOLD GIDEON**

Mailing Address 1357 Belfast Dr

City

Los Angeles

State

CA

Zip Code

90069-1325

FEC ID number of contributing  
federal political committee.

C

Name of Employer

freelance

Occupation

screenwriter/producer

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.64

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 29 / 2014

**Transaction ID : VN8ECCGBHQ6**

Amount of Each Receipt this Period

20.16

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 PageFOR LINE NUMBER:  
(check only one)

PAGE 113 OF 539

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="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. RAYNOLD GIDEON**

Mailing Address 1357 Belfast Dr

City

Los Angeles

State

CA

Zip Code

90069-1325

FEC ID number of contributing  
federal political committee.

C

Name of Employer

freelance

Occupation

screenwriter/producer

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

280.64

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	9		2	0	1	4

**Transaction ID : VN8ECCGBJC2**

Amount of Each Receipt this Period

70.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Audrey Gilden**

Mailing Address 100 Blue Heron Ct

City

Greenwood Village

State

CO

Zip Code

80121-2121

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

None

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	7		2	0	1	4

**Transaction ID : VN8ECCHKC73**

Amount of Each Receipt this Period

250.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Tim Gill**

Mailing Address 461 Race St

City

Denver

State

CO

Zip Code

80206-4141

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

Retired

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	1		2	0	1	4

**Transaction ID : VN8ECC8CRB8**

Amount of Each Receipt this Period

25000.00

Contribution-IE Only Account

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

25320.00

**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 PageFOR LINE NUMBER: PAGE 114 OF 539  
(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

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NAME OF COMMITTEE (In Full)

**Ready PAC**

Full Name (Last, First, Middle Initial)

**A. Linda Giustina**

Mailing Address 41 Dedham St

City

Revere

State

MA

Zip Code

02151-5212

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

Homemaker

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

219.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	2		2	0	1	4

**Transaction ID : VN8ECCAWE42**

Amount of Each Receipt this Period

219.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Susan Goldenthal-Kahaner**

Mailing Address 400 E 56th St

City

New York

State

NY

Zip Code

10022-4147

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cassidy Turley

Occupation

Commercial Real Estate

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	2		2	0	1	4

**Transaction ID : VN8ECC2G745**

Amount of Each Receipt this Period

100.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Susan Goldenthal-Kahaner**

Mailing Address 400 E 56th St

City

New York

State

NY

Zip Code

10022-4147

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cassidy Turley

Occupation

Commercial Real Estate

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	2		2	0	1	4

**Transaction ID : VN8ECC9NX04**

Amount of Each Receipt this Period

100.00

Contribution-IE Only Account

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

419.00

**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 115 OF 539

☐ 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. Susan Goldenthal-Kahaner**

Mailing Address 400 E 56th St

City  
New York

State Zip Code  
NY 10022-4147

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cassidy Turley

Occupation

Commercial Real Estate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

03 / 22 / 2014

Transaction ID : VN8ECCF2K14

Amount of Each Receipt this Period

100.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. John Goldman**

Mailing Address 455 Market St  
Ste 1690

City  
San Francisco

State Zip Code  
CA 94105-2444

FEC ID number of contributing  
federal political committee.

C

Name of Employer

San Francisco Symphony

Occupation

Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

03 / 31 / 2014

Transaction ID : VN8ECCJGVJ9

Amount of Each Receipt this Period

25000.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Marcia L. Goldman**

Mailing Address 42 Serrano Dr

City  
Atherton

State Zip Code  
CA 94027-3934

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PACE

Occupation

School Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

03 / 31 / 2014

Transaction ID : VN8ECCJGVK7

Amount of Each Receipt this Period

25000.00

Contribution-IE Only Account

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

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

50100.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 116 OF 539  
(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
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NAME OF COMMITTEE (In Full)

**Ready PAC**

Full Name (Last, First, Middle Initial)

**A. ROBERTA M. GORDON**Mailing Address 60 Barker St  
Apt 223City State Zip Code  
Mount Kisco NY 10549FEC 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 / D D / Y Y Y Y Y Y  
01 / 06 / 2014**Transaction ID : VN8ECBVQGX1**

Amount of Each Receipt this Period

20.16

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. ROBERTA M. GORDON**Mailing Address 60 Barker St  
Apt 223City State Zip Code  
Mount Kisco NY 10549FEC 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 / D D / Y Y Y Y Y Y  
01 / 09 / 2014**Transaction ID : VN8ECBWNM65**

Amount of Each Receipt this Period

20.16

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. ROBERTA M. GORDON**Mailing Address 60 Barker St  
Apt 223City State Zip Code  
Mount Kisco NY 10549FEC 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 / D D / Y Y Y Y Y Y  
01 / 19 / 2014**Transaction ID : VN8ECC260V1**

Amount of Each Receipt this Period

20.16

Contribution-IE Only Account

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

60.48

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

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

 FOR LINE NUMBER: PAGE 117 OF 539  
 (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

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NAME OF COMMITTEE (In Full)

Ready PAC

Full Name (Last, First, Middle Initial)

A. ROBERTA M. GORDON

 Mailing Address 60 Barker St  
 Apt 223

City	State	Zip Code
Mount Kisco	NY	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 ▼

80.64

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	06	/	2014

Transaction ID : VN8ECC6QX45

Amount of Each Receipt this Period

20.16

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

B. ROBERTA M. GORDON

 Mailing Address 60 Barker St  
 Apt 223

City	State	Zip Code
Mount Kisco	NY	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 ▼

100.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	09	/	2014

Transaction ID : VN8ECC6XBR4

Amount of Each Receipt this Period

20.16

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

C. ROBERTA M. GORDON

 Mailing Address 60 Barker St  
 Apt 223

City	State	Zip Code
Mount Kisco	NY	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 ▼

120.96

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	19	/	2014

Transaction ID : VN8ECC98JY5

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 PageFOR LINE NUMBER:  
(check only one)

PAGE 118 OF 539

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="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. ROBERTA M. GORDON**Mailing Address 60 Barker St  
Apt 223City State Zip Code  
Mount Kisco NY 10549FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

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  
02 27 2014

Transaction ID : VN8ECCAAX42

Amount of Each Receipt this Period

20.16

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. ROBERTA M. GORDON**Mailing Address 60 Barker St  
Apt 223City State Zip Code  
Mount Kisco NY 10549FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

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  
03 06 2014

Transaction ID : VN8ECCBCYJ1

Amount of Each Receipt this Period

20.16

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. ROBERTA M. GORDON**Mailing Address 60 Barker St  
Apt 223City State Zip Code  
Mount Kisco NY 10549FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

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  
03 09 2014

Transaction ID : VN8ECCBZB91

Amount of Each Receipt this Period

20.16

Contribution-IE Only Account

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

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

60.48

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 119 OF 539

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="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. ROBERTA M. GORDON**Mailing Address 60 Barker St  
Apt 223City State Zip Code  
Mount Kisco NY 10549FEC 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 / 19 / 2014

Transaction ID : VN8ECCER421

Amount of Each Receipt this Period

20.16

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. ROBERTA M. GORDON**Mailing Address 60 Barker St  
Apt 223City State Zip Code  
Mount Kisco NY 10549FEC 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  
03 / 27 / 2014

Transaction ID : VN8ECCFS1J0

Amount of Each Receipt this Period

20.16

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**c. Shari K Gore**

Mailing Address PO Box 489

City State Zip Code  
Ingram TX 78025-0489FEC 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 / 13 / 2014

Transaction ID : VN8ECCHJ8C7

Amount of Each Receipt this Period

500.00

Contribution-IE Only Account

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

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

540.32

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

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

FOR LINE NUMBER: PAGE 120 OF 539

(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. Kay Goss**

Mailing Address 965 Harrison Cir

City State Zip Code  
 Alexandria VA 22304-7313

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
 UNLV Professor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 01 / 31 / 2014

**Transaction ID : VN8ECC3XRJ6**

Amount of Each Receipt this Period

1000.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

## **B. Nancy Green**

Mailing Address 14 Piedmont Ln

City State Zip Code  
 Little Rock AR 72223

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
 Whole Hog Restaurant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

35.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 01 / 19 / 2014

**Transaction ID : VN8ECC25XS9**

Amount of Each Receipt this Period

35.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

## **C. Nancy Green**

Mailing Address 14 Piedmont Ln

City State Zip Code  
 Little Rock AR 72223

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
 Whole Hog Restaurant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

535.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 02 / 10 / 2014

**Transaction ID : VN8ECC792Q0**

Amount of Each Receipt this Period

500.00

Contribution-IE Only Account

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

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

1535.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 121 OF 539

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="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. James Gricar**

Mailing Address 23 Huckleberry Ln

City

Weston

State

CT

Zip Code

06883-2914

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Halstead Property

Occupation

Real Estate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	9		2	0	1	4

**Transaction ID : VN8ECC265F8**

Amount of Each Receipt this Period

200.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. James Gricar**

Mailing Address 23 Huckleberry Ln

City

Weston

State

CT

Zip Code

06883-2914

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Halstead Property

Occupation

Real Estate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	9		2	0	1	4

**Transaction ID : VN8ECC265H4**

Amount of Each Receipt this Period

60.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Brian Griffin**

Mailing Address 4831 Tilden St NW

City

Washington

State

DC

Zip Code

20016-2329

FEC ID number of contributing  
federal political committee.

C

Name of Employer

The Duberstein Group

Occupation

Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	1	4

**Transaction ID : VN8ECCHRBNO**

Amount of Each Receipt this Period

2500.00

Contribution-IE Only Account

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

2760.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 122 OF 539  
(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
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NAME OF COMMITTEE (In Full)

**Ready PAC**

Full Name (Last, First, Middle Initial)

**A. Melinda Griffith**

Mailing Address 1977 Gaspar Dr

Address Line 2

City

Oakland

State

CA

Zip Code

94611-2643

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Investor

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			2	5			2	0	1	4		

**Transaction ID : VN8ECCFDA95**

Amount of Each Receipt this Period

250.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Pamela Lynne Grissom**

Mailing Address 7230 N Star Fury Pl

City

Tucson

State

AZ

Zip Code

85718-1345

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

None

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			3	0			2	0	1	4		

**Transaction ID : VN8ECC66347**

Amount of Each Receipt this Period

5000.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Jeffrey Gural**

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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			1	3			2	0	1	4		

**Transaction ID : VN8ECCGFPK7**

Amount of Each Receipt this Period

5000.00

Contribution-IE Only Account

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

10250.00

**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 123 OF 539

☐ 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. Francisco Guzman**

Mailing Address PO Box 42452

City  
Washington

State Zip Code  
DC 20015

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

IDB

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

**02 / 09 / 2014**

**Transaction ID : VN8ECC6X1W4**

Amount of Each Receipt this Period

500.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Leah Gyarmati**

Mailing Address 139 Magnolia Ave

City  
Floral Park

State Zip Code  
NY 11001-2842

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Self employed

Occupation

Horse trainer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

95.48

Date of Receipt

**01 / 22 / 2014**

**Transaction ID : VN8ECC2K2G4**

Amount of Each Receipt this Period

95.48

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Leah Gyarmati**

Mailing Address 139 Magnolia Ave

City  
Floral Park

State Zip Code  
NY 11001-2842

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Self employed

Occupation

Horse trainer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

130.48

Date of Receipt

**01 / 28 / 2014**

**Transaction ID : VN8ECC3EAY2**

Amount of Each Receipt this Period

35.00

Contribution-IE Only Account

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

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

630.48

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 124 OF 539  
(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

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NAME OF COMMITTEE (In Full)

**Ready PAC**

Full Name (Last, First, Middle Initial)

**A. Leah Gyarmati**

Mailing Address 139 Magnolia Ave

City	State	Zip Code
Floral Park	NY	11001-2842

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self employed

Occupation

Horse trainer

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
02	/	28	/	2014

**Transaction ID : VN8ECCAGPK4**

Amount of Each Receipt this Period

35.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Leah Gyarmati**

Mailing Address 139 Magnolia Ave

City	State	Zip Code
Floral Park	NY	11001-2842

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self employed

Occupation

Horse trainer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.48

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	28	/	2014

**Transaction ID : VN8ECCG6BY7**

Amount of Each Receipt this Period

35.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Eun Hee Ha**

Mailing Address 11 John Bean Ct

City	State	Zip Code
Port Washington	NY	11050-4627

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Nak Wom Food

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
03	/	31	/	2014

**Transaction ID : VN8ECCJK283**

Amount of Each Receipt this Period

1000.00

Contribution-IE Only Account

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

1070.00

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 125 OF 539

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="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. Susan McCormick Hadley**

Mailing Address 15297 Edgewater Cir NE

City

Prior Lake

State

MN

Zip Code

55372-1100

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Intimate Partner Homicide-Suicide

Occupation

Research

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.32

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	8			2	0	1	4		

**Transaction ID : VN8ECCA1Q7**

Amount of Each Receipt this Period

100.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Susan McCormick Hadley**

Mailing Address 15297 Edgewater Cir NE

City

Prior Lake

State

MN

Zip Code

55372-1100

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Intimate Partner Homicide-Suicide

Occupation

Research

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.32

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	8			2	0	1	4		

**Transaction ID : VN8ECCAJC40**

Amount of Each Receipt this Period

105.32

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**c. Lili Hall Scarpa**

Mailing Address 200 Natchez Ave S

City

Golden Valley

State

MN

Zip Code

55416-3306

FEC ID number of contributing  
federal political committee.

C

Name of Employer

KNOCK, inc.

Occupation

President/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
0	1			2	6			2	0	1	4		

**Transaction ID : VN8ECC37XK2**

Amount of Each Receipt this Period

250.00

Contribution-IE Only Account

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

455.32

**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 126 OF 539

(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

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NAME OF COMMITTEE (In Full)

Ready PAC

Full Name (Last, First, Middle Initial)

A. Karen Hall

Mailing Address 2941 Tellico Rd

City

Franklin

State

NC

Zip Code

28734-5960

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	/	D	D	/	Y	Y	Y	Y
0	1		0	5		2	0	1	4

Transaction ID : VN8ECBVNPM6

Amount of Each Receipt this Period

2500.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

B. Taek Sun Han

Mailing Address 24 Bristol Dr

City

Manhasset

State

NY

Zip Code

11030-3944

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Han Yang Supermart

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
0	3		3	1		2	0	1	4

Transaction ID : VN8ECCJK1R6

Amount of Each Receipt this Period

1000.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

C. Linda Hanson

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

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	6		2	0	1	4

Transaction ID : VN8ECBVT0P5

Amount of Each Receipt this Period

500.00

Contribution-IE Only Account

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

4000.00

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 PageFOR LINE NUMBER: PAGE 127 OF 539  
(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

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NAME OF COMMITTEE (In Full)

**Ready PAC**

Full Name (Last, First, Middle Initial)

**A. Tracy Harris**

Mailing Address 1333 Hemlock St NW

City  
WashingtonState Zip Code  
DC 20012-1560FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The BondFactor Company LLCOccupation  
CFO

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 03 2014**Transaction ID : VN8ECC5EWK7**

Amount of Each Receipt this Period

250.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Laurie Hasencamp**

Mailing Address 16832 Calle De Sarah

City  
Pacific PalisadesState Zip Code  
CA 90272-1951FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/AOccupation  
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 11 2014**Transaction ID : VN8ECCCBFX1**

Amount of Each Receipt this Period

201.60

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Bill Heller**

Mailing Address 960 Water Lily Ct NE

City  
St PetersburgState Zip Code  
FL 33703-3136FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University of South FloridaOccupation  
State 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  
03 31 2014**Transaction ID : VN8ECCJJ9W8**

Amount of Each Receipt this Period

250.00

Contribution-IE Only Account

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

701.60

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

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

FOR LINE NUMBER: PAGE 128 OF 539

(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
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NAME OF COMMITTEE (In Full)

Ready PAC

Full Name (Last, First, Middle Initial)

**A. Frederic Heller**

Mailing Address 10211 Blue Heron Pt

City

West Palm Beach

State

FL

Zip Code

33412-3121

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Metro Systems

Occupation

NYC Yellow Taxi Fleet Owner/Operator

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
0	1			0	7			2	0	1	4		

Transaction ID : VN8ECBW21T1

Amount of Each Receipt this Period

150.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Frederic Heller**

Mailing Address 10211 Blue Heron Pt

City

West Palm Beach

State

FL

Zip Code

33412-3121

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Metro Systems

Occupation

NYC Yellow Taxi Fleet Owner/Operator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1150.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			3	1			2	0	1	4		

Transaction ID : VN8ECCJWV12

Amount of Each Receipt this Period

1000.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Jean Hemphill**

Mailing Address 18 Waterman Ave

City

Philadelphia

State

PA

Zip Code

19118-3626

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ballard Spahr LLP

Occupation

Attorney

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
0	2			0	5			2	0	1	4		

Transaction ID : VN8ECC6SET4

Amount of Each Receipt this Period

300.00

Contribution-IE Only Account

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

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

1450.00



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

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

 FOR LINE NUMBER: PAGE 129 OF 539  
 (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

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NAME OF COMMITTEE (In Full)

Ready PAC

Full Name (Last, First, Middle Initial)

**A. Felicia Henderson**
 Mailing Address 1299 Ocean Ave  
 Ste 333

City	State	Zip Code
Santa Monica	CA	90401-1057

FEC ID number of contributing federal political committee.

C

 Name of Employer  
 WaterWalk Productions, Inc.

 Occupation  
 Writer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	6		2	0	1	4

Transaction ID : VN8ECBVQ541

Amount of Each Receipt this Period

50.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Felicia Henderson**
 Mailing Address 1299 Ocean Ave  
 Ste 333

City	State	Zip Code
Santa Monica	CA	90401-1057

FEC ID number of contributing federal political committee.

C

 Name of Employer  
 WaterWalk Productions, Inc.

 Occupation  
 Writer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	0		2	0	1	4

Transaction ID : VN8ECC3RD27

Amount of Each Receipt this Period

158.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Melanie Hennigan**

Mailing Address 18725 Wickham Rd

City	State	Zip Code
Olney	MD	20832-3150

FEC ID number of contributing federal political committee.

C

 Name of Employer  
 Grimm + Parker

 Occupation  
 Architect

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.16

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	6		2	0	1	4

Transaction ID : VN8ECC6S957

Amount of Each Receipt this Period

500.00

Contribution-IE Only Account

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

708.00

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 PageFOR LINE NUMBER:  
(check only one)

PAGE 130 OF 539

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="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. Melanie Hennigan**

Mailing Address 18725 Wickham Rd

City

Olney

State

MD

Zip Code

20832-3150

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Grimm + Parker

Occupation

Architect

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

625.16

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	6		2	0	1	4

**Transaction ID : VN8ECC6S998**

Amount of Each Receipt this Period

125.16

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Chad Hepp**Mailing Address 1219 E Perkins Ave  
Apt A3

City

Sandusky

State

OH

Zip Code

44870-5059

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kohl's Dept. Stores

Occupation

Material Handler

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

20.16

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	4		2	0	1	4

**Transaction ID : VN8ECBVKKV2**

Amount of Each Receipt this Period

20.16

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**c. Chad Hepp**Mailing Address 1219 E Perkins Ave  
Apt A3

City

Sandusky

State

OH

Zip Code

44870-5059

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kohl's Dept. Stores

Occupation

Material Handler

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

65.16

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	5		2	0	1	4

**Transaction ID : VN8ECC353A0**

Amount of Each Receipt this Period

45.00

Contribution-IE Only Account

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

190.32

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 131 OF 539  
(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**

Full Name (Last, First, Middle Initial)

**A. Chad Hepp**Mailing Address 1219 E Perkins Ave  
Apt A3

City Sandusky State OH Zip Code 44870-5059

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kohl's Dept. Stores

Occupation

Material Handler

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

85.32

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 04 / 2014**Transaction ID : VN8ECC60EF1**

Amount of Each Receipt this Period

20.16

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Chad Hepp**Mailing Address 1219 E Perkins Ave  
Apt A3

City Sandusky State OH Zip Code 44870-5059

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kohl's Dept. Stores

Occupation

Material Handler

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

130.32

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 20 / 2014**Transaction ID : VN8ECC9F564**

Amount of Each Receipt this Period

45.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Chad Hepp**Mailing Address 1219 E Perkins Ave  
Apt A3

City Sandusky State OH Zip Code 44870-5059

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kohl's Dept. Stores

Occupation

Material Handler

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

180.32

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 03 / 2014**Transaction ID : VN8ECCA9D5**

Amount of Each Receipt this Period

50.00

Contribution-IE Only Account

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

115.16

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 132 OF 539

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="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. Chad Hepp**Mailing Address 1219 E Perkins Ave  
Apt A3

City Sandusky State OH Zip Code 44870-5059

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kohl's Dept. Stores

Occupation

Material Handler

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.48

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			0	4			2	0	1	4		

**Transaction ID : VN8ECCB2WR7**

Amount of Each Receipt this Period

20.16

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Arthur H. Hertz**

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 Enterprises Inc

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
0	3							2	0	1	4		

**Transaction ID : VN8ECCGFV98**

Amount of Each Receipt this Period

2500.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Hilltown Crossing LP**Mailing Address 120 W Germantown Pike  
Ste 120

City Plymouth Meeting State PA Zip Code 19462-1420

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

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
0	2			0	5			2	0	1	4		

**Transaction ID : VN8ECC6SJ55**

Amount of Each Receipt this Period

2000.00

Contribution-IE Only Account

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

4520.16

# **SCHEDULE A (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 539

☐ 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. Norman Hodges**

Mailing Address 5123 Crestwood Dr

City  
Little Rock

State  
AR

Zip Code  
72207-5401

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 / D D / Y Y Y Y Y Y  
01 / 02 / 2014

**Transaction ID : VN8ECBV3FV5**

Amount of Each Receipt this Period

20.16

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

## **B. Norman Hodges**

Mailing Address 5123 Crestwood Dr

City  
Little Rock

State  
AR

Zip Code  
72207-5401

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 ▼

520.16

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 10 / 2014

**Transaction ID : VN8ECC70X95**

Amount of Each Receipt this Period

500.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

## **C. Janice Hogan**

Mailing Address 207 Winston Ln

City  
West Chester

State  
PA

Zip Code  
19382-4301

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
partner

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 Y Y  
02 / 01 / 2014

**Transaction ID : VN8ECC3YN46**

Amount of Each Receipt this Period

500.00

Contribution-IE Only Account

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

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

1020.16

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

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

FOR LINE NUMBER: PAGE 134 OF 539

(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
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NAME OF COMMITTEE (In Full)

Ready PAC

Full Name (Last, First, Middle Initial)

**A. Carol Holbay**

Mailing Address 238 Indigo Ln

City  
SomersetState  
PAZip Code  
15501-7299FEC 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
0	1			0	7			2	0	1	4		

Transaction ID : VN8ECBW2TY6

Amount of Each Receipt this Period

2500.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Ada Hollingsworth**

Mailing Address 200 River Market Ave

City  
Little RockState  
ARZip Code  
72201-1768FEC ID number of contributing  
federal political committee.

C

Name of Employer

The Governors Cup

Occupation

Managing Executive 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
0	3			1	3			2	0	1	4		

Transaction ID : VN8ECCE1YX7

Amount of Each Receipt this Period

250.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Vicki Holloway**

Mailing Address 16 Talmont Place

City  
Little RockState  
ARZip Code  
72223FEC ID number of contributing  
federal political committee.

C

Name of Employer

Arkansas State Hospital

Occupation

Medical Diagnostic Analyst

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
0	1			0	6			2	0	1	4		

Transaction ID : VN8ECBVT069

Amount of Each Receipt this Period

100.00

Contribution-IE Only Account

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

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

2850.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 135 OF 539

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="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. Vicki Holloway**

Mailing Address 16 Talmont Place

City

Little Rock

State

AR

Zip Code

72223

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Arkansas State Hospital

Occupation

Medical Diagnostic Analyst

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	6			2	0	1	4		

**Transaction ID : VN8ECC6QVP3**

Amount of Each Receipt this Period

100.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Vicki Holloway**

Mailing Address 16 Talmont Place

City

Little Rock

State

AR

Zip Code

72223

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Arkansas State Hospital

Occupation

Medical Diagnostic Analyst

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			0	6			2	0	1	4		

**Transaction ID : VN8ECCBCWJ8**

Amount of Each Receipt this Period

100.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Soung E. Hong**

Mailing Address 2 Bridle Way

City

Fort Lee

State

NJ

Zip Code

07024-6313

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Rainer Group

Occupation

CEO

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			3	1			2	0	1	4		

**Transaction ID : VN8ECCJK1B3**

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: PAGE 136 OF 539

(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
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NAME OF COMMITTEE (In Full)

**Ready PAC**

Full Name (Last, First, Middle Initial)

**A. Yo M. Hong**

Mailing Address 3829 150th St

City  
FlushingState  
NYZip Code  
11354-4927FEC ID number of contributing  
federal political committee.

C

Name of Employer

Yumi Hong Law

Occupation

Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	1	4

**Transaction ID : VN8ECCJJBZ4**

Amount of Each Receipt this Period

300.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Marilyn Hoyt**

Mailing Address 110 Sixth Ave

City  
PelhamState  
NYZip Code  
10803-1608FEC 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	/	D	D	/	Y	Y	Y	Y
0	1		2	9		2	0	1	4

**Transaction ID : VN8ECC3GYS2**

Amount of Each Receipt this Period

201.60

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Scott Hubbard**Mailing Address 109 Perry St  
Apt 320City  
PetersburgState  
VAZip Code  
23803-4141FEC ID number of contributing  
federal political committee.

C

Name of Employer

US Army

Occupation

Soldier

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2008.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	7		2	0	1	4

**Transaction ID : VN8ECC219W2**

Amount of Each Receipt this Period

2008.00

Contribution-IE Only Account

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

2509.60



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

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

FOR LINE NUMBER: PAGE 137 OF 539

(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
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NAME OF COMMITTEE (In Full)

Ready PAC

Full Name (Last, First, Middle Initial)

**A. Jerry Hultin**

Mailing Address 3 Washington Square Vlg  
Apt 8l

City	State	Zip Code
New York	NY	10012-1814

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York University

Occupation  
Educator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
03			28			2014			

Transaction ID : VN8ECCG1TK5

Amount of Each Receipt this Period

500.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Eve Hurley**

Mailing Address 1496 Stratford Pl

City	State	Zip Code
Chino Valley	AZ	86323-5969

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
01			07			2014			

Transaction ID : VN8ECBW2TH3

Amount of Each Receipt this Period

50.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Eve Hurley**

Mailing Address 1496 Stratford Pl

City	State	Zip Code
Chino Valley	AZ	86323-5969

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	/	D	D	/	Y	Y	Y	Y
01			12			2014			

Transaction ID : VN8ECBX4232

Amount of Each Receipt this Period

90.00

Contribution-IE Only Account

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

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

640.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 138 OF 539

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="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. Eve Hurley**

Mailing Address 1496 Stratford PI

City  
Chino ValleyState  
AZZip Code  
86323-5969FEC 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	/	D	D	/	Y	Y	Y	Y
0	1		2	2		2	0	1	4

**Transaction ID : VN8ECC2JDK1**

Amount of Each Receipt this Period

70.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. David Hwang**

Mailing Address 17725 11th PI W

City  
LynnwoodState  
WAZip Code  
98037-3323FEC ID number of contributing  
federal political committee.

C

Name of Employer

Eight Star Group of America, Inc.

Occupation

Business Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	8		2	0	1	4

**Transaction ID : VN8ECCAGC60**

Amount of Each Receipt this Period

100.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. David Hwang**

Mailing Address 17725 11th PI W

City  
LynnwoodState  
WAZip Code  
98037-3323FEC ID number of contributing  
federal political committee.

C

Name of Employer

Eight Star Group of America, Inc.

Occupation

Business Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	7		2	0	1	4

**Transaction ID : VN8ECCBMZJ7**

Amount of Each Receipt this Period

100.00

Contribution-IE Only Account

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

270.00

**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 PageFOR LINE NUMBER: PAGE 139 OF 539  
(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**

Full Name (Last, First, Middle Initial)

**A. David Hwang**

Mailing Address 17725 11th PI W

City  
LynnwoodState  
WAZip Code  
98037-3323FEC ID number of contributing  
federal political committee.

C

Name of Employer

Eight Star Group of America, Inc.

Occupation

Business Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	4		2	0	1	4

**Transaction ID : VN8ECCDCG85**

Amount of Each Receipt this Period

100.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. David Hwang**

Mailing Address 17725 11th PI W

City  
LynnwoodState  
WAZip Code  
98037-3323FEC ID number of contributing  
federal political committee.

C

Name of Employer

Eight Star Group of America, Inc.

Occupation

Business Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	1		2	0	1	4

**Transaction ID : VN8ECCERBM6**

Amount of Each Receipt this Period

100.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. David Hwang**

Mailing Address 17725 11th PI W

City  
LynnwoodState  
WAZip Code  
98037-3323FEC ID number of contributing  
federal political committee.

C

Name of Employer

Eight Star Group of America, Inc.

Occupation

Business Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	8		2	0	1	4

**Transaction ID : VN8ECCG2312**

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: PAGE 140 OF 539

(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
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NAME OF COMMITTEE (In Full)

Ready PAC

Full Name (Last, First, Middle Initial)

A. David Lewis Hyman

Mailing Address 413 W Mermaid Ln

City

Philadelphia

State

PA

Zip Code

19118-4203

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kleinbard Bell \$ Brecker, LLP

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
0	2			0	5			2	0	1	4		

Transaction ID : VN8ECC6SEV1

Amount of Each Receipt this Period

500.00

Contribution-IE Only Account

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

INTERNATIONAL ASSOCIATION OF HEAT &amp; FROST INSULATORS AND ASBESTOS WORKERS P A C

Mailing Address 9602 Martin Luther King Jr Hwy

City

Lanham

State

MD

Zip Code

20706-1839

FEC ID number of contributing  
federal political committee.

C C00115527

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
0	2				1	8		2	0	1	4		

Transaction ID : VN8ECC988N5

Amount of Each Receipt this Period

500.00

Contribution-IE Only Account

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

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS LOCAL 98 COMMITTEE ON POLITICAL EDUCATION

Mailing Address 1719 Spring Garden St

City

Philadelphia

State

PA

Zip Code

19130-3915

FEC ID number of contributing  
federal political committee.

C C00162818

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	Y
0	2			0	5			2	0	1	4		

Transaction ID : VN8ECC6SHZ9

Amount of Each Receipt this Period

10000.00

Contribution-IE Only Account

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

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

11000.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 141 OF 539

(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

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NAME OF COMMITTEE (In Full)

Ready PAC

Full Name (Last, First, Middle Initial)

**A. Mary Isenhour**

Mailing Address 3968 Green St

City  
HarrisburgState  
PAZip Code  
17110-1545FEC ID number of contributing  
federal political committee.

C

Name of Employer

Isenhour Rooney

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
0	1		3	0		2	0	1	4

Transaction ID : VN8ECC3SCS4

Amount of Each Receipt this Period

201.60

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Kenneth Jacobsen**

Mailing Address 5 E Rose Valley Rd

City  
WallingfordState  
PAZip Code  
19086-6516FEC 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

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	4		2	0	1	4

Transaction ID : VN8ECCJ6WC8

Amount of Each Receipt this Period

5000.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Robert Jacobson**

Mailing Address 4201 N 34th Pl

City  
PhoenixState  
AZZip Code  
85018-4737FEC ID number of contributing  
federal political committee.

C

Name of Employer

Jacobson Solutions

Occupation

Management Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	2		2	0	1	4

Transaction ID : VN8ECC2G526

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 PageFOR LINE NUMBER: PAGE 142 OF 539  
(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
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NAME OF COMMITTEE (In Full)

**Ready PAC**

Full Name (Last, First, Middle Initial)

**A. Timothy Jameison**

Mailing Address PO Box 833

City

Valley Stream

State

NY

Zip Code

11582-0833

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NYC Department of Education

Occupation

High School Dean &amp; 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
0	3			2	8			2	0	1	4		

**Transaction ID : VN8ECCG9121**

Amount of Each Receipt this Period

1000.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Hrant Jamgochian**

Mailing Address 6540 Bradley Blvd

City

Bethesda

State

MD

Zip Code

20817-3248

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Dialysis Patient Citizens

Occupation

Executive 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
0	3			3	1			2	0	1	4		

**Transaction ID : VN8ECCJM4Z6**

Amount of Each Receipt this Period

250.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Ken Jarin**

Mailing Address 1 Greenbriar Cir

City

Newtown

State

PA

Zip Code

18940

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ballard Spahr

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
0	2			0	5			2	0	1	4		

**Transaction ID : VN8ECC6SEY5**

Amount of Each Receipt this Period

5000.00

Contribution-IE Only Account

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

6250.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 143 OF 539  
(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
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	--

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NAME OF COMMITTEE (In Full)

**Ready PAC**

Full Name (Last, First, Middle Initial)

**A. John J. Jeong**

Mailing Address 321 Manor Rd

City

Little Neck

State

NY

Zip Code

11363-1115

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Small Business Owner

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			3	1			2	0	1	4		

**Transaction ID : VN8ECCJK885**

Amount of Each Receipt this Period

1000.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Suzanne Jessup**

Mailing Address 9 Morvan Dr

City

Bella Vista

State

AR

Zip Code

72715-4308

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

None

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

20.16

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	8			2	0	1	4		

**Transaction ID : VN8ECC6WD41**

Amount of Each Receipt this Period

20.16

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Suzanne Jessup**

Mailing Address 9 Morvan Dr

City

Bella Vista

State

AR

Zip Code

72715-4308

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

None

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	9			2	0	1	4		

**Transaction ID : VN8ECC704D4**

Amount of Each Receipt this Period

20.16

Contribution-IE Only Account

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

1040.32

**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 144 OF 539

(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
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	--

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NAME OF COMMITTEE (In Full)

Ready PAC

Full Name (Last, First, Middle Initial)

**A. Suzanne Jessup**

Mailing Address 9 Morvan Dr

City

Bella Vista

State

AR

Zip Code

72715-4308

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

None

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	9			2	0	1	4		

Transaction ID : VN8ECC704F0

Amount of Each Receipt this Period

209.68

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Jae Kun Jeung**

Mailing Address 4 Prior Ct

City

Palisades

State

NY

Zip Code

10964-1515

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Middle Island C.C.

Occupation

Business Executive

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			3	1			2	0	1	4		

Transaction ID : VN8ECCJK2B6

Amount of Each Receipt this Period

1000.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Angela Jimenez**

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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	0			2	0	1	4		

Transaction ID : VN8ECC27BH5

Amount of Each Receipt this Period

100.00

Contribution-IE Only Account

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

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

1309.68



# **SCHEDULE A (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 539

☐ 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. Angela Jimenez**

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 ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 20 / 2014

**Transaction ID : VN8ECC9BQX3**

Amount of Each Receipt this Period

100.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Angela Jimenez**

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 20 / 2014

**Transaction ID : VN8ECCER393**

Amount of Each Receipt this Period

100.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Christian Jinkerson**

Mailing Address 7618 N Tahan Ave

City

Fresno

State

CA

Zip Code

93711-7007

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Moss Tucker et al.

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  
03 / 25 / 2014

**Transaction ID : VN8ECCFCCP2**

Amount of Each Receipt this Period

250.00

Contribution-IE Only Account

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

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

450.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 146 OF 539

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="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. Jeff Johnson**

Mailing Address 805 E Baltimore St

City  
BaltimoreState  
MDZip Code  
21202-4733FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Communications Expert

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	/	10	/	2014

**Transaction ID : VN8ECBWV606**

Amount of Each Receipt this Period

2500.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Tyler Johnson**

Mailing Address 410 E Loren St

City  
SpringfieldState  
MOZip Code  
65807FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mercy Hospital

Occupation

RN

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	/	25	/	2014

**Transaction ID : VN8ECC37DY4**

Amount of Each Receipt this Period

500.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Geoffrey Jolley**

Mailing Address 124 S. Lawn Ave.

City  
Kansas CityState  
MOZip Code  
64123FEC ID number of contributing  
federal political committee.

C

Name of Employer

Federal Government

Occupation

District Director

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	/	26	/	2014

**Transaction ID : VN8ECCA98F6**

Amount of Each Receipt this Period

221.76

Contribution-IE Only Account

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

3221.76

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 147 OF 539  
(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
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NAME OF COMMITTEE (In Full)

**Ready PAC**

Full Name (Last, First, Middle Initial)

**A. David Jones**Mailing Address 700 13th St NW  
Ste 200

City	State	Zip Code
Washington	DC	20005-3956

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Capitol Counsel

Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
03			31			2014			

**Transaction ID : VN8ECCGRA91**

Amount of Each Receipt this Period

2500.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Kris Jones**

Mailing Address 3820 Logan Way

City	State	Zip Code
Youngstown	OH	44505-1648

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 ▼

131.16

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
01			06			2014			

**Transaction ID : VN8ECBVS7Z3**

Amount of Each Receipt this Period

35.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Kris Jones**

Mailing Address 3820 Logan Way

City	State	Zip Code
Youngstown	OH	44505-1648

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 ▼

131.16

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
01			06			2014			

**Transaction ID : VN8ECBVST09**

Amount of Each Receipt this Period

96.16

Contribution-IE Only Account

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

2631.16

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 148 OF 539

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="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. Kris Jones**

Mailing Address 3820 Logan Way

City

Youngstown

State

OH

Zip Code

44505-1648

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

Retired

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

211.16

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
03				03				2014					

**Transaction ID : VN8ECCAWXP5**

Amount of Each Receipt this Period

80.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Susan Jones**

Mailing Address 191 Oakgrove Trl

City

Royal

State

AR

Zip Code

71968-9789

FEC ID number of contributing  
federal political committee.

C

Name of Employer

State of ark

Occupation

Attorney

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
02				10				2014					

**Transaction ID : VN8ECC70VV4**

Amount of Each Receipt this Period

500.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Kyungsil Jung**

Mailing Address 5 Cameron Rd

City

Saddle River

State

NJ

Zip Code

07458-2935

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

Homemaker

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
03				31				2014					

**Transaction ID : VN8ECCJJB66**

Amount of Each Receipt this Period

1000.00

Contribution-IE Only Account

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

1580.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 149 OF 539

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="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. Jonathan Kalin**

Mailing Address PO Box 214

City  
New YorkState  
NYZip Code  
10275-9914FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Party With Consent

Founder

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
0	3			2	7			2	0	1	4		

**Transaction ID : VN8ECCFSNW0**

Amount of Each Receipt this Period

20.16

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Jonathan Kalin**

Mailing Address PO Box 214

City  
New YorkState  
NYZip Code  
10275-9914FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Party With Consent

Founder

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
0	3			2	7			2	0	1	4		

**Transaction ID : VN8ECCFSP77**

Amount of Each Receipt this Period

479.84

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Linda Kallner**

Mailing Address 326 Millwood Rd

City  
ChappaquaState  
NYZip Code  
10514-1424FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Get Reel Productions

Video Production

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.16

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	5			2	0	1	4		

**Transaction ID : VN8ECC34ZY9**

Amount of Each Receipt this Period

100.00

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: PAGE 150 OF 539

(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

Full Name (Last, First, Middle Initial)

A. Linda Kallner

Mailing Address 326 Millwood Rd

City

Chappaqua

State

NY

Zip Code

10514-1424

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Get Reel Productions

Occupation

Video Production

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

230.16

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	5			2	0	1	4		

Transaction ID : VN8ECC35070

Amount of Each Receipt this Period

130.16

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

B. Barbara Kanninen

Mailing Address 4946 Rock Spring Rd

City

Arlington

State

VA

Zip Code

22207-2750

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BK Econometrics, LLC

Occupation

Consultant

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

201.60

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			1	8			2	0	1	4		

Transaction ID : VN8ECCE7N80

Amount of Each Receipt this Period

201.60

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

C. Drew Katz

Mailing Address 905 Kings Hwy N

City

Cherry Hill

State

NJ

Zip Code

08034-1536

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Interstate Outdoor Advertising

Occupation

CEO

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	0			2	0	1	4		

Transaction ID : VN8ECC8N084

Amount of Each Receipt this Period

5000.00

Contribution-IE Only Account

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

5331.76

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 PageFOR LINE NUMBER: PAGE 151 OF 539  
(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

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NAME OF COMMITTEE (In Full)

**Ready PAC**

Full Name (Last, First, Middle Initial)

**A. Timothy Keating**

Mailing Address 1970 Rockingham St

City	State	Zip Code
McLean	VA	22101-4922

FEC ID number of contributing  
federal political committee.

C

Name of Employer

The Boeing Company

Occupation

Senior Vice President

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	/	11	/	2014

**Transaction ID : VN8ECCC7AX8**

Amount of Each Receipt this Period

2500.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Carma Keats**

Mailing Address 945 Minnesota St

City	State	Zip Code
San Francisco	CA	94107-3011

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Varela, Lee, Metz &amp; Guarino, LLP

Occupation

Legal Secretary

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	/	24	/	2014

**Transaction ID : VN8ECCF8AR2**

Amount of Each Receipt this Period

250.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Keeping America Competitive**

Mailing Address PO Box 58635

City	State	Zip Code
Philadelphia	PA	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 ▼

10000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	05	/	2014

**Transaction ID : VN8ECC6SH70**

Amount of Each Receipt this Period

10000.00

Contribution-IE Only Account

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

12750.00

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

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

FOR LINE NUMBER: PAGE 152 OF 539

(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. Samuel Keesal**

Mailing Address 400 Oceangate  
FI 14

City State Zip Code  
Long Beach CA 90802-4307

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Keesal, Young & Logan

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 31 / 2014

**Transaction ID : VN8ECCJM0V6**

Amount of Each Receipt this Period

2000.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

## **B. Mark Keim**

Mailing Address 141 Chantilly Ln

City State Zip Code  
Lawrenceville GA 30043-2912

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Centers for Disease Control and Preven

Occupation  
Associate Director for Science

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
01 / 24 / 2014

**Transaction ID : VN8ECC34R99**

Amount of Each Receipt this Period

100.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

## **C. Mark Keim**

Mailing Address 141 Chantilly Ln

City State Zip Code  
Lawrenceville GA 30043-2912

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Centers for Disease Control and Preven

Occupation  
Associate Director for Science

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 24 / 2014

**Transaction ID : VN8ECC9R5N3**

Amount of Each Receipt this Period

100.00

Contribution-IE Only Account

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

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

2200.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 153 OF 539  
(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

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NAME OF COMMITTEE (In Full)

Ready PAC

Full Name (Last, First, Middle Initial)

**A. Mark Keim**

Mailing Address 141 Chantilly Ln

City

Lawrenceville

State

GA

Zip Code

30043-2912

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Centers for Disease Control and Preven

Occupation

Associate Director for Science

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	/	2014

Transaction ID : VN8ECCF6VV6

Amount of Each Receipt this Period

100.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Judith Kelley**Mailing Address 821 NW 11th Ave  
Apt 321

City

Portland

State

OR

Zip Code

97209-3230

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	/	25	/	2014

Transaction ID : VN8ECC36GD9

Amount of Each Receipt this Period

500.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Laura Kennedy**

Mailing Address 4414 Macomb St NW

City

Washington

State

DC

Zip Code

20016-2708

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Independent

Occupation

Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

99.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	20	/	2014

Transaction ID : VN8ECCMF54

Amount of Each Receipt this Period

99.00

Contribution-IE Only Account

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

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

699.00

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

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

FOR LINE NUMBER: PAGE 154 OF 539

(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

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NAME OF COMMITTEE (In Full)

Ready PAC

Full Name (Last, First, Middle Initial)

**A. Laura Kennedy**

Mailing Address 4414 Macomb St NW

City

Washington

State

DC

Zip Code

20016-2708

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Independent

Occupation

Consultant

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1099.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			2	4			2	0	1	4		

Transaction ID : VN8ECCFBS81

Amount of Each Receipt this Period

1000.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. 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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			1	4			2	0	1	4		

Transaction ID : VN8ECBXNJH8

Amount of Each Receipt this Period

100.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. 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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	1	4		

Transaction ID : VN8ECC8DVR5

Amount of Each Receipt this Period

100.00

Contribution-IE Only Account

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

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

1200.00

# **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 155 OF 539

☐ 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. 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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 14 / 2014

**Transaction ID : VN8ECCDCH04**

Amount of Each Receipt this Period

100.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Do-Young Kim**

Mailing Address 3132 Union St

City

Flushing

State

NY

Zip Code

11354-2376

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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 31 / 2014

**Transaction ID : VN8ECCJK241**

Amount of Each Receipt this Period

1000.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Kevin Kim**

Mailing Address 235 E 40th St

Apt 9A

City

New York

State

NY

Zip Code

10016-1747

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Business

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  
03 / 31 / 2014

**Transaction ID : VN8ECCGKKJ5**

Amount of Each Receipt this Period

2500.00

Contribution-IE Only Account

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

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

3600.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 156 OF 539

(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
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	--

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NAME OF COMMITTEE (In Full)

Ready PAC

Full Name (Last, First, Middle Initial)

A. Mary K. Kim

Mailing Address 3448 60th St

City  
WoodsideState  
NYZip Code  
11377-2142FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NY Cho Dae ChurchOccupation  
Clergy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
03			31			2014			

Transaction ID : VN8ECCJJC69

Amount of Each Receipt this Period

700.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

B. Mi Kim

Mailing Address 1270 N Marine Corps Dr  
Ste 101City  
TamuningState  
GUZip Code  
96913-4331FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Charlie's MartOccupation  
Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

185.16

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
01			26			2014			

Transaction ID : VN8ECC38NH6

Amount of Each Receipt this Period

35.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

C. Mi Kim

Mailing Address 1270 N Marine Corps Dr  
Ste 101City  
TamuningState  
GUZip Code  
96913-4331FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Charlie's MartOccupation  
Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

185.16

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
01			26			2014			

Transaction ID : VN8ECC38NW1

Amount of Each Receipt this Period

60.00

Contribution-IE Only Account

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

795.00

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 157 OF 539

☐ 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. Mi Kim**

Mailing Address 1270 N Marine Corps Dr  
Ste 101

City State Zip Code  
Tamuning GU 96913-4331

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Charlie's Mart

Occupation

Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

185.16

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 26 / 2014

**Transaction ID : VN8ECC38P29**

Amount of Each Receipt this Period

90.16

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Mi Kim**

Mailing Address 1270 N Marine Corps Dr  
Ste 101

City State Zip Code  
Tamuning GU 96913-4331

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Charlie's Mart

Occupation

Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.16

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 26 / 2014

**Transaction ID : VN8ECCA5JW8**

Amount of Each Receipt this Period

35.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Mi Kim**

Mailing Address 1270 N Marine Corps Dr  
Ste 101

City State Zip Code  
Tamuning GU 96913-4331

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Charlie's Mart

Occupation

Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.16

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 26 / 2014

**Transaction ID : VN8ECCFHAE5**

Amount of Each Receipt this Period

35.00

Contribution-IE Only Account

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

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

160.16

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

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

FOR LINE NUMBER: PAGE 158 OF 539  
(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. Soonja Kim**

Mailing Address 235 E 40th St  
Apt 9A

City State Zip Code  
New York NY 10016-1747

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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 30 / 2014

**Transaction ID : VN8ECCH8QE6**

Amount of Each Receipt this Period

1000.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

## **B. Sun Yup Kim**

Mailing Address 2809 Corporal Kennedy St

City State Zip Code  
Bayside NY 11360-2436

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 Y Y  
03 / 31 / 2014

**Transaction ID : VN8ECCJJBG5**

Amount of Each Receipt this Period

250.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

## **C. Kim King**

Mailing Address 118 Plum St

City State Zip Code  
Westwego LA 70094-4011

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Dollar GENERAL

Occupation

stocker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2016.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 17 / 2014

**Transaction ID : VN8ECCE5057**

Amount of Each Receipt this Period

2016.00

Contribution-IE Only Account

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

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

3266.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 159 OF 539

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="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. Steven Kirsch**

Mailing Address 13930 La Paloma Rd

City

Los Altos Hills

State

CA

Zip Code

94022-2628

FEC ID number of contributing  
federal political committee.

C

Name of Employer

OneID

Occupation

CTO

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	20	/	2014

**Transaction ID : VN8ECCEHWS9**

Amount of Each Receipt this Period

250.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Steven Kirsch**

Mailing Address 13930 La Paloma Rd

City

Los Altos Hills

State

CA

Zip Code

94022-2628

FEC ID number of contributing  
federal political committee.

C

Name of Employer

OneID

Occupation

CTO

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	20	/	2014

**Transaction ID : VN8ECCEJ9M4**

Amount of Each Receipt this Period

1000.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Cindy Kittelson**

Mailing Address 24000 181st St SE

City

Velva

State

ND

Zip Code

58790-9630

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BHG Inc.

Occupation

Journalist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

213.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	23	/	2014

**Transaction ID : VN8ECCF51J2**

Amount of Each Receipt this Period

113.00

Contribution-IE Only Account

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

1363.00

**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 PageFOR LINE NUMBER: PAGE 160 OF 539  
(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

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NAME OF COMMITTEE (In Full)

**Ready PAC**

Full Name (Last, First, Middle Initial)

**A. Cindy Kittelson**

Mailing Address 24000 181st St SE

City

Velva

State

ND

Zip Code

58790-9630

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BHG Inc.

Occupation

Journalist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

213.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	23	/	2014

**Transaction ID : VN8ECCF51N5**

Amount of Each Receipt this Period

100.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Justin P. Klein**Mailing Address 915 Clinton St  
Apt 203

City

Philadelphia

State

PA

Zip Code

19107-6125

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ballard Spahr LLP

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	/	05	/	2014

**Transaction ID : VN8ECC6SEZ3**

Amount of Each Receipt this Period

500.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Robert L Kleinberg**

Mailing Address 104 Avon Hill St

City

Cambridge

State

MA

Zip Code

02140-3632

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Schlumberger

Occupation

Unconventional Resources Researcher

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	/	2014

**Transaction ID : VN8ECCHFQJ3**

Amount of Each Receipt this Period

300.00

Contribution-IE Only Account

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

900.00



# **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 161 OF 539

☐ 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. Robert Kline**

Mailing Address 210 Berkshire Rd

City  
Richmond

State  
VA

Zip Code  
23221-3239

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 / 02 / 2014

**Transaction ID : VN8ECBV3SH8**

Amount of Each Receipt this Period

100.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Robert Kline**

Mailing Address 210 Berkshire Rd

City  
Richmond

State  
VA

Zip Code  
23221-3239

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 / 02 / 2014

**Transaction ID : VN8ECC3Z6G8**

Amount of Each Receipt this Period

100.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Robert Kline**

Mailing Address 210 Berkshire Rd

City  
Richmond

State  
VA

Zip Code  
23221-3239

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

02 / 19 / 2014

**Transaction ID : VN8ECC98VM5**

Amount of Each Receipt this Period

100.00

Contribution-IE Only Account

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

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

300.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 162 OF 539

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="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 Kline**

Mailing Address 210 Berkshire Rd

City  
RichmondState  
VAZip Code  
23221-3239FEC 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 ▼

325.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	7			2	0	1	4		

**Transaction ID : VN8ECCAAJF5**

Amount of Each Receipt this Period

25.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Robert Kline**

Mailing Address 210 Berkshire Rd

City  
RichmondState  
VAZip Code  
23221-3239FEC 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 ▼

425.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			0	2			2	0	1	4		

**Transaction ID : VN8ECCAVTC5**

Amount of Each Receipt this Period

100.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Robert Kline**

Mailing Address 210 Berkshire Rd

City  
RichmondState  
VAZip Code  
23221-3239FEC 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 ▼

460.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			1	7			2	0	1	4		

**Transaction ID : VN8ECCE4TR2**

Amount of Each Receipt this Period

35.00

Contribution-IE Only Account

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

160.00

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

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

FOR LINE NUMBER: PAGE 163 OF 539

(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
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	--

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NAME OF COMMITTEE (In Full)

Ready PAC

Full Name (Last, First, Middle Initial)

**A. Robert Kline**

Mailing Address 210 Berkshire Rd

City  
RichmondState  
VAZip Code  
23221-3239FEC 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 ▼

485.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	7		2	0	1	4

Transaction ID : VN8ECCFRPW6

Amount of Each Receipt this Period

25.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Sheila Kloefkorn**

Mailing Address 54 W Pecan Pl

City  
TempeState  
AZZip Code  
85284FEC ID number of contributing  
federal political committee.

C

Name of Employer

KEO Marketing Inc

Occupation

Marketing

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	2		2	0	1	4

Transaction ID : VN8ECC2G3W5

Amount of Each Receipt this Period

250.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Danna Koren**

Mailing Address 412 E Wynnewood Rd

City  
WynnewoodState  
PAZip Code  
19096-1614FEC ID number of contributing  
federal political committee.

C

Name of Employer

Tom Wolf for Governor

Occupation

Deputy Finance Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.60

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	8		2	0	1	4

Transaction ID : VN8ECC3G3E7

Amount of Each Receipt this Period

201.60

Contribution-IE Only Account

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

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

476.60

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 164 OF 539  
(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

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NAME OF COMMITTEE (In Full)

**Ready PAC**

Full Name (Last, First, Middle Initial)

**A. Marc Korman**

Mailing Address 7104 Exeter Rd

City  
BethesdaState  
MDZip Code  
20814-5507FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sidney Austin LLP

Occupation

Associate

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	/	31	/	2014

**Transaction ID : VN8ECCJM504**

Amount of Each Receipt this Period

250.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. George W. Krumme**Mailing Address 2300 Riverside Dr  
16-ECity  
TulsaState  
OKZip Code  
74114-2401FEC ID number of contributing  
federal political committee.

C

Name of Employer

Krumme Oil Company

Occupation

Partner

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	/	07	/	2014

**Transaction ID : VN8ECCE3EN5**

Amount of Each Receipt this Period

5000.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Nell Kruse**Mailing Address 161 E Chicago Ave  
Apt 59L4City  
ChicagoState  
ILZip Code  
60611-6689FEC ID number of contributing  
federal political committee.

C

Name of Employer

Standard Chartered Bank

Occupation

Risk Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.32

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	02	/	2014

**Transaction ID : VN8ECC3Z635**

Amount of Each Receipt this Period

100.00

Contribution-IE Only Account

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

5350.00

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

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

FOR LINE NUMBER: PAGE 165 OF 539  
(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. Nell Kruse**

Mailing Address 161 E Chicago Ave  
Apt 59L4

City State Zip Code  
Chicago IL 60611-6689

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Standard Chartered Bank

Occupation

Risk Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.32

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 02 / 2014

**Transaction ID : VN8ECC3Z643**

Amount of Each Receipt this Period

100.32

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

## **B. Elaine Lafferty**

Mailing Address 3906 Tilden Ave

City State Zip Code  
Culver City CA 90232-3914

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Porpey

Occupation

Manager

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 / 06 / 2014

**Transaction ID : VN8ECCBM2E3**

Amount of Each Receipt this Period

500.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

## **C. Rajesh Lahoti**

Mailing Address 772 N High St  
Ste 200

City State Zip Code  
Columbus OH 43215-1466

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RGB LLC

Occupation

Restaurant

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  
03 / 11 / 2014

**Transaction ID : VN8ECCCA9J5**

Amount of Each Receipt this Period

301.60

Contribution-IE Only Account

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

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

901.92

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 166 OF 539  
(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

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NAME OF COMMITTEE (In Full)

**Ready PAC**

Full Name (Last, First, Middle Initial)

**A. Celinda Lake**

Mailing Address 126 F St SE

City  
WashingtonState  
DCZip Code  
20003-2603FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lake Research PartnersOccupation  
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	/	31	/	2014

**Transaction ID : VN8ECCJAFS4**

Amount of Each Receipt this Period

500.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Marlene Larson**

Mailing Address 704 Rushview Dr

City  
JeffersonState  
IAZip Code  
50129FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/AOccupation  
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	/	30	/	2014

**Transaction ID : VN8ECCGGP05**

Amount of Each Receipt this Period

500.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Dana Lascu**Mailing Address University Of Richmond  
348 RSBCity  
RichmondState  
VAZip Code  
23173-0001FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University of RichmondOccupation  
Professor

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	/	05	/	2014

**Transaction ID : VN8ECBVN510**

Amount of Each Receipt this Period

200.00

Contribution-IE Only Account

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

1200.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 167 OF 539

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="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. Dana Lasco**Mailing Address University Of Richmond  
348 RSB

City	State	Zip Code
Richmond	VA	23173-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Richmond

Occupation

Professor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	5		2	0	1	4

**Transaction ID : VN8ECBVN670**

Amount of Each Receipt this Period

100.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Leonard Lauder**Mailing Address 767 5th Ave  
FI 40

City	State	Zip Code
New York	NY	10153-0003

FEC ID number of contributing  
federal political committee.

C

Name of Employer

The Estee Lauder Company

Occupation

Chairman Emeritus

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	0		2	0	1	4

**Transaction ID : VN8ECC663H9**

Amount of Each Receipt this Period

5000.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Marsha Z. Laufer**

Mailing Address 1750 S Ocean Blvd

City	State	Zip Code
Lake Worth	FL	33462

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Brookhaven Town Committee

Occupation

Independent Political Organization Pro

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	4		2	0	1	4

**Transaction ID : VN8ECCGFV48**

Amount of Each Receipt this Period

3500.00

Contribution-IE Only Account

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

8600.00

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

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

FOR LINE NUMBER: PAGE 168 OF 539

(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. Luis Lauredo**

Mailing Address 201 Crandon Blvd  
Apt 936

City State Zip Code  
Key Biscayne FL 33149

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hunton & Williams

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  
03 / 07 / 2014

**Transaction ID : VN8ECCE2450**

Amount of Each Receipt this Period

1000.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

## **B. Barbara Lee**

Mailing Address 4105 David Ln

City State Zip Code  
Alexandria VA 22311

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

M M / D D / Y Y Y Y Y Y  
03 / 31 / 2014

**Transaction ID : VN8ECCJM4N7**

Amount of Each Receipt this Period

1000.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

## **C. Chanwoo Lee**

Mailing Address 44 Debora Dr

City State Zip Code  
Plainview NY 11803

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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 30 / 2014

**Transaction ID : VN8ECCJJ2F9**

Amount of Each Receipt this Period

1000.00

Contribution-IE Only Account

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

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

3000.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 169 OF 539  
(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**

Full Name (Last, First, Middle Initial)

**A. Eun H. Lee**Mailing Address 6930 52nd Dr  
FI 2

City	State	Zip Code
Maspeth	NY	11378-1424

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Think Pink Spa

Occupation

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	/	31	/	2014

**Transaction ID : VN8ECCJJCC7**

Amount of Each Receipt this Period

500.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Sylvia Lee**

Mailing Address 3750 N Avenida Flamante

City	State	Zip Code
Tucson	AZ	85716-0803

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
02	/	10	/	2014

**Transaction ID : VN8ECC724Z3**

Amount of Each Receipt this Period

201.60

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Robert Legg**

Mailing Address 1713 Laurel Brook Rd

City	State	Zip Code
Fallston	MD	21047-2128

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Accenture Federal Services

Occupation

Senior 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
03	/	07	/	2014

**Transaction ID : VN8ECCHFNV8**

Amount of Each Receipt this Period

250.00

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 PageFOR LINE NUMBER: PAGE 170 OF 539  
(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
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NAME OF COMMITTEE (In Full)

**Ready PAC**

Full Name (Last, First, Middle Initial)

**A. Thomas Leonard**Mailing Address 1617 John F Kennedy Blvd  
FL 19

City	State	Zip Code
Philadelphia	PA	19103-1833

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Obermayer Rebmann et al

Occupation

Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
02			05			2014			

**Transaction ID : VN8ECC6SF17**

Amount of Each Receipt this Period

5000.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Richard Levin**Mailing Address 246 Eagle Dance Cir  
1895 Watercress Way

City	State	Zip Code
Palm Desert	CA	92211-7438

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	/	D	D	/	Y	Y	Y	Y
01			15			2014			

**Transaction ID : VN8ECBXZYH4**

Amount of Each Receipt this Period

20.16

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Richard Levin**Mailing Address 246 Eagle Dance Cir  
1895 Watercress Way

City	State	Zip Code
Palm Desert	CA	92211-7438

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 ▼

120.16

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
01			21			2014			

**Transaction ID : VN8ECC2BYQ3**

Amount of Each Receipt this Period

100.00

Contribution-IE Only Account

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

5120.16

**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 PageFOR LINE NUMBER: PAGE 171 OF 539  
(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

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NAME OF COMMITTEE (In Full)

**Ready PAC**

Full Name (Last, First, Middle Initial)

**A. Richard Levin**Mailing Address 246 Eagle Dance Cir  
1895 Watercress Way

City	State	Zip Code
Palm Desert	CA	92211-7438

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 M	/	D D D	/	Y Y Y Y Y Y
02	/	21	/	2014

**Transaction ID : VN8ECC9H8M5**

Amount of Each Receipt this Period

100.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Richard Levin**Mailing Address 246 Eagle Dance Cir  
1895 Watercress Way

City	State	Zip Code
Palm Desert	CA	92211-7438

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 ▼

320.16

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	21	/	2014

**Transaction ID : VN8ECCF5Z28**

Amount of Each Receipt this Period

100.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Lisa Lickstein**

Mailing Address 407 Via Placita

City	State	Zip Code
Palm Beach Gardens	FL	33418-1727

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Volunteer/Activist

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	/	08	/	2014

**Transaction ID : VN8ECBWFD54**

Amount of Each Receipt this Period

100.00

Contribution-IE Only Account

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

300.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 172 OF 539  
(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
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NAME OF COMMITTEE (In Full)

**Ready PAC**

Full Name (Last, First, Middle Initial)

**A. Lisa Lickstein**

Mailing Address 407 Via Placita

City	State	Zip Code
Palm Beach Gardens	FL	33418-1727

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Volunteer/Activist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	8		2	0	1	4

**Transaction ID : VN8ECC6W8G7**

Amount of Each Receipt this Period

100.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Lisa Lickstein**

Mailing Address 407 Via Placita

City	State	Zip Code
Palm Beach Gardens	FL	33418-1727

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Volunteer/Activist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	8		2	0	1	4

**Transaction ID : VN8ECCBY1D2**

Amount of Each Receipt this Period

100.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Geralyn Lobel**Mailing Address 5600 Wisconsin Ave  
Apt 19B

City	State	Zip Code
Chevy Chase	MD	20815-4414

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 ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	2		2	0	1	4

**Transaction ID : VN8ECCCDEC1**

Amount of Each Receipt this Period

250.00

Contribution-IE Only Account

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

450.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 173 OF 539

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="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. Long Island Conservatory Ltd.**

Mailing Address 5 Stone Hill Dr N

City

Manhasset

State

NY

Zip Code

11030-4439

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	1	4

**Transaction ID : VN8ECCJK1N2**

Amount of Each Receipt this Period

500.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Bebe Long**

Mailing Address 2214 Trieste Trl

City

Adams

State

TN

Zip Code

37010-9200

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Long &amp; Herbison, PLLC

Occupation

Jury &amp; Media Consultant

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

107.16

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	5		2	0	1	4

**Transaction ID : VN8ECC37CY3**

Amount of Each Receipt this Period

20.16

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Bebe Long**

Mailing Address 2214 Trieste Trl

City

Adams

State

TN

Zip Code

37010-9200

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Long &amp; Herbison, PLLC

Occupation

Jury &amp; Media Consultant

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

107.16

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	5		2	0	1	4

**Transaction ID : VN8ECC37F86**

Amount of Each Receipt this Period

87.00

Contribution-IE Only Account

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

607.16

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

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

FOR LINE NUMBER: PAGE 174 OF 539

(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

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NAME OF COMMITTEE (In Full)

Ready PAC

Full Name (Last, First, Middle Initial)

**A. Bebe Long**

Mailing Address 2214 Trieste Trl

City  
AdamsState  
TNZip Code  
37010-9200FEC ID number of contributing  
federal political committee.

C

Name of Employer

Long &amp; Herbison, PLLC

Occupation

Jury &amp; Media Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

182.16

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	1		2	0	1	4		

Transaction ID : VN8ECC3Z5T4

Amount of Each Receipt this Period

75.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Bebe Long**

Mailing Address 2214 Trieste Trl

City  
AdamsState  
TNZip Code  
37010-9200FEC ID number of contributing  
federal political committee.

C

Name of Employer

Long &amp; Herbison, PLLC

Occupation

Jury &amp; Media Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.32

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2				2	5		2	0	1	4	

Transaction ID : VN8ECCA0Y36

Amount of Each Receipt this Period

20.16

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Bebe Long**

Mailing Address 2214 Trieste Trl

City  
AdamsState  
TNZip Code  
37010-9200FEC ID number of contributing  
federal political committee.

C

Name of Employer

Long &amp; Herbison, PLLC

Occupation

Jury &amp; Media Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

222.48

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	3				2	5		2	0	1	4	

Transaction ID : VN8ECCFEV98

Amount of Each Receipt this Period

20.16

Contribution-IE Only Account

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

115.32

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 175 OF 539  
(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. Richard Long**

Mailing Address 11783 Ashley Ct

City  
Seminole

State  
FL

Zip Code  
33772-2245

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 / 11 / 2014

**Transaction ID : VN8ECCJN4Q2**

Amount of Each Receipt this Period

250.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Wendy Love**

Mailing Address 11614 Johnson Lake Rd

City  
Lakeside

State  
CA

Zip Code  
92040-1018

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 ▼

220.32

Date of Receipt

01 / 25 / 2014

**Transaction ID : VN8ECC37PW7**

Amount of Each Receipt this Period

220.32

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Wendy Love**

Mailing Address 11614 Johnson Lake Rd

City  
Lakeside

State  
CA

Zip Code  
92040-1018

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 ▼

421.12

Date of Receipt

02 / 07 / 2014

**Transaction ID : VN8ECC6VQR2**

Amount of Each Receipt this Period

100.00

Contribution-IE Only Account

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

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

570.32

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 176 OF 539  
(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
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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. Wendy Love**

Mailing Address 11614 Johnson Lake Rd

City	State	Zip Code
Lakeside	CA	92040-1018

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 ▼

421.12

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	7		2	0	1	4

**Transaction ID : VN8ECC6VQY0**

Amount of Each Receipt this Period

100.80

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Kathleen Lovell**

Mailing Address 4 Elaine Est

City	State	Zip Code
Auburn	NY	13021

FEC ID number of contributing  
federal political committee.

C

Name of Employer

None

Occupation

Disabled

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2			2		2	0	1	4

**Transaction ID : VN8ECC9MNQ3**

Amount of Each Receipt this Period

250.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Aaron Lubin**

Mailing Address 12100 Fairway Dr

City	State	Zip Code
Little Rock	AR	72212-3429

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Executive Recruiters Agency, Inc

Occupation

Owner/President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20.16

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1			7		2	0	1	4

**Transaction ID : VN8ECBW21W7**

Amount of Each Receipt this Period

20.16

Contribution-IE Only Account

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

370.96

**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: PAGE 177 OF 539  
(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. Aaron Lubin**

Mailing Address 12100 Fairway Dr

City  
Little Rock

State  
AR

Zip Code  
72212-3429

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Executive Recruiters Agency, Inc

Occupation

Owner/President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.16

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 02 / 2014

**Transaction ID : VN8ECCAWA11**

Amount of Each Receipt this Period

200.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Joan Lukey-Stevenson**

Mailing Address 3 Hawthorne Cir

City  
Lincoln

State  
MA

Zip Code  
01773-4512

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wilmer Hale, LLP

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 Y  
03 / 31 / 2014

**Transaction ID : VN8ECCJJ8E4**

Amount of Each Receipt this Period

500.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Phillip Lund**

Mailing Address 824 S296 Pl

City  
Federal Way

State  
WA

Zip Code  
98003

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 / D D / Y Y Y Y Y  
01 / 15 / 2014

**Transaction ID : VN8ECBXYMR1**

Amount of Each Receipt this Period

2500.00

Contribution-IE Only Account

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

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

3200.00

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

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

 FOR LINE NUMBER: PAGE 178 OF 539  
 (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

Full Name (Last, First, Middle Initial)

**A. Melanie Lynch**

Mailing Address 160 Aurora St

City	State	Zip Code
Hudson	OH	44236-2943

FEC ID number of contributing federal political committee.

C

Name of Employer

Summa Physicians

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.48

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	26	/	2014

Transaction ID : VN8ECC38Y19

Amount of Each Receipt this Period

100.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Melanie Lynch**

Mailing Address 160 Aurora St

City	State	Zip Code
Hudson	OH	44236-2943

FEC ID number of contributing federal political committee.

C

Name of Employer

Summa Physicians

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.48

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	26	/	2014

Transaction ID : VN8ECC38Y51

Amount of Each Receipt this Period

130.48

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Ann MacNaughton**

Mailing Address 1931 Vassar St

City	State	Zip Code
Houston	TX	77098

FEC ID number of contributing federal political committee.

C

Name of Employer

Merrill Lynch

Occupation

Financial Advisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.32

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	12	/	2014

Transaction ID : VN8ECBX3YW0

Amount of Each Receipt this Period

330.32

Contribution-IE Only Account

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

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

560.80

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

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

FOR LINE NUMBER: PAGE 179 OF 539  
(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. Laura Madden**

Mailing Address 2433 18th St NW

City State Zip Code  
Washington DC 20009

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Consumer Specialty Products Associatio

Occupation  
Government Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20.16

Date of Receipt

01 / 22 / 2014

**Transaction ID : VN8ECC2G1Z5**

Amount of Each Receipt this Period

20.16

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Laura Madden**

Mailing Address 2433 18th St NW

City State Zip Code  
Washington DC 20009

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Consumer Specialty Products Associatio

Occupation  
Government Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

70.16

Date of Receipt

01 / 26 / 2014

**Transaction ID : VN8ECC383X3**

Amount of Each Receipt this Period

50.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Laura Madden**

Mailing Address 2433 18th St NW

City State Zip Code  
Washington DC 20009

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Consumer Specialty Products Associatio

Occupation  
Government Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

90.32

Date of Receipt

01 / 31 / 2014

**Transaction ID : VN8ECC3T6W4**

Amount of Each Receipt this Period

20.16

Contribution-IE Only Account

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

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

90.32

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 180 OF 539

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="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. Laura Madden**

Mailing Address 2433 18th St NW

City  
WashingtonState Zip Code  
DC 20009FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Consumer Specialty Products AssociatioOccupation  
Government Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

110.48

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 22 / 2014**Transaction ID : VN8ECC9NVV2**

Amount of Each Receipt this Period

20.16

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Laura Madden**

Mailing Address 2433 18th St NW

City  
WashingtonState Zip Code  
DC 20009FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Consumer Specialty Products AssociatioOccupation  
Government Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

160.48

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 26 / 2014**Transaction ID : VN8ECCA5F03**

Amount of Each Receipt this Period

50.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Laura Madden**

Mailing Address 2433 18th St NW

City  
WashingtonState Zip Code  
DC 20009FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Consumer Specialty Products AssociatioOccupation  
Government Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

180.64

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 28 / 2014**Transaction ID : VN8ECCAGPV5**

Amount of Each Receipt this Period

20.16

Contribution-IE Only Account

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

90.32

**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 PageFOR LINE NUMBER: PAGE 181 OF 539  
(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

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NAME OF COMMITTEE (In Full)

**Ready PAC**

Full Name (Last, First, Middle Initial)

**A. Laura Madden**

Mailing Address 2433 18th St NW

City  
WashingtonState Zip Code  
DC 20009FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Consumer Specialty Products AssociatioOccupation  
Government Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	22	/	2014

**Transaction ID : VN8ECCF2HS8**

Amount of Each Receipt this Period

20.16

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Laura Madden**

Mailing Address 2433 18th St NW

City  
WashingtonState Zip Code  
DC 20009FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Consumer Specialty Products AssociatioOccupation  
Government Affairs

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
03	/	26	/	2014

**Transaction ID : VN8ECCFHTP2**

Amount of Each Receipt this Period

50.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Laura Madden**

Mailing Address 2433 18th St NW

City  
WashingtonState Zip Code  
DC 20009FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Consumer Specialty Products AssociatioOccupation  
Government Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.96

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	28	/	2014

**Transaction ID : VN8ECCG6DK6**

Amount of Each Receipt this Period

20.16

Contribution-IE Only Account

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

90.32

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 182 OF 539

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="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. Stefania Magidson**

Mailing Address 1411 Mockingbird Pl

City

Los Angeles

State

CA

Zip Code

90069-1153

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Blue Heron Foundation

Occupation

Executive, Non-profit

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
0	3			2	8			2	0	1	4		

**Transaction ID : VN8ECCG99R0**

Amount of Each Receipt this Period

500.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Bruce Magoon**

Mailing Address 1866 E 27th St

City

Tulsa

State

OK

Zip Code

74114-4202

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

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			0	7			2	0	1	4		

**Transaction ID : VN8ECCE3HD1**

Amount of Each Receipt this Period

5000.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Major E Magwood**

Mailing Address PO Box 43662

City

Las Vegas

State

NV

Zip Code

89116

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 ▼

75.16

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			0	2			2	0	1	4		

**Transaction ID : VN8ECBVAM91**

Amount of Each Receipt this Period

75.16

Contribution-IE Only Account

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

5575.16

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 183 OF 539

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="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. Major E Magwood**

Mailing Address PO Box 43662

City

Las Vegas

State

NV

Zip Code

89116

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

Retired

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

95.32

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	2		2	0	1	4		

**Transaction ID : VN8ECC2G211**

Amount of Each Receipt this Period

20.16

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Major E Magwood**

Mailing Address PO Box 43662

City

Las Vegas

State

NV

Zip Code

89116

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

Retired

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

140.32

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	6		2	0	1	4		

**Transaction ID : VN8ECC6S3B1**

Amount of Each Receipt this Period

45.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Major E Magwood**

Mailing Address PO Box 43662

City

Las Vegas

State

NV

Zip Code

89116

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

Retired

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

175.32

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	2		2	0	1	4		

**Transaction ID : VN8ECC89SS7**

Amount of Each Receipt this Period

35.00

Contribution-IE Only Account

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

100.16

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 184 OF 539  
(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

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NAME OF COMMITTEE (In Full)

Ready PAC

Full Name (Last, First, Middle Initial)

**A. Major E Magwood**

Mailing Address PO Box 43662

City	State	Zip Code
Las Vegas	NV	89116

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 ▼

195.48

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	24	/	2014

Transaction ID : VN8ECCA02B0

Amount of Each Receipt this Period

20.16

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Major E Magwood**

Mailing Address PO Box 43662

City	State	Zip Code
Las Vegas	NV	89116

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 ▼

291.64

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	14	/	2014

Transaction ID : VN8ECCDXZC5

Amount of Each Receipt this Period

96.16

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Major E Magwood**

Mailing Address PO Box 43662

City	State	Zip Code
Las Vegas	NV	89116

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 ▼

311.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	18	/	2014

Transaction ID : VN8ECCE66Q9

Amount of Each Receipt this Period

20.16

Contribution-IE Only Account

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

136.48

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: PAGE 185 OF 539  
(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. Joan Malarkey**

Mailing Address 1 Burket Ct

City State Zip Code  
Silver Spring MD 20910-1355

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 / D D / Y Y Y Y Y Y  
01 / 05 / 2014

**Transaction ID : VN8ECBVPG9**

Amount of Each Receipt this Period

2500.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

## **B. Joan Malarkey**

Mailing Address 1 Burket Ct

City State Zip Code  
Silver Spring MD 20910-1355

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 ▼

2505.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 14 / 2014

**Transaction ID : VN8ECBXX8R7**

Amount of Each Receipt this Period

5.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

## **C. Edward P Manley**

Mailing Address 35 Alpine Ln

City State Zip Code  
Chappaqua NY 10514-1615

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Making Headway Foundation Inc

Occupation

Executive 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  
03 / 14 / 2014

**Transaction ID : VN8ECCHJWF3**

Amount of Each Receipt this Period

300.00

Contribution-IE Only Account

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

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

2805.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 186 OF 539  
(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
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NAME OF COMMITTEE (In Full)

**Ready PAC**

Full Name (Last, First, Middle Initial)

**A. John P. Manning**

Mailing Address 1 Boston Pl

City	State	Zip Code
Boston	MA	02108-4407

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Boston Capital

Occupation

President and CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	1	4

**Transaction ID : VN8ECCJWTY8**

Amount of Each Receipt this Period

5000.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Gordon Mansergh**

Mailing Address 1204 Russell Dr

City	State	Zip Code
Decatur	GA	30030-4747

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CDC

Occupation

Scientist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	8		2	0	1	4

**Transaction ID : VN8ECCG97H1**

Amount of Each Receipt this Period

250.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Jordan Markwith**Mailing Address 667 S Detroit St  
Apt 303

City	State	Zip Code
Los Angeles	CA	90036-7127

FEC ID number of contributing  
federal political committee.

C

Name of Employer

JDM Strategies, LLC

Occupation

Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	6		2	0	1	4

**Transaction ID : VN8ECC6R4M7**

Amount of Each Receipt this Period

250.00

Contribution-IE Only Account

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

5500.00

**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 PageFOR LINE NUMBER: PAGE 187 OF 539  
(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
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	--

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NAME OF COMMITTEE (In Full)

**Ready PAC**

Full Name (Last, First, Middle Initial)

**A. Dr. Dale Masi**Mailing Address 100 Belvidere St  
Apt 4B

City	State	Zip Code
Boston	MA	02199

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MASI Research Consultants Inc.

Occupation

President/CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.60

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
03			27			2014			

**Transaction ID : VN8ECCFTX06**

Amount of Each Receipt this Period

201.60

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Dallas Mathis**

Mailing Address 112 S Cherry St

City	State	Zip Code
Falls Church	VA	22046-3546

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			12			2014			

**Transaction ID : VN8ECBX3B40**

Amount of Each Receipt this Period

100.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Dallas Mathis**

Mailing Address 112 S Cherry St

City	State	Zip Code
Falls Church	VA	22046-3546

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
01			22			2014			

**Transaction ID : VN8ECC2G6G7**

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 PageFOR LINE NUMBER: PAGE 188 OF 539  
(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**

Full Name (Last, First, Middle Initial)

**A. Dallas Mathis**

Mailing Address 112 S Cherry St

City

Falls Church

State

VA

Zip Code

22046-3546

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

Retired

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	2		2	0	1	4		

**Transaction ID : VN8ECC7VJR2**

Amount of Each Receipt this Period

100.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Dallas Mathis**

Mailing Address 112 S Cherry St

City

Falls Church

State

VA

Zip Code

22046-3546

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

Retired

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	2		2	0	1	4		

**Transaction ID : VN8ECC9NWT7**

Amount of Each Receipt this Period

100.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Dallas Mathis**

Mailing Address 112 S Cherry St

City

Falls Church

State

VA

Zip Code

22046-3546

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

Retired

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	3			1	2		2	0	1	4		

**Transaction ID : VN8ECCCM5H7**

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 PageFOR LINE NUMBER:  
(check only one)

PAGE 189 OF 539

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input 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. Dallas Mathis**

Mailing Address 112 S Cherry St

City

Falls Church

State

VA

Zip Code

22046-3546

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

Retired

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	3			2	2		2	0	1	4		

**Transaction ID : VN8ECCF2HY8**

Amount of Each Receipt this Period

100.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Kathryn McCance**

Mailing Address PO Box 42

City

Wilson

State

WY

Zip Code

83014-0042

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UNIV UTAH retired /elsevier

Occupation

author/professor emeritus

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1			0	6		2	0	1	4		

**Transaction ID : VN8ECBVQHG2**

Amount of Each Receipt this Period

100.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Kathryn McCance**

Mailing Address PO Box 42

City

Wilson

State

WY

Zip Code

83014-0042

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UNIV UTAH retired /elsevier

Occupation

author/professor emeritus

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

145.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	8		2	0	1	4		

**Transaction ID : VN8ECC6WTX7**

Amount of Each Receipt this Period

45.00

Contribution-IE Only Account

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

245.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 190 OF 539  
(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**

Full Name (Last, First, Middle Initial)

**A. Kathryn McCance**

Mailing Address PO Box 42

City  
WilsonState  
WYZip Code  
83014-0042FEC ID number of contributing  
federal political committee.

C

Name of Employer

UNIV UTAH retired /elsevier

Occupation

author/professor emeritus

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

190.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	7		2	0	1	4		

**Transaction ID : VN8ECCAA9S4**

Amount of Each Receipt this Period

45.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Kathryn McCance**

Mailing Address PO Box 42

City  
WilsonState  
WYZip Code  
83014-0042FEC ID number of contributing  
federal political committee.

C

Name of Employer

UNIV UTAH retired /elsevier

Occupation

author/professor emeritus

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	3			2	7		2	0	1	4		

**Transaction ID : VN8ECCG0VZ4**

Amount of Each Receipt this Period

35.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Loretta McCarthy**Mailing Address 70 E 77th St  
5CCity  
New YorkState  
NYZip Code  
10075-1811FEC ID number of contributing  
federal political committee.

C

Name of Employer

Golden Seeds LLC

Occupation

Investment Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1			1	2		2	0	1	4		

**Transaction ID : VN8ECBX3Z85**

Amount of Each Receipt this Period

500.00

Contribution-IE Only Account

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

580.00

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

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

FOR LINE NUMBER: PAGE 191 OF 539  
(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. Kay McClanahan**

Mailing Address 120 River Bend Rd

City State Zip Code  
Hot Springs National Park AR 71913

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
Hot Springs Realty Realtor

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  
03 / 07 / 2014

**Transaction ID : VN8ECCE20B9**

Amount of Each Receipt this Period

200.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

## **B. Kay McClanahan**

Mailing Address 120 River Bend Rd

City State Zip Code  
Hot Springs National Park AR 71913

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
Hot Springs Realty Realtor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 29 / 2014

**Transaction ID : VN8ECCGAK27**

Amount of Each Receipt this Period

35.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

## **C. Bobbi McDaniel**

Mailing Address 4 Masters Cir

City State Zip Code  
Little Rock AR 72212-3310

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
Argenta Limo Owner

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  
03 / 06 / 2014

**Transaction ID : VN8ECCBMNH7**

Amount of Each Receipt this Period

1000.00

Contribution-IE Only Account

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

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

1235.00

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

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

FOR LINE NUMBER: PAGE 192 OF 539

(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

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NAME OF COMMITTEE (In Full)

Ready PAC

Full Name (Last, First, Middle Initial)

**A. PEGGY MCGRATH**

Mailing Address 76 Perry Pl

Ground Floor, Side Door

City

Bronxville

State

NY

Zip Code

10708

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sarah Lawrence College

Occupation

Assistant to the Director

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

69.16

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	6		2	0	1	4

Transaction ID : VN8ECBVR1Y4

Amount of Each Receipt this Period

5.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. PEGGY MCGRATH**

Mailing Address 76 Perry Pl

Ground Floor, Side Door

City

Bronxville

State

NY

Zip Code

10708

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sarah Lawrence College

Occupation

Assistant to the Director

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

69.16

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	6		2	0	1	4

Transaction ID : VN8ECBVR226

Amount of Each Receipt this Period

5.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. PEGGY MCGRATH**

Mailing Address 76 Perry Pl

Ground Floor, Side Door

City

Bronxville

State

NY

Zip Code

10708

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sarah Lawrence College

Occupation

Assistant to the Director

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

69.16

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	6		2	0	1	4

Transaction ID : VN8ECBVR386

Amount of Each Receipt this Period

59.16

Contribution-IE Only Account

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

69.16

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 193 OF 539

☐ 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. PEGGY MCGRATH**

Mailing Address 76 Perry Pl

Ground Floor, Side Door

City

Bronxville

State

NY

Zip Code

10708

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sarah Lawrence College

Occupation

Assistant to the Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.64

Date of Receipt

01 / 09 / 2014

**Transaction ID : VN8ECBWQZY3**

Amount of Each Receipt this Period

142.48

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

## **B. PEGGY MCGRATH**

Mailing Address 76 Perry Pl

Ground Floor, Side Door

City

Bronxville

State

NY

Zip Code

10708

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sarah Lawrence College

Occupation

Assistant to the Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

244.80

Date of Receipt

02 / 02 / 2014

**Transaction ID : VN8ECC3Z8J8**

Amount of Each Receipt this Period

33.16

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

## **C. PEGGY MCGRATH**

Mailing Address 76 Perry Pl

Ground Floor, Side Door

City

Bronxville

State

NY

Zip Code

10708

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sarah Lawrence College

Occupation

Assistant to the Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

264.96

Date of Receipt

03 / 31 / 2014

**Transaction ID : VN8ECCGKYH9**

Amount of Each Receipt this Period

20.16

Contribution-IE Only Account

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

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

195.80

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

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

FOR LINE NUMBER: PAGE 194 OF 539

(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

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NAME OF COMMITTEE (In Full)

Ready PAC

Full Name (Last, First, Middle Initial)

**A. Steve McKenna**

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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	29	/	2014

Transaction ID : VN8ECC3P9Y4

Amount of Each Receipt this Period

100.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Steve McKenna**

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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2014

Transaction ID : VN8ECCAJJ42

Amount of Each Receipt this Period

100.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Steve McKenna**

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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	28	/	2014

Transaction ID : VN8ECCG2473

Amount of Each Receipt this Period

100.00

Contribution-IE Only Account

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

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

300.00

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

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

FOR LINE NUMBER: PAGE 195 OF 539

(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

Full Name (Last, First, Middle Initial)

A. Andrew McKinnon

Mailing Address 972 Myrtle St NE

City  
AtlantaState  
GAZip Code  
30309-4147FEC 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
0	3		1	1		2	0	1	4

Transaction ID : VN8ECCCA029

Amount of Each Receipt this Period

250.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

B. Pamela McLean

Mailing Address 3407 Los Pinos Dr

City

Santa Barbara

State

CA

Zip Code

93105-2631

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hudson Institute of Coaching

Occupation

Small Business Owner

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		0	8		2	0	1	4

Transaction ID : VN8ECBWE584

Amount of Each Receipt this Period

250.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

C. Ronnie McMorris

Mailing Address 89 Doane St

City

Cohasset

State

MA

Zip Code

02025

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Darlynn's

Occupation

Retail

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	1	4

Transaction ID : VN8ECCF6624

Amount of Each Receipt this Period

5000.00

Contribution-IE Only Account

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

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

5500.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 196 OF 539  
(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
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NAME OF COMMITTEE (In Full)

**Ready PAC**

Full Name (Last, First, Middle Initial)

**A. Jennifer McMutrie**

Mailing Address 807 Los Prados De Guadalupe Dr NW

City	State	Zip Code
Los Ranchos	NM	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 ▼

100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	05	/	2014

**Transaction ID : VN8ECBVN483**

Amount of Each Receipt this Period

100.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Jennifer McMutrie**

Mailing Address 807 Los Prados De Guadalupe Dr NW

City	State	Zip Code
Los Ranchos	NM	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 ▼

200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	05	/	2014

**Transaction ID : VN8ECC66MB7**

Amount of Each Receipt this Period

100.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Jennifer McMutrie**

Mailing Address 807 Los Prados De Guadalupe Dr NW

City	State	Zip Code
Los Ranchos	NM	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	/	2014

**Transaction ID : VN8ECCB89H7**

Amount of Each Receipt this Period

100.00

Contribution-IE Only Account

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

300.00

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

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

FOR LINE NUMBER: PAGE 197 OF 539  
(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. Claudia Medina**

Mailing Address 9420 SW 34th St

Address Line 2

City

Miami

State

FL

Zip Code

33131

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ver Ploeg & Lumpkin, P.A.

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  
03 / 14 / 2014

**Transaction ID : VN8ECCDEJT8**

Amount of Each Receipt this Period

250.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

## **B. Rickey Medlock**

Mailing Address 3 Falata Ct

City

Little Rock

State

AR

Zip Code

72223-5083

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retina Associates

Occupation

Physician

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 / 10 / 2014

**Transaction ID : VN8ECC70TB5**

Amount of Each Receipt this Period

1000.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

## **C. Max C Mehlburger**

Mailing Address 49 Edgehill Rd

City

Little Rock

State

AR

Zip Code

72207-5461

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Real Estate Management

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  
02 / 09 / 2014

**Transaction ID : VN8ECC6XNY1**

Amount of Each Receipt this Period

500.00

Contribution-IE Only Account

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

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

1750.00

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

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

FOR LINE NUMBER: PAGE 198 OF 539

(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
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	--

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NAME OF COMMITTEE (In Full)

Ready PAC

Full Name (Last, First, Middle Initial)

A. Johanna M Mendelson Forman

Mailing Address 5344 Falmouth Rd

City

Bethesda

State

MD

Zip Code

20816-2915

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Johanna Mendelson Forman, INC

Occupation

Consultant

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	3			3	1		2	0	1	4		

Transaction ID : VN8ECCJM512

Amount of Each Receipt this Period

500.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

B. Anthony Miller

Mailing Address 599 Lexington Ave

City

New York

State

NY

Zip Code

10022-6030

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PAG Japan Ltd.

Occupation

Investment Manager

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	6		2	0	1	4		

Transaction ID : VN8ECC38Z02

Amount of Each Receipt this Period

5000.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

C. George Miller

Mailing Address 31 W 76th St

City

New York

State

NY

Zip Code

10025

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mayer Brown LLP

Occupation

Lawyer

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

20.16

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1			1	2		2	0	1	4		

Transaction ID : VN8ECBX3589

Amount of Each Receipt this Period

20.16

Contribution-IE Only Account

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

5520.16

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 199 OF 539

(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
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	--

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NAME OF COMMITTEE (In Full)

**Ready PAC**

Full Name (Last, First, Middle Initial)

**A. George Miller**

Mailing Address 31 W 76th St

City  
New YorkState Zip Code  
NY 10025FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mayer Brown LLP

Occupation

Lawyer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

40.32

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 12 / 2014**Transaction ID : VN8ECC7VNW0**

Amount of Each Receipt this Period

20.16

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. George Miller**

Mailing Address 31 W 76th St

City  
New YorkState Zip Code  
NY 10025FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mayer Brown LLP

Occupation

Lawyer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

60.48

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 12 / 2014**Transaction ID : VN8ECCDDW7**

Amount of Each Receipt this Period

20.16

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. George Miller**

Mailing Address 31 W 76th St

City  
New YorkState Zip Code  
NY 10025FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mayer Brown LLP

Occupation

Lawyer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2060.48

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 31 / 2014**Transaction ID : VN8ECCGZ4F4**

Amount of Each Receipt this Period

1000.00

Contribution-IE Only Account

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

1040.32

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

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

FOR LINE NUMBER: PAGE 200 OF 539  
(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. George Miller**

Mailing Address 31 W 76th St

City  
New York

State Zip Code  
NY 10025

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mayer Brown LLP

Occupation

Lawyer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2060.48

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 31 / 2014

**Transaction ID : VN8ECCJK095**

Amount of Each Receipt this Period

1000.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

## **B. Leslie Miller**

Mailing Address 1111 Barberry Rd

City  
Bryn Mawr

State Zip Code  
PA 19010-1907

FEC ID number of contributing  
federal political committee.

C

Name of Employer

McKissock & Hoffman, P.C.

Occupation

Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 07 / 2014

**Transaction ID : VN8ECCE23X7**

Amount of Each Receipt this Period

25000.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

## **C. Mike Miller**

Mailing Address 2008 S Pebble Beach Blvd

City  
Sun City Center

State Zip Code  
FL 33573-6481

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 Y  
01 / 09 / 2014

**Transaction ID : VN8ECBWNT84**

Amount of Each Receipt this Period

200.00

Contribution-IE Only Account

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

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

26200.00



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

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

FOR LINE NUMBER: PAGE 201 OF 539  
(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. Mike Miller**

Mailing Address 2008 S Pebble Beach Blvd

City State Zip Code  
 Sun City Center FL 33573-6481

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 Y Y  
 01 24 2014

**Transaction ID : VN8ECC34NM8**

Amount of Each Receipt this Period

100.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Mike Miller**

Mailing Address 2008 S Pebble Beach Blvd

City State Zip Code  
 Sun City Center FL 33573-6481

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 ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 02 06 2014

**Transaction ID : VN8ECC6RMP6**

Amount of Each Receipt this Period

50.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Rachel Miller**

Mailing Address 6728 Kenwood Forest Ln

City State Zip Code  
 Chevy Chase MD 20815-6502

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Forbes-Tate

Occupation

Lobbyist

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  
 03 26 2014

**Transaction ID : VN8ECCFH818**

Amount of Each Receipt this Period

1000.00

Contribution-IE Only Account

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

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

1150.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 202 OF 539  
(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

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NAME OF COMMITTEE (In Full)

**Ready PAC**

Full Name (Last, First, Middle Initial)

**A. Rachel Miller**

Mailing Address 6728 Kenwood Forest Ln

City

Chevy Chase

State

MD

Zip Code

20815-6502

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Forbes-Tate

Occupation

Lobbyist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2014

**Transaction ID : VN8ECCHVD37**

Amount of Each Receipt this Period

1000.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Scott Miller**

Mailing Address 461 Race St

City

Denver

State

CO

Zip Code

80206-4141

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Scytus, LLC

Occupation

Managing Principal

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	16	/	2014

**Transaction ID : VN8ECBZ43Y0**

Amount of Each Receipt this Period

10000.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Sung Min**

Mailing Address 48 Karens Ln

City

Englewood Cliffs

State

NJ

Zip Code

07632-1905

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Amazing Apple Inc

Occupation

Business

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	30	/	2014

**Transaction ID : VN8ECCH8Q47**

Amount of Each Receipt this Period

500.00

Contribution-IE Only Account

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

11500.00

**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 PageFOR LINE NUMBER: PAGE 203 OF 539  
(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
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NAME OF COMMITTEE (In Full)

**Ready PAC**

Full Name (Last, First, Middle Initial)

**A. Linda Mitchell Price**

Mailing Address 113 E 22nd St

City

Tulsa

State

OK

Zip Code

74114-1122

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Linda Mitchell Price Charitable Founda

Occupation

Director

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	7		2	0	1	4

**Transaction ID : VN8ECCE3HH2**

Amount of Each Receipt this Period

5000.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Patty Mitchell**

Mailing Address 495 Wilfawn Way

City

Avondale Estates

State

GA

Zip Code

30002

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

None

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

166.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	9		2	0	1	4

**Transaction ID : VN8ECC26WW8**

Amount of Each Receipt this Period

98.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Patty Mitchell**

Mailing Address 495 Wilfawn Way

City

Avondale Estates

State

GA

Zip Code

30002

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

None

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

166.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	9		2	0	1	4

**Transaction ID : VN8ECC26WY4**

Amount of Each Receipt this Period

68.00

Contribution-IE Only Account

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

5166.00

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

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

FOR LINE NUMBER: PAGE 204 OF 539  
(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. Patty Mitchell**

Mailing Address 495 Wilfawn Way

City State Zip Code  
 Avondale Estates GA 30002

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 ▼

276.64

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 02 / 27 / 2014

**Transaction ID : VN8ECCA9DQ9**

Amount of Each Receipt this Period

110.64

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

## **B. Roy Miyamoto**

Mailing Address 2041 Kula St

City State Zip Code  
 Honolulu HI 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

M M / D D / Y Y Y Y Y Y  
 03 / 14 / 2014

**Transaction ID : VN8ECCHJXQ9**

Amount of Each Receipt this Period

500.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

## **C. Nathan R Monell**

Mailing Address 5918 Sherborn Ln

City State Zip Code  
 Springfield VA 22152-1035

FEC ID number of contributing  
federal political committee.

C

Name of Employer

National Council Community Education

Occupation

Ceo

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  
 03 / 17 / 2014

**Transaction ID : VN8ECCHKHH4**

Amount of Each Receipt this Period

250.00

Contribution-IE Only Account

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

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

860.64

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 205 OF 539

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="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 Montgomery**Mailing Address 630 Randall Rd  
Apt 3D

City	State	Zip Code
Santa Barbara	CA	93108-2123

FEC ID number of contributing  
federal political committee.

C

Name of Employer

DaisyBill

Occupation

Founder

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	/	2014

**Transaction ID : VN8ECBWTEY1**

Amount of Each Receipt this Period

201.60

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Catherine Montgomery**Mailing Address 630 Randall Rd  
Apt 3D

City	State	Zip Code
Santa Barbara	CA	93108-2123

FEC ID number of contributing  
federal political committee.

C

Name of Employer

DaisyBill

Occupation

Founder

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	/	31	/	2014

**Transaction ID : VN8ECCGK9W2**

Amount of Each Receipt this Period

20.16

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Barbara Moody**

Mailing Address PO Box 55

City	State	Zip Code
Salem	AR	72576

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

Volunteer

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	/	2014

**Transaction ID : VN8ECC70YS5**

Amount of Each Receipt this Period

1000.00

Contribution-IE Only Account

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

1221.76

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 206 OF 539  
(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

Full Name (Last, First, Middle Initial)

**A. Kirsten Moore**Mailing Address 4027 Benton St NW  
Apt 302

City	State	Zip Code
Washington	DC	20007-1642

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Reproductive Health TechOccupation  
CEO

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	/	31	/	2014

Transaction ID : VN8ECCJM4T7

Amount of Each Receipt this Period

1000.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Jane Morgan**

Mailing Address 7301 Highland Park Dr

City	State	Zip Code
Fort Smith	AR	72916-9354

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/AOccupation  
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	/	19	/	2014

Transaction ID : VN8ECCHKYQ6

Amount of Each Receipt this Period

500.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Ian Mosley**

Mailing Address 801 Myrtle Ave

City	State	Zip Code
Lindenwood	NJ	08021-1135

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SelfOccupation  
Transportation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.48

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	21	/	2014

Transaction ID : VN8ECCF26X5

Amount of Each Receipt this Period

269.48

Contribution-IE Only Account

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

1769.48

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 PageFOR LINE NUMBER: PAGE 207 OF 539  
(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**

Full Name (Last, First, Middle Initial)

**A. Melissa Mueller**

Mailing Address 717 S Royal St

City  
AlexandriaState  
VAZip Code  
22314-4309FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Capitol Tax PartnersOccupation  
Tax 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
0	3			3	1			2	0	1	4		

**Transaction ID : VN8ECCJJ9T2**

Amount of Each Receipt this Period

250.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Mary J. Mullany**

Mailing Address 12 W Felton St

City  
Ridley ParkState  
PAZip Code  
19078-2024FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ballard Spahr LLPOccupation  
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
0	2			0	5			2	0	1	4		

**Transaction ID : VN8ECC6SG85**

Amount of Each Receipt this Period

250.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Reed Mulligan**Mailing Address 28290 Hemmersley St  
# 17City  
EastonState  
MDZip Code  
21601-7477FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SelfOccupation  
Registered Nurse

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
0	1			2	5			2	0	1	4		

**Transaction ID : VN8ECC37B79**

Amount of Each Receipt this Period

100.00

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: PAGE 208 OF 539

(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

Full Name (Last, First, Middle Initial)

**A. Reed Mulligan**

Mailing Address 28290 Hemmersley St  
# 17

City	State	Zip Code
Easton	MD	21601-7477

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Registered Nurse

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	/	31	/	2014

Transaction ID : VN8ECCGZ8T8

Amount of Each Receipt this Period

250.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Daniel R Muroff**

Mailing Address 328 Wadsworth Ave

City	State	Zip Code
Philadelphia	PA	19119-1127

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Fineman, Krekstein &amp; Harris

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
01	/	30	/	2014

Transaction ID : VN8ECC3SVG6

Amount of Each Receipt this Period

1000.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Max Nance**

Mailing Address 8322 St Rd 66

City	State	Zip Code
Newburgh	IN	47630

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	/	22	/	2014

Transaction ID : VN8ECC2G8G1

Amount of Each Receipt this Period

100.00

Contribution-IE Only Account

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

1350.00

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 209 OF 539

(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. Max Nance**

Mailing Address 8322 St Rd 66

City State Zip Code  
 Newburgh IN 47630

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 Y Y  
 02 22 2014

**Transaction ID : VN8ECC9NXR4**

Amount of Each Receipt this Period

100.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

## **B. Max Nance**

Mailing Address 8322 St Rd 66

City State Zip Code  
 Newburgh IN 47630

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 Y Y  
 03 22 2014

**Transaction ID : VN8ECCF3298**

Amount of Each Receipt this Period

100.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

## **C. Carole Natelson**

Mailing Address 11851 N 93rd St

City State Zip Code  
 Scottsdale AZ 85260-5820

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pinnacle Claims Service

Occupation

Exec. Assistant

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  
 01 05 2014

**Transaction ID : VN8ECBVPBQ5**

Amount of Each Receipt this Period

2500.00

Contribution-IE Only Account

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

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

2700.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 210 OF 539  
(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

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NAME OF COMMITTEE (In Full)

**Ready PAC**

Full Name (Last, First, Middle Initial)

**A. Robin Natzke**

Mailing Address 1353 Regent Dr

City  
MundeleinState  
ILZip Code  
60060-2085FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kraft Foods

Occupation

Business Development

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
0	1			1	8			2	0	1	4		

**Transaction ID : VN8ECC254F7**

Amount of Each Receipt this Period

250.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Daniel Neidich**

Mailing Address PO Box 425

City

Saratoga Springs

State

NY

Zip Code

12866-0425

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Dune Capital Management

Occupation

Investment Banker

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
0	3			3	1			2	0	1	4		

**Transaction ID : VN8ECCJGVG3**

Amount of Each Receipt this Period

25000.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Diane Neimann**

Mailing Address 2720 Glenhurst Ave

City

Minneapolis

State

MN

Zip Code

55416

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Philanthropy

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
0	1			0	5			2	0	1	4		

**Transaction ID : VN8ECBVPV32**

Amount of Each Receipt this Period

100.00

Contribution-IE Only Account

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

25350.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 211 OF 539  
(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
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	--

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NAME OF COMMITTEE (In Full)

**Ready PAC**

Full Name (Last, First, Middle Initial)

**A. Diane Neimann**

Mailing Address 2720 Glenhurst Ave

City	State	Zip Code
Minneapolis	MN	55416

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Philanthropy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

258.48

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			1	2			2	0	1	4		

**Transaction ID : VN8ECBX3W39**

Amount of Each Receipt this Period

158.48

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Diane Neimann**

Mailing Address 2720 Glenhurst Ave

City	State	Zip Code
Minneapolis	MN	55416

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Philanthropy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

268.48

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			1	8			2	0	1	4		

**Transaction ID : VN8ECCE8V47**

Amount of Each Receipt this Period

10.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Travis Nembhard**

Mailing Address 222 Harned Rd

City	State	Zip Code
Commack	NY	11725-4204

FEC ID number of contributing  
federal political committee.

C

Name of Employer

New York State Office of the Attorney

Occupation

Lawyer

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
0	2			1	2			2	0	1	4		

**Transaction ID : VN8ECC82CA8**

Amount of Each Receipt this Period

201.60

Contribution-IE Only Account

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

370.08

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 212 OF 539

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="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. Christine Nezu**Mailing Address 1500 Locust St  
Apt 4213

City	State	Zip Code
Philadelphia	PA	19102

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Drexel University

Occupation

Psychologist/Professor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2016.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	21	/	2014

**Transaction ID : VN8ECC9JTE5**

Amount of Each Receipt this Period

2016.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Amanda Nguyen**

Mailing Address 742 Mount Thompson Cir

City	State	Zip Code
Corona	CA	92879-5971

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Steve Kerrigan for Lt Governor

Occupation

Financial 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	/	10	/	2014

**Transaction ID : VN8ECC75504**

Amount of Each Receipt this Period

201.60

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. An Ning**Mailing Address 11445 Moorpark St  
Unit 15

City	State	Zip Code
Studio City	CA	91602-2072

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Los Angeles Superior Court

Occupation

Management Secretary

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	/	21	/	2014

**Transaction ID : VN8ECC2BXN5**

Amount of Each Receipt this Period

2500.00

Contribution-IE Only Account

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

4717.60

**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 213 OF 539

(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

Full Name (Last, First, Middle Initial)

A. John No

Mailing Address 4309 68th St

City

Woodside

State

NY

Zip Code

11377-5110

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NY Meat

Occupation

Meat Wholesaler

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
0	3			3	1			2	0	1	4		

Transaction ID : VN8ECCJK2Q1

Amount of Each Receipt this Period

1000.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

B. Burke F Norton

Mailing Address 2153 Beach St

City

San Francisco

State

CA

Zip Code

94123-1404

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Salesforce.Com

Occupation

Chief Legal Officer

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
0	2			1	0			2	0	1	4		

Transaction ID : VN8ECC71925

Amount of Each Receipt this Period

5000.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

C. Brian O'Dwyer

Mailing Address 52 Duane St

City

New York

State

NY

Zip Code

10007-1229

FEC ID number of contributing  
federal political committee.

C

Name of Employer

O'Dwyer &amp; Berstien LLP

Occupation

Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4750.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	8			2	0	1	4		

Transaction ID : VN8ECC98840

Amount of Each Receipt this Period

4750.00

Contribution-IE Only Account

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

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

10750.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 214 OF 539

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="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. Daniel O'Hara**

Mailing Address 404 S Otter Branch Dr

City

Glendora

State

NJ

Zip Code

08029-1624

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Temple University

Occupation

Professor

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
0	1			2	0			2	0	1	4		

**Transaction ID : VN8ECC27K65**

Amount of Each Receipt this Period

100.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Daniel O'Hara**

Mailing Address 404 S Otter Branch Dr

City

Glendora

State

NJ

Zip Code

08029-1624

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Temple University

Occupation

Professor

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
0	2			2	0			2	0	1	4		

**Transaction ID : VN8ECC9BK30**

Amount of Each Receipt this Period

100.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Daniel O'Hara**

Mailing Address 404 S Otter Branch Dr

City

Glendora

State

NJ

Zip Code

08029-1624

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Temple University

Occupation

Professor

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
0	3			2	0			2	0	1	4		

**Transaction ID : VN8ECCER8P5**

Amount of Each Receipt this Period

100.00

Contribution-IE Only Account

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

300.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 215 OF 539

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input 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. Obermayer Rebmann Maxwell & Hippel LLP**

Mailing Address 1 Penn Ctr

Fl 19

City

Philadelphia

State

PA

Zip Code

19103-1821

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	5			2	0	1	4		

**Transaction ID : VN8ECC6SG35**

Amount of Each Receipt this Period

5000.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Helen S. Ochs**

Mailing Address 1302 Elmwood Rd

City

Bloomington

State

IL

Zip Code

61701-3361

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

Retired

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

160.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			0	1			2	0	1	4		

**Transaction ID : VN8ECCAQHB5**

Amount of Each Receipt this Period

125.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Helen S. Ochs**

Mailing Address 1302 Elmwood Rd

City

Bloomington

State

IL

Zip Code

61701-3361

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

Retired

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

160.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			0	1			2	0	1	4		

**Transaction ID : VN8ECCAQHT2**

Amount of Each Receipt this Period

35.00

Contribution-IE Only Account

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

5160.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 216 OF 539  
(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
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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. Helen S. Ochs**

Mailing Address 1302 Elmwood Rd

City

Bloomington

State

IL

Zip Code

61701-3361

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 ▼

215.16

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			0	3			2	0	1	4		

**Transaction ID : VN8ECCB1ES7**

Amount of Each Receipt this Period

55.16

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Regina L. Oldak**Mailing Address 11 Dupont Cir NW  
Ste 800

City

Washington

State

DC

Zip Code

20036-1209

FEC ID number of contributing  
federal political committee.

C

Name of Employer

National Women's Law Center

Occupation

Senior Counsel

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
0	3			3	1			2	0	1	4		

**Transaction ID : VN8ECCJM538**

Amount of Each Receipt this Period

500.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Ron Oliver**

Mailing Address 3901 Bunker Hill Dr

City

North Little Rock

State

AR

Zip Code

72116-6974

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ark. Racing Commission

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1020.16

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	1			2	0	1	4		

**Transaction ID : VN8ECC7ASS3**

Amount of Each Receipt this Period

20.16

Contribution-IE Only Account

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

575.32

**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 PageFOR LINE NUMBER: PAGE 217 OF 539  
(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
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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. Ron Oliver**

Mailing Address 3901 Bunker Hill Dr

City

North Little Rock

State

AR

Zip Code

72116-6974

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ark. Racing Commission

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1020.16

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	1			2	0	1	4		

**Transaction ID : VN8ECC7AVC4**

Amount of Each Receipt this Period

1000.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Laurie Oseran**

Mailing Address 5175 Watson St NW

City

Washington

State

DC

Zip Code

20016-5330

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Oseran and Company

Occupation

Health Care Consulting

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3520.16

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	6			2	0	1	4		

**Transaction ID : VN8ECC6QW8**

Amount of Each Receipt this Period

20.16

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Laurie Oseran**

Mailing Address 5175 Watson St NW

City

Washington

State

DC

Zip Code

20016-5330

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Oseran and Company

Occupation

Health Care Consulting

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3520.16

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	6			2	0	1	4		

**Transaction ID : VN8ECC6QV09**

Amount of Each Receipt this Period

3500.00

Contribution-IE Only Account

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

4520.16

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 218 OF 539  
(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
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NAME OF COMMITTEE (In Full)

**Ready PAC**

Full Name (Last, First, Middle Initial)

**A. Laurie Oseran**

Mailing Address 5175 Watson St NW

City  
WashingtonState  
DCZip Code  
20016-5330FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Oseran and CompanyOccupation  
Health Care Consulting

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3540.32

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			0	6			2	0	1	4		

**Transaction ID : VN8ECCBCVA2**

Amount of Each Receipt this Period

20.16

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Recep Ozkan**

Mailing Address 925 E Meadow Ave

City  
BellmoreState  
NYZip Code  
11710FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SelfOccupation  
Business Executive

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
0	3				3	1		2	0	1	4		

**Transaction ID : VN8ECCJWV04**

Amount of Each Receipt this Period

5000.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Gokhan Ozkok**Mailing Address 140 Mill St  
Apt 961City  
East HavenState  
CTZip Code  
06512-1074FEC ID number of contributing  
federal political committee.

C

Name of Employer  
White Tulip GlobalOccupation  
Consultant

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
0	3				3	1		2	0	1	4		

**Transaction ID : VN8ECCJWTZ6**

Amount of Each Receipt this Period

5000.00

Contribution-IE Only Account

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

10020.16

**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 219 OF 539

(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. Inder Pahwa**

Mailing Address 2323 Monte Vista Dr

City State Zip Code  
Pinole CA 94564-1151

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Subway

Occupation

Store Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 26 / 2014

**Transaction ID : VN8ECCH9J46**

Amount of Each Receipt this Period

500.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

## **B. Joseph R. Paolino Jr.**

Mailing Address 76 Dorrance St  
Ste 500

City State Zip Code  
Providence RI 02903-2227

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self employed

Occupation

Developer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 31 / 2014

**Transaction ID : VN8ECCJJ7W2**

Amount of Each Receipt this Period

5000.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

## **C. Alex Pappas**

Mailing Address 1624 Mountain Dr

City State Zip Code  
Little Rock AR 72227

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 / D D / Y Y Y Y Y  
01 / 13 / 2014

**Transaction ID : VN8ECBXMWD2**

Amount of Each Receipt this Period

500.00

Contribution-IE Only Account

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

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

6000.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 220 OF 539  
(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**

Full Name (Last, First, Middle Initial)

**A. Elliot H. Park**

Mailing Address 11-15 46th Avenue, LIC

City	State	Zip Code
New York	NY	11101

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Shine Electronics, Inc.Occupation  
Executive

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	/	31	/	2014

**Transaction ID : VN8ECCJW2W2**

Amount of Each Receipt this Period

5000.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. John Y Park**Mailing Address 1049 Rosedale Rd  
# 0

City	State	Zip Code
Valley Stream	NY	11581-2704

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployedOccupation  
retail business

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	/	2014

**Transaction ID : VN8ECBW09A6**

Amount of Each Receipt this Period

20.16

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. John Y Park**Mailing Address 1049 Rosedale Rd  
# 0

City	State	Zip Code
Valley Stream	NY	11581-2704

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployedOccupation  
retail business

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

120.16

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	05	/	2014

**Transaction ID : VN8ECC6Q6P9**

Amount of Each Receipt this Period

100.00

Contribution-IE Only Account

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

5120.16

**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 221 OF 539

(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. John Y Park**

Mailing Address 1049 Rosedale Rd  
# 0

City State Zip Code  
Valley Stream NY 11581-2704

FEC ID number of contributing  
federal political committee.

C

Name of Employer

selfemployed

Occupation

retail business

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1120.16

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 31 / 2014

**Transaction ID : VN8ECCJK1W8**

Amount of Each Receipt this Period

1000.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Peter Park**

Mailing Address 16 Willow St

City State Zip Code  
Douglaston NY 11363-1326

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MET

Occupation

Business Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 31 / 2014

**Transaction ID : VN8ECCJK180**

Amount of Each Receipt this Period

500.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Pawlowski for Governor**

Mailing Address 43 N 11th St

City State Zip Code  
Allentown PA 18101-1019

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 / D D / Y Y Y Y Y  
02 / 05 / 2014

**Transaction ID : VN8ECC6SJ89**

Amount of Each Receipt this Period

500.00

Contribution-IE Only Account

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

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

2000.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 222 OF 539

(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
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NAME OF COMMITTEE (In Full)

Ready PAC

Full Name (Last, First, Middle Initial)

**A. Michele Paxson**

Mailing Address 2618 Cypress Ave

City	State	Zip Code
East Meadow	NY	11554

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 ▼

100.16

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	19	/	2014

Transaction ID : VN8ECC26Z71

Amount of Each Receipt this Period

100.16

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Michele Paxson**

Mailing Address 2618 Cypress Ave

City	State	Zip Code
East Meadow	NY	11554

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 ▼

241.16

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	05	/	2014

Transaction ID : VN8ECC6Q9N8

Amount of Each Receipt this Period

141.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Michele Paxson**

Mailing Address 2618 Cypress Ave

City	State	Zip Code
East Meadow	NY	11554

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 ▼

281.48

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	27	/	2014

Transaction ID : VN8ECCA9W66

Amount of Each Receipt this Period

40.32

Contribution-IE Only Account

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

281.48

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 PageFOR LINE NUMBER:  
(check only one)

PAGE 223 OF 539

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="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. PCCC, LLC**Mailing Address 8 Cadillac Dr  
Ste 180City State Zip Code  
Brentwood TN 37027-5393FEC 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

M M	/	D D	/	Y Y Y Y
03	/	14	/	2014

**Transaction ID : VN8ECCGFWR9**

Amount of Each Receipt this Period

5000.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Ben Pearlman**

Mailing Address

City State Zip Code  
Boston MAFEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Comcast

Gov't Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.60

Date of Receipt

M M	/	D D	/	Y Y Y Y
03	/	25	/	2014

**Transaction ID : VN8ECCFF5W0**

Amount of Each Receipt this Period

201.60

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Donna Pegues**

Mailing Address PO Box 2483

City State Zip Code  
Borrego Springs CA 92004-2483FEC 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 ▼

100.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	11	/	2014

**Transaction ID : VN8ECBX27R1**

Amount of Each Receipt this Period

100.00

Contribution-IE Only Account

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

5301.60

**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 PageFOR LINE NUMBER: PAGE 224 OF 539  
(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
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	--

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NAME OF COMMITTEE (In Full)

**Ready PAC**

Full Name (Last, First, Middle Initial)

**A. Donna Pegues**

Mailing Address PO Box 2483

City	State	Zip Code
Borrego Springs	CA	92004-2483

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 ▼

173.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	13	/	2014

**Transaction ID : VN8ECBX43X8**

Amount of Each Receipt this Period

73.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Donna Pegues**

Mailing Address PO Box 2483

City	State	Zip Code
Borrego Springs	CA	92004-2483

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 ▼

208.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	22	/	2014

**Transaction ID : VN8ECC2JH76**

Amount of Each Receipt this Period

35.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Lenin Pellegrino**

Mailing Address 2550 N Halsted St

City	State	Zip Code
Chicago	IL	60614-2348

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
03	/	12	/	2014

**Transaction ID : VN8ECCH8Y1**

Amount of Each Receipt this Period

200.00

Contribution-IE Only Account

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

308.00

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 225 OF 539

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="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. Lenin Pellegrino**

Mailing Address 2550 N Halsted St

City  
ChicagoState  
ILZip Code  
60614-2348FEC 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	/	19	/	2014

**Transaction ID : VN8ECCHKYD9**

Amount of Each Receipt this Period

100.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. C. R. Pennoni**

Mailing Address 411 Valley Glen Dr

City

Bryn Mawr

State

PA

Zip Code

19010-2054

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pennoni Assoc, Inc.

Occupation

Civil Engineer

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	/	05	/	2014

**Transaction ID : VN8ECC6SNJ4**

Amount of Each Receipt this Period

5000.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Andres Pereira**

Mailing Address 14709 Custer Ct

City

Austin

State

TX

Zip Code

78734-2311

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fleming &amp; Associates 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	/	18	/	2014

**Transaction ID : VN8ECC989S7**

Amount of Each Receipt this Period

5000.00

Contribution-IE Only Account

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

10100.00

**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 PageFOR LINE NUMBER: PAGE 226 OF 539  
(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

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NAME OF COMMITTEE (In Full)

**Ready PAC**

Full Name (Last, First, Middle Initial)

**A. LeeAnn Petersen**

Mailing Address 9919 Meriden Rd

City

Potomac

State

MD

Zip Code

20854-4313

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Professional Women in Advocacy Confere

Occupation

Co-Founder

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	/	14	/	2014

**Transaction ID : VN8ECCGFVX6**

Amount of Each Receipt this Period

300.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Carolyn Frank Pinchewsky**

Mailing Address 19577 Havensway Ct

City

Boca Raton

State

FL

Zip Code

33498-6209

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Tax Preparer

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	/	17	/	2014

**Transaction ID : VN8ECC2QJ85**

Amount of Each Receipt this Period

500.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. David H. Pittinsky**

Mailing Address 1735 Market St

FL 51

City

Philadelphia

State

PA

Zip Code

19103-7507

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ballard Spahr

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	/	05	/	2014

**Transaction ID : VN8ECC6SGE2**

Amount of Each Receipt this Period

500.00

Contribution-IE Only Account

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

1300.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 227 OF 539  
(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
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NAME OF COMMITTEE (In Full)

**Ready PAC**

Full Name (Last, First, Middle Initial)

**A. Christopher Pittman**Mailing Address 5006 Cedar Springs Rd  
Apt E

City	State	Zip Code
Dallas	TX	75235

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Republic Airlines

Occupation

Flight Attendant

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	4	/	2	0	1	4

**Transaction ID : VN8ECC2RW34**

Amount of Each Receipt this Period

250.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Glenda Pitts**

Mailing Address 715 W Buist Ave

City	State	Zip Code
Phoenix	AZ	85041

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wells Fargo

Occupation

Phone Banker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	1	8	/	2	0	1	4

**Transaction ID : VN8ECC8S2P9**

Amount of Each Receipt this Period

500.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Christopher Placitella**

Mailing Address 15 Goose Point Dr

City	State	Zip Code
Colts Neck	NJ	07722-2112

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cohen, Placitella &amp; Roth PC

Occupation

Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.34

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	0	5	/	2	0	1	4

**Transaction ID : VN8ECC6SGG8**

Amount of Each Receipt this Period

333.34

Contribution-IE Only Account

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

1083.34

**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 228 OF 539

(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
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NAME OF COMMITTEE (In Full)

Ready PAC

Full Name (Last, First, Middle Initial)

**A. PLUMBERS UNION LOCAL 690 POLITICAL ACTION COMMITTEE**

Mailing Address 2791 Southampton Rd

City

Philadelphia

State

PA

Zip Code

19154-1211

FEC ID number of contributing  
federal political committee.

C

C00252825

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	8			2	0	1	4		

Transaction ID : VN8ECCJMBM4

Amount of Each Receipt this Period

1500.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Patricia Pollack**

Mailing Address PO Box 22717

City

Little Rock

State

AR

Zip Code

72221-2717

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Affirmative Risk Management

CEO

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			0	2			2	0	1	4		

Transaction ID : VN8ECBV9871

Amount of Each Receipt this Period

50.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Patricia Pollack**

Mailing Address PO Box 22717

City

Little Rock

State

AR

Zip Code

72221-2717

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Affirmative Risk Management

CEO

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	8			2	0	1	4		

Transaction ID : VN8ECC6WDV2

Amount of Each Receipt this Period

500.00

Contribution-IE Only Account

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

2050.00

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 229 OF 539

(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
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NAME OF COMMITTEE (In Full)

Ready PAC

Full Name (Last, First, Middle Initial)

**A. Stephen Pollock**

Mailing Address 3756 Levy Ln

City

Huntingdon Valley

State

PA

Zip Code

19006-3108

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Montgomery Mccracken

Occupation

Attorney

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		
0	2											2	0	1	4

Transaction ID : VN8ECC8MW03

Amount of Each Receipt this Period

200.16

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Greg Pope**

Mailing Address 644 Vine Hill Way

City

Martinez

State

CA

Zip Code

94553-5359

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Jurisdictional SF Bay Area Entertainme

Occupation

Audio Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

217.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y	
0	2											2	0	4

Transaction ID : VN8ECC61N93

Amount of Each Receipt this Period

100.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Greg Pope**

Mailing Address 644 Vine Hill Way

City

Martinez

State

CA

Zip Code

94553-5359

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Jurisdictional SF Bay Area Entertainme

Occupation

Audio Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

217.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y	
0	2											2	0	4

Transaction ID : VN8ECC61NW4

Amount of Each Receipt this Period

117.00

Contribution-IE Only Account

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

417.16

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 230 OF 539

(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

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NAME OF COMMITTEE (In Full)

Ready PAC

Full Name (Last, First, Middle Initial)

**A. Rebekah J. Poston**

Mailing Address 1541 Brickell Ave  
Apt 3706

City State Zip Code  
Miami FL 33129-1229

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Squire Sanders LLP

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 Y Y  
03 / 14 / 2014

Transaction ID : VN8ECCGFVV0

Amount of Each Receipt this Period

500.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Laurene Powell Jobs**

Mailing Address 2101 Waverley St

City State Zip Code  
Palo Alto CA 94301-3955

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Emerson Collective

Occupation

Chair

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  
02 / 24 / 2014

Transaction ID : VN8ECC9R4J6

Amount of Each Receipt this Period

25000.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. William Prichard**

Mailing Address 53 Mayfield Ave

City State Zip Code  
Fort Thomas KY 41075-1618

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 / D D / Y Y Y Y Y Y  
01 / 24 / 2014

Transaction ID : VN8ECC2QNJO

Amount of Each Receipt this Period

2500.00

Contribution-IE Only Account

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

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

28000.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 231 OF 539  
(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
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	--

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NAME OF COMMITTEE (In Full)

**Ready PAC**

Full Name (Last, First, Middle Initial)

**A. William Prichard**

Mailing Address 53 Mayfield Ave

City

Fort Thomas

State

KY

Zip Code

41075-1618

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 ▼

2520.16

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	8		2	0	1	4

**Transaction ID : VN8ECCAJKC8**

Amount of Each Receipt this Period

20.16

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Jessica Prisela**Mailing Address 230 N 21st St  
Unit 702

City

Philadelphia

State

PA

Zip Code

19103-1146

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 ▼

201.60

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	3		2	0	1	4

**Transaction ID : VN8ECBXM6A2**

Amount of Each Receipt this Period

201.60

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Gilbert Prudhomme**

Mailing Address 4214 Burney Dr

City

Austin

State

TX

Zip Code

78731-1352

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 ▼

100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	4		2	0	1	4

**Transaction ID : VN8ECBVKJR5**

Amount of Each Receipt this Period

100.00

Contribution-IE Only Account

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

321.76

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 232 OF 539

(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

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NAME OF COMMITTEE (In Full)

**Ready PAC**

Full Name (Last, First, Middle Initial)

**A. Gilbert Prudhomme**

Mailing Address 4214 Burney Dr

City

Austin

State

TX

Zip Code

78731-1352

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 ▼

200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	04	/	2014

**Transaction ID : VN8ECC61BH5**

Amount of Each Receipt this Period

100.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Gilbert Prudhomme**

Mailing Address 4214 Burney Dr

City

Austin

State

TX

Zip Code

78731-1352

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

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	04	/	2014

**Transaction ID : VN8ECCB2XN6**

Amount of Each Receipt this Period

100.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Inam Rahman**

Mailing Address 50 S Beretania St

City

Honolulu

State

HI

Zip Code

96813

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Inam Rahman MD Inc

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
01	/	16	/	2014

**Transaction ID : VN8ECBZ4DC9**

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 PageFOR LINE NUMBER: PAGE 233 OF 539  
(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

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NAME OF COMMITTEE (In Full)

**Ready PAC**

Full Name (Last, First, Middle Initial)

**A. David Ralston**

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  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	29	/	2014

**Transaction ID : VN8ECC3G9E0**

Amount of Each Receipt this Period

100.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. David Ralston**

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  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2014

**Transaction ID : VN8ECCAGKX5**

Amount of Each Receipt this Period

100.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. David Ralston**

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  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	28	/	2014

**Transaction ID : VN8ECCG23S2**

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 PageFOR LINE NUMBER: PAGE 234 OF 539  
(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

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NAME OF COMMITTEE (In Full)

**Ready PAC**

Full Name (Last, First, Middle Initial)

**A. Linda Ramsay**

Mailing Address 2770 Jacaranda Way

City	State	Zip Code
Hemet	CA	92545

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 ▼

10.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	03	/	2014

**Transaction ID : VN8ECBVGPQ3**

Amount of Each Receipt this Period

10.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Linda Ramsay**

Mailing Address 2770 Jacaranda Way

City	State	Zip Code
Hemet	CA	92545

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 ▼

191.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	23	/	2014

**Transaction ID : VN8ECC2NKR7**

Amount of Each Receipt this Period

181.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Linda Ramsay**

Mailing Address 2770 Jacaranda Way

City	State	Zip Code
Hemet	CA	92545

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 ▼

201.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	03	/	2014

**Transaction ID : VN8ECC5ES44**

Amount of Each Receipt this Period

10.00

Contribution-IE Only Account

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

201.00

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

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

FOR LINE NUMBER: PAGE 235 OF 539  
(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. Linda Ramsay**

Mailing Address 2770 Jacaranda Way

City State Zip Code  
Hemet CA 92545

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 ▼

211.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 03 / 2014

**Transaction ID : VN8ECCAXY52**

Amount of Each Receipt this Period

10.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Marc Rash**

Mailing Address 530 Hilton Rd

City State Zip Code  
Cochranville PA 19330-9203

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Keystone Properties Group Inc

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 Y Y  
02 / 05 / 2014

**Transaction ID : VN8ECC6SGM0**

Amount of Each Receipt this Period

500.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Kathleen M. Ratcliffe**

Mailing Address 4909 Laclede Ave  
Apt 2003

City State Zip Code  
Saint Louis MO 63108-1414

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St. Louis Convention & Visitors Commis

Occupation

Executive

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  
03 / 31 / 2014

**Transaction ID : VN8ECCJJ9H1**

Amount of Each Receipt this Period

250.00

Contribution-IE Only Account

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

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

760.00

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

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

FOR LINE NUMBER: PAGE 236 OF 539  
(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. William Ratner**

Mailing Address 2383 Silver Ridge Ave

City State Zip Code  
 Los Angeles CA 90039-3661

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Bill Ratner, Incorporated

Occupation

Voiceover Announcer

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 / 08 / 2014

**Transaction ID : VN8ECCBYR33**

Amount of Each Receipt this Period

500.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. W. Thomas Reeves**

Mailing Address 19 Bellerive Country Clb

City State Zip Code  
 Saint Louis MO 63141-7320

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pulaski Bank

Occupation

Executive

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 / 31 / 2014

**Transaction ID : VN8ECCJJ853**

Amount of Each Receipt this Period

500.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Michal Regunberg**

Mailing Address 449 Franklin St

City State Zip Code  
 Cambridge MA 02139-3168

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Solomon McCown

Occupation

Public Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1020.16

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 25 / 2014

**Transaction ID : VN8ECCFEJQ0**

Amount of Each Receipt this Period

20.16

Contribution-IE Only Account

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

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

1020.16

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 237 OF 539

(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
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	--

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NAME OF COMMITTEE (In Full)

**Ready PAC**

Full Name (Last, First, Middle Initial)

**A. Michal Regunberg**

Mailing Address 449 Franklin St

City

Cambridge

State

MA

Zip Code

02139-3168

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Solomon McCown

Occupation

Public Relations

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1020.16

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			2	5			2	0	1	4		

**Transaction ID : VN8ECCFEKH6**

Amount of Each Receipt this Period

1000.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Hillary Reinis**

Mailing Address 860 Spruce St

City

Berkeley

State

CA

Zip Code

94707-2043

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

Retired

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			2	8			2	0	1	4		

**Transaction ID : VN8ECCG9594**

Amount of Each Receipt this Period

500.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Rebecca Reno**

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

N/A

Occupation

Retired

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	5			2	0	1	4		

**Transaction ID : VN8ECC36J76**

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 PageFOR LINE NUMBER:  
(check only one)

PAGE 238 OF 539

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="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. Camille Renshaw**Mailing Address 111 Kent Ave  
Apt 2M

City	State	Zip Code
Brooklyn	NY	11249-2915

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Stan Johnson Co.

Occupation

Investment Broker

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	/	17	/	2014

**Transaction ID : VN8ECC263S2**

Amount of Each Receipt this Period

1000.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Gerard Restaino**

Mailing Address 1346 The Hideout

City	State	Zip Code
Lake Ariel	PA	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 ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	24	/	2014

**Transaction ID : VN8ECC2RJ08**

Amount of Each Receipt this Period

250.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Gerard Restaino**

Mailing Address 1346 The Hideout

City	State	Zip Code
Lake Ariel	PA	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 ▼

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	06	/	2014

**Transaction ID : VN8ECC6S261**

Amount of Each Receipt this Period

100.00

Contribution-IE Only Account

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

1350.00

**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 PageFOR LINE NUMBER: PAGE 239 OF 539  
(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

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NAME OF COMMITTEE (In Full)

**Ready PAC**

Full Name (Last, First, Middle Initial)

**A. Gerard Restaino**

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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	25	/	2014

**Transaction ID : VN8ECCA39H7**

Amount of Each Receipt this Period

100.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Gerard Restaino**

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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	14	/	2014

**Transaction ID : VN8ECCDXWE3**

Amount of Each Receipt this Period

100.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Robbie Rich**

Mailing Address 5408 Duvall Dr

City

Bethesda

State

MD

Zip Code

20816

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self

Occupation

self

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2014

**Transaction ID : VN8ECCJM4G8**

Amount of Each Receipt this Period

1000.00

Contribution-IE Only Account

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

1200.00

**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 PageFOR LINE NUMBER: PAGE 240 OF 539  
(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
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	--

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NAME OF COMMITTEE (In Full)

**Ready PAC**

Full Name (Last, First, Middle Initial)

**A. Lisa R. Riggs**

Mailing Address 8968 Wind Ridge Dr

City  
Sand SpringsState  
OKZip Code  
74063-8372FEC ID number of contributing  
federal political committee.

C

Name of Employer

Riggs Abney

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
0	3			0	7			2	0	1	4		

**Transaction ID : VN8ECCE3GV8**

Amount of Each Receipt this Period

500.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Rachel Robbins**Mailing Address 450 W End Ave  
# PHACity  
New YorkState  
NYZip Code  
10024-5307FEC ID number of contributing  
federal political committee.

C

Name of Employer

retired

Occupation

General Counsel

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
0	1			0	5			2	0	1	4		

**Transaction ID : VN8ECBVPF11**

Amount of Each Receipt this Period

250.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Bobby Roberts**

Mailing Address 3501 Hill Rd

City  
Little RockState  
ARZip Code  
72205-4111FEC ID number of contributing  
federal political committee.

C

Name of Employer

Central Arkansas Library System

Occupation

Librarian

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
0	3			0	3			2	0	1	4		

**Transaction ID : VN8ECCAZRJ7**

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 PageFOR LINE NUMBER:  
(check only one)

PAGE 241 OF 539

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input 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. Julia Roberts**

Mailing Address 311 N Oak St

City  
LincolntonState  
NCZip Code  
28092-2931FEC 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
0	1		1	7		2	0	1	4

**Transaction ID : VN8ECC2QJF0**

Amount of Each Receipt this Period

300.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Michael Roberts**

Mailing Address 20 Rahling Cir

City  
Little RockState  
ARZip Code  
72223-9187FEC ID number of contributing  
federal political committee.

C

Name of Employer

Roberts Law Firm

Occupation

Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	0		2	0	1	4

**Transaction ID : VN8ECC71536**

Amount of Each Receipt this Period

5000.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Chad Rodgers**

Mailing Address 510 N Palm St

City  
Little RockState  
ARZip Code  
72205-3854FEC ID number of contributing  
federal political committee.

C

Name of Employer

Little Rock Pediatric Clinic

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	5		2	0	1	4

**Transaction ID : VN8ECCA0JA7**

Amount of Each Receipt this Period

1000.00

Contribution-IE Only Account

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

6300.00

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 242 OF 539

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="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. Tomas Rodriguez**

Mailing Address 716 Delaney Park Dr

City

Orlando

State

FL

Zip Code

32806-1322

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MTV Networks International

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
0	1		2	3		2	0	1	4

Transaction ID : VN8ECC2M3K7

Amount of Each Receipt this Period

50.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Tomas Rodriguez**

Mailing Address 716 Delaney Park Dr

City

Orlando

State

FL

Zip Code

32806-1322

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MTV Networks International

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
0	1		2	9		2	0	1	4

Transaction ID : VN8ECC3GTK7

Amount of Each Receipt this Period

100.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Tomas Rodriguez**

Mailing Address 716 Delaney Park Dr

City

Orlando

State

FL

Zip Code

32806-1322

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MTV Networks International

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
0	2		2	3		2	0	1	4

Transaction ID : VN8ECC9PTN0

Amount of Each Receipt this Period

50.00

Contribution-IE Only Account

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

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

200.00

# **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 539

(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
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NAME OF COMMITTEE (In Full)

Ready PAC

Full Name (Last, First, Middle Initial)

**A. Tomas Rodriguez**

Mailing Address 716 Delaney Park Dr

City

Orlando

State

FL

Zip Code

32806-1322

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MTV Networks International

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
0	2			2	8			2	0	1	4		

Transaction ID : VN8ECCAJR38

Amount of Each Receipt this Period

100.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Tomas Rodriguez**

Mailing Address 716 Delaney Park Dr

City

Orlando

State

FL

Zip Code

32806-1322

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MTV Networks International

Occupation

retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.16

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			1	4			2	0	1	4		

Transaction ID : VN8ECCDF129

Amount of Each Receipt this Period

20.16

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Tomas Rodriguez**

Mailing Address 716 Delaney Park Dr

City

Orlando

State

FL

Zip Code

32806-1322

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MTV Networks International

Occupation

retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.16

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			2	3			2	0	1	4		

Transaction ID : VN8ECCF4G70

Amount of Each Receipt this Period

50.00

Contribution-IE Only Account

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

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

170.16

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

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

FOR LINE NUMBER: PAGE 244 OF 539

(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

Full Name (Last, First, Middle Initial)

**A. Tomas Rodriguez**

Mailing Address 716 Delaney Park Dr

City

Orlando

State

FL

Zip Code

32806-1322

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MTV Networks International

Occupation

retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

470.16

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			2	9			2	0	1	4		

Transaction ID : VN8ECCGAF85

Amount of Each Receipt this Period

100.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Tomas Rodriguez**

Mailing Address 716 Delaney Park Dr

City

Orlando

State

FL

Zip Code

32806-1322

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MTV Networks International

Occupation

retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

515.16

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			3	1			2	0	1	4		

Transaction ID : VN8ECCGV8A0

Amount of Each Receipt this Period

45.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Constance Rogers**Mailing Address 12483 Lyric Ct  
Apt 102

City

Saint Louis

State

MO

Zip Code

63146-2833

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Dominium Mgmt Services LLC

Occupation

Property Manager

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
0	3			1	0			2	0	1	4		

Transaction ID : VN8ECCC3TW3

Amount of Each Receipt this Period

20.16

Contribution-IE Only Account

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

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

165.16

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

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

FOR LINE NUMBER: PAGE 245 OF 539

(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. Constance Rogers**

Mailing Address 12483 Lyric Ct

Apt 102

City

Saint Louis

State

MO

Zip Code

63146-2833

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Dominium Mgmt Services LLC

Occupation

Property Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.76

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 26 / 2014

**Transaction ID : VN8ECCFNAB3**

Amount of Each Receipt this Period

201.60

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

## **B. Israel Roizman**

Mailing Address 832 Germantown Pike

Ste 5

City

Plymouth Meeting

State

PA

Zip Code

19462-2442

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Roizman Development inc

Occupation

Developer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 12 / 2014

**Transaction ID : VN8ECC83Y05**

Amount of Each Receipt this Period

5000.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

## **C. JT Rose**

Mailing Address 3 S Samoset Ct

City

Rogers

State

AR

Zip Code

72758-1463

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Farming

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 21 / 2014

**Transaction ID : VN8ECC2C784**

Amount of Each Receipt this Period

2000.00

Contribution-IE Only Account

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

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

7201.60

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

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

FOR LINE NUMBER: PAGE 246 OF 539

(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
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NAME OF COMMITTEE (In Full)

Ready PAC

Full Name (Last, First, Middle Initial)

A. Harry Roth

Mailing Address 2217 Saint James St

City

Philadelphia

State

PA

Zip Code

19103-5501

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cohen Placitella &amp; Roth

Occupation

Attorney

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

333.33

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	5			2	0	1	4		

Transaction ID : VN8ECC6SGN8

Amount of Each Receipt this Period

333.33

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

B. Robert A. Rovner

Mailing Address 175 Bustleton Pike

City

Feasterville Trevose

State

PA

Zip Code

19053-6456

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Rovner Allen Rovner Zimmerman &amp; Nash

Occupation

Attorney

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			3	1			2	0	1	4		

Transaction ID : VN8ECC8CRD3

Amount of Each Receipt this Period

500.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

C. Marta Rowh

Mailing Address 7043 McCallum St

City

Philadelphia

State

PA

Zip Code

19119-3039

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Temple University Hospital

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			0	1			2	0	1	4		

Transaction ID : VN8ECCAQKM0

Amount of Each Receipt this Period

200.00

Contribution-IE Only Account

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

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

1033.33

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 247 OF 539

(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
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	--

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NAME OF COMMITTEE (In Full)

**Ready PAC**

Full Name (Last, First, Middle Initial)

**A. Marta Rowh**

Mailing Address 7043 McCallum St

City  
PhiladelphiaState  
PAZip Code  
19119-3039FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Temple University HospitalOccupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
03				23			2014					

**Transaction ID : VN8ECCF4E85**

Amount of Each Receipt this Period

50.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Carol Rudder**

Mailing Address 15532 Harbor Point Ln

City  
North Little RockState  
ARZip Code  
72113-9515FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/AOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
01				08			2014					

**Transaction ID : VN8ECBWFR41**

Amount of Each Receipt this Period

100.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Carol Rudder**

Mailing Address 15532 Harbor Point Ln

City  
North Little RockState  
ARZip Code  
72113-9515FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/AOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
02				08			2014					

**Transaction ID : VN8ECC6W468**

Amount of Each Receipt this Period

100.00

Contribution-IE Only Account

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

250.00

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

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

FOR LINE NUMBER: PAGE 248 OF 539

(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. Carol Rudder**

Mailing Address 15532 Harbor Point Ln

City State Zip Code  
North Little Rock AR 72113-9515

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 Y  
03 / 08 / 2014

**Transaction ID : VN8ECCBXP00**

Amount of Each Receipt this Period

100.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Terry Rumery**

Mailing Address PO Box 211

City State Zip Code  
Chillicothe MO 64601

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 ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
01 / 07 / 2014

**Transaction ID : VN8ECBW1N00**

Amount of Each Receipt this Period

100.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Terry Rumery**

Mailing Address PO Box 211

City State Zip Code  
Chillicothe MO 64601

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 ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 07 / 2014

**Transaction ID : VN8ECC6TAS6**

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: PAGE 249 OF 539

(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

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NAME OF COMMITTEE (In Full)

**Ready PAC**

Full Name (Last, First, Middle Initial)

**A. Terry Rumery**

Mailing Address PO Box 211

City	State	Zip Code
Chillicothe	MO	64601

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 ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	07	/	2014

**Transaction ID : VN8ECCBSM27**

Amount of Each Receipt this Period

100.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Bob Russell**

Mailing Address 14 Deauville Cir

City	State	Zip Code
Little Rock	AR	72223-5532

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Simmons &amp; Russell Group

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	/	09	/	2014

**Transaction ID : VN8ECC6XPA6**

Amount of Each Receipt this Period

500.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Hubert Russell**Mailing Address 1400 Geary Blvd  
Apt 4 A

City	State	Zip Code
San Francisco	CA	94109-6577

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	/	25	/	2014

**Transaction ID : VN8ECCFFGR9**

Amount of Each Receipt this Period

500.00

Contribution-IE Only Account

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

1100.00

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

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

FOR LINE NUMBER: PAGE 250 OF 539

(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. Mirian Saez**

Mailing Address 4201 22nd St

City State Zip Code  
 San Francisco CA 94114-3109

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ccsf

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 02 / 16 / 2014

**Transaction ID : VN8ECC8NNQ7**

Amount of Each Receipt this Period

225.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

## **B. Sophia Sakellariadis**

Mailing Address 460 L St NW

City State Zip Code  
 Washington DC 20001-2546

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Monitor 360

Occupation

Senior Consultant

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 / 02 / 2014

**Transaction ID : VN8ECBV9CQ6**

Amount of Each Receipt this Period

20.16

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

## **c. Sophia Sakellariadis**

Mailing Address 460 L St NW

City State Zip Code  
 Washington DC 20001-2546

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Monitor 360

Occupation

Senior Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.76

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 02 / 18 / 2014

**Transaction ID : VN8ECC92XZ8**

Amount of Each Receipt this Period

201.60

Contribution-IE Only Account

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

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

446.76

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

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

FOR LINE NUMBER: PAGE 251 OF 539

(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

Full Name (Last, First, Middle Initial)

**A. Todd Sargent**

Mailing Address 639 Museum Dr

City

Los Angeles

State

CA

Zip Code

90065-4024

FEC ID number of contributing  
federal political committee.

C

Name of Employer

North Highland

Occupation

Management Consultant

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
0	2			0	6			2	0	1	4		

Transaction ID : VN8ECC6QKA2

Amount of Each Receipt this Period

221.76

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Larry Schechter**Mailing Address 150 Carondelet Plz  
Unit 2101

City

Saint Louis

State

MO

Zip Code

63105-3454

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Oppenheimer &amp; Company, Inc.

Occupation

Head of Project 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
0	3			3	1			2	0	1	4		

Transaction ID : VN8ECCJJ895

Amount of Each Receipt this Period

500.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Elliot S Schewel**

Mailing Address 127 Westminster Way

City

Lynchburg

State

VA

Zip Code

24503-1257

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
0	3			1	3			2	0	1	4		

Transaction ID : VN8ECCHJ8G9

Amount of Each Receipt this Period

500.00

Contribution-IE Only Account

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

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

1221.76

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 252 OF 539

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input 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. Terrence Schomburg**

Mailing Address PO Box 64977

City

State

Zip Code

University Place

WA

98464-0977

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Licensed Psychologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	20	/	2014

**Transaction ID : VN8ECC27KP1**

Amount of Each Receipt this Period

50.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Terrence Schomburg**

Mailing Address PO Box 64977

City

State

Zip Code

University Place

WA

98464-0977

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Licensed Psychologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	11	/	2014

**Transaction ID : VN8ECC79D50**

Amount of Each Receipt this Period

50.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Terrence Schomburg**

Mailing Address PO Box 64977

City

State

Zip Code

University Place

WA

98464-0977

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Licensed Psychologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

150.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	20	/	2014

**Transaction ID : VN8ECC9BKT0**

Amount of Each Receipt this Period

50.00

Contribution-IE Only Account

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

150.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 253 OF 539  
(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

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NAME OF COMMITTEE (In Full)

**Ready PAC**

Full Name (Last, First, Middle Initial)

**A. Terrence Schomburg**

Mailing Address PO Box 64977

City

University Place

State

WA

Zip Code

98464-0977

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Licensed 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
0	3			1	1			2	0	1	4		

**Transaction ID : VN8ECCC94Y9**

Amount of Each Receipt this Period

50.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Terrence Schomburg**

Mailing Address PO Box 64977

City

University Place

State

WA

Zip Code

98464-0977

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Licensed Psychologist

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
0	3			2	0			2	0	1	4		

**Transaction ID : VN8ECCER9Z9**

Amount of Each Receipt this Period

50.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Jodi Schwartz**Mailing Address 18 Leonard St  
Ph F

City

New York

State

NY

Zip Code

10013-2998

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wachtell Lipton

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
0	2			2	5			2	0	1	4		

**Transaction ID : VN8ECCA0MD4**

Amount of Each Receipt this Period

5000.00

Contribution-IE Only Account

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

5100.00

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

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

FOR LINE NUMBER: PAGE 254 OF 539

(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. John Scialli**

Mailing Address 2554 E Vermont Ave  
Ste 260

City State Zip Code  
Phoenix AZ 85016-3619

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 ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 06 / 2014

**Transaction ID : VN8ECC6S7D6**

Amount of Each Receipt this Period

100.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. John Scialli**

Mailing Address 2554 E Vermont Ave  
Ste 260

City State Zip Code  
Phoenix AZ 85016-3619

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 ▼

200.32

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 10 / 2014

**Transaction ID : VN8ECC795F3**

Amount of Each Receipt this Period

100.32

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Diane Sculley**

Mailing Address 143 Reef Rd

City State Zip Code  
Palm Beach FL 33480-3058

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wittman Building Corp

Occupation

Designer

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 / 17 / 2014

**Transaction ID : VN8ECC1YZR2**

Amount of Each Receipt this Period

100.00

Contribution-IE Only Account

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

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

300.32

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

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

FOR LINE NUMBER: PAGE 255 OF 539

(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

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NAME OF COMMITTEE (In Full)

Ready PAC

Full Name (Last, First, Middle Initial)

**A. Diane Sculley**

Mailing Address 143 Reef Rd

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

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	7		2	0	1	4

Transaction ID : VN8ECC8PGH7

Amount of Each Receipt this Period

100.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Diane Sculley**

Mailing Address 143 Reef Rd

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

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	7		2	0	1	4

Transaction ID : VN8ECCE3FN8

Amount of Each Receipt this Period

100.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Ness Sechrest**

Mailing Address PO Box 2184

City

West Memphis

State

AR

Zip Code

72303-2184

FEC ID number of contributing  
federal political committee.

C

Name of Employer

West Memphis Petro Company Inc

Occupation

President

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	7		2	0	1	4

Transaction ID : VN8ECCHEYE8

Amount of Each Receipt this Period

1000.00

Contribution-IE Only Account

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

1200.00

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 256 OF 539

(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
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	--

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NAME OF COMMITTEE (In Full)

Ready PAC

Full Name (Last, First, Middle Initial)

**A. Lawrence A. Segal**

Mailing Address 6 Lantern Ln

City

Chesterbrook

State

PA

Zip Code

19087-5822

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Impact Pa Strategies LLC

Occupation

President

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
0	2			0	5			2	0	1	4		

Transaction ID : VN8ECC6SGR1

Amount of Each Receipt this Period

1000.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Richard Segal**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

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			3	1			2	0	1	4		

Transaction ID : VN8ECCH1DH2

Amount of Each Receipt this Period

5000.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Jeanie Setser**

Mailing Address 322 Wrens Nest Trl

City

Murphy

State

NC

Zip Code

28906-8346

FEC ID number of contributing  
federal political committee.

C

Name of Employer

USDA - Farm Service Agency

Occupation

District Director

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
0	3			0	7			2	0	1	4		

Transaction ID : VN8ECCE2468

Amount of Each Receipt this Period

220.16

Contribution-IE Only Account

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

6220.16

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 257 OF 539

(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
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	--

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NAME OF COMMITTEE (In Full)

**Ready PAC**

Full Name (Last, First, Middle Initial)

**A. Frederick Swards**

Mailing Address 1011 Highland St

City	State	Zip Code
Columbus	OH	43201-3421

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hammond Swards & WilliamsOccupation  
Attorney

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
0	1	/	2	8	/	2	0	1	4		

**Transaction ID : VN8ECC3EW55**

Amount of Each Receipt this Period

100.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Frederick Swards**

Mailing Address 1011 Highland St

City	State	Zip Code
Columbus	OH	43201-3421

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hammond Swards & WilliamsOccupation  
Attorney

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
0	3	/	0	7	/	2	0	1	4		

**Transaction ID : VN8ECCBPDF1**

Amount of Each Receipt this Period

200.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Veronica N. Seyd**

Mailing Address 1260 Great Gully Rd

City	State	Zip Code
Union Springs	NY	13160

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	Y	Y
0	1	/	0	5	/	2	0	1	4		

**Transaction ID : VN8ECBVPZ15**

Amount of Each Receipt this Period

250.00

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: PAGE 258 OF 539

(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 checked="" 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)

**A. Devan Shah**

Mailing Address 2194 Indian Creek Rd

City	State	Zip Code
Diamond Bar	CA	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 ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	04	/	2014

Transaction ID : VN8ECBVMXV7

Amount of Each Receipt this Period

500.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Mary F Shaughnessy**

Mailing Address 357 Spillway Rd

City	State	Zip Code
West Hurley	NY	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

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	12	/	2014

Transaction ID : VN8ECCHGX02

Amount of Each Receipt this Period

250.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Deborah Shedlin**

Mailing Address 40 Washington Ave

City	State	Zip Code
Short Hills	NJ	07078

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 ▼

80.64

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	26	/	2014

Transaction ID : VN8ECCA7YV2

Amount of Each Receipt this Period

80.64

Contribution-IE Only Account

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

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

830.64

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

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

FOR LINE NUMBER: PAGE 259 OF 539

(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. Deborah Shedlin**

Mailing Address 40 Washington Ave

City

Short Hills

State

NJ

Zip Code

07078

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 ▼

180.64

Date of Receipt

03 / 27 / 2014

**Transaction ID : VN8ECCG0YF4**

Amount of Each Receipt this Period

100.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Deborah Shedlin**

Mailing Address 40 Washington Ave

City

Short Hills

State

NJ

Zip Code

07078

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 ▼

340.64

Date of Receipt

03 / 30 / 2014

**Transaction ID : VN8ECCGD9Q3**

Amount of Each Receipt this Period

160.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Jonathan Sheffer**

Mailing Address 9100 Wilshire Blvd  
Ste 1000W

City

Beverly Hills

State

CA

Zip Code

90212-3463

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Musician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

03 / 07 / 2014

**Transaction ID : VN8ECCBSEW0**

Amount of Each Receipt this Period

5000.00

Contribution-IE Only Account

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

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

5260.00

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

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

FOR LINE NUMBER: PAGE 260 OF 539  
(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. Sandy Sheller**

Mailing Address 225 S 18th St  
Ph 1802

City State Zip Code  
Philadelphia PA 19103-6162

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 ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 29 / 2014

**Transaction ID : VN8ECC8CR50**

Amount of Each Receipt this Period

5000.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

## **B. Pritpal Singh**

Mailing Address 1618 Calera Creek Heights Dr

City State Zip Code  
Milpitas CA 95035-7616

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Singh Semiconductor

Occupation

Vice 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  
03 / 31 / 2014

**Transaction ID : VN8ECCJX586**

Amount of Each Receipt this Period

1000.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

## **C. Sanford Sirulnick**

Mailing Address 377 Great Plains Rd

City State Zip Code  
Southampton NY 11968-4634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ditmas Management Corporation

Occupation

Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 31 / 2014

**Transaction ID : VN8ECCJGVR6**

Amount of Each Receipt this Period

15000.00

Contribution-IE Only Account

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

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

21000.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 261 OF 539  
(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
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NAME OF COMMITTEE (In Full)

**Ready PAC**

Full Name (Last, First, Middle Initial)

**A. David Siverling**

Mailing Address PO Box 9661

City

Houston

State

TX

Zip Code

77213-0661

FEC ID number of contributing  
federal political committee.

C

Name of Employer

OCTG, LLP

Occupation

Owner

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	3			2	0	1	4		

**Transaction ID : VN8ECC5F097**

Amount of Each Receipt this Period

500.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Cynthia L. Skaggs**

Mailing Address 20169 E Clear Brook Rd

City

Owasso

State

OK

Zip Code

74055-7836

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

None

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			0	7			2	0	1	4		

**Transaction ID : VN8ECCE3E02**

Amount of Each Receipt this Period

5000.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**c. Charles Smith III**

Mailing Address 10421 Motor City Dr

City

Bethesda

State

MD

Zip Code

20817-9996

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

Retired

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			0	3			2	0	1	4		

**Transaction ID : VN8ECCAWV49**

Amount of Each Receipt this Period

500.00

Contribution-IE Only Account

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

6000.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 262 OF 539  
(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

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NAME OF COMMITTEE (In Full)

**Ready PAC**

Full Name (Last, First, Middle Initial)

**A. Tessa Smith McGovern**

Mailing Address 101 Roseville Rd

City

Westport

State

CT

Zip Code

06880-3719

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BookGirlTV

Occupation

Interviewer/Writer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	8		2	0	1	4

**Transaction ID : VN8ECCAJ309**

Amount of Each Receipt this Period

2500.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Cynthia A Smith**Mailing Address 35 N Moore St  
Apt 5A

City

New York

State

NY

Zip Code

10013-5713

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
0	3		1	4		2	0	1	4

**Transaction ID : VN8ECCHK325**

Amount of Each Receipt this Period

250.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Courtney Snowden**

Mailing Address 326 63rd St NE

City

Washington

State

DC

Zip Code

20019-2858

FEC ID number of contributing  
federal political committee.

C

Name of Employer

The Raben Group

Occupation

Lobbyist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.60

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	5		2	0	1	4

**Transaction ID : VN8ECBXZTS8**

Amount of Each Receipt this Period

201.60

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: PAGE 263 OF 539

(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

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NAME OF COMMITTEE (In Full)

Ready PAC

Full Name (Last, First, Middle Initial)

**A. Southwest Airlines**

Mailing Address 2702 Love Field Dr

City	State	Zip Code
Dallas	TX	75235-1908

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

964.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	7		2	0	1	4

Transaction ID : VN8ECC62CB9

Amount of Each Receipt this Period

964.00

Offset to Expenditure-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Southwest Airlines**

Mailing Address 2702 Love Field Dr

City	State	Zip Code
Dallas	TX	75235-1908

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2120.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	4		2	0	1	4

Transaction ID : VN8ECCFSNX8

Amount of Each Receipt this Period

578.00

Offset to Expenditure-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Southwest Airlines**

Mailing Address 2702 Love Field Dr

City	State	Zip Code
Dallas	TX	75235-1908

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2120.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	4		2	0	1	4

Transaction ID : VN8ECCFSNZ3

Amount of Each Receipt this Period

578.00

Offset to Expenditure-IE Only Account

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

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

2120.00

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

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

FOR LINE NUMBER: PAGE 264 OF 539

(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
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NAME OF COMMITTEE (In Full)

Ready PAC

Full Name (Last, First, Middle Initial)

**A. Shanin Specter**

Mailing Address 1525 Locust St  
 Fl 19

City	State	Zip Code
Philadelphia	PA	19102-3719

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kline &amp; Specter, P.C.

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	/	03	/	2014

Transaction ID : VN8ECC5EWX6

Amount of Each Receipt this Period

5000.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Marti Speranza**

Mailing Address 241 5th Ave  
 Ph

City	State	Zip Code
New York	NY	10016-8732

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Limelight Stage &amp; Studios

Occupation

Small Business 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
01	/	24	/	2014

Transaction ID : VN8ECC2Q6E5

Amount of Each Receipt this Period

201.60

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Barbaralee Spielvogel**

Mailing Address 720 Park Ave

City	State	Zip Code
New York	NY	10021-4954

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 ▼

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2014

Transaction ID : VN8ECCGPM65

Amount of Each Receipt this Period

5000.00

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: PAGE 265 OF 539

(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
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	--

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NAME OF COMMITTEE (In Full)

Ready PAC

Full Name (Last, First, Middle Initial)

**A. Nadine Spring**

Mailing Address 280 Tucker St

City

Safety Harbor

State

FL

Zip Code

34695-3154

FEC ID number of contributing  
federal political committee.

C

Name of Employer

City of Safety Harbor

Occupation

City Commissioner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	1			2	0	1	4		

Transaction ID : VN8ECCJMZZ3

Amount of Each Receipt this Period

250.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Nadine Spring**

Mailing Address 280 Tucker St

City

Safety Harbor

State

FL

Zip Code

34695-3154

FEC ID number of contributing  
federal political committee.

C

Name of Employer

City of Safety Harbor

Occupation

City Commissioner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	1			2	0	1	4		

Transaction ID : VN8ECCJN001

Amount of Each Receipt this Period

25.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Christine Springer**

Mailing Address 2912 Kandahar Ave

City

Las Vegas

State

NV

Zip Code

89154

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UNLV

Occupation

Professor/Director of Graduate Program

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
0	2			2	5			2	0	1	4		

Transaction ID : VN8ECCA0B86

Amount of Each Receipt this Period

50.00

Contribution-IE Only Account

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

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

325.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 266 OF 539

(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

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NAME OF COMMITTEE (In Full)

**Ready PAC**

Full Name (Last, First, Middle Initial)

**A. Christine Springer**

Mailing Address 2912 Kandahar Ave

City	State	Zip Code
Las Vegas	NV	89154

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UNLV

Occupation

Professor/Director of Graduate Program

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

95.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2014

**Transaction ID : VN8ECCAMX99**

Amount of Each Receipt this Period

45.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Christine Springer**

Mailing Address 2912 Kandahar Ave

City	State	Zip Code
Las Vegas	NV	89154

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UNLV

Occupation

Professor/Director of Graduate Program

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

145.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	04	/	2014

**Transaction ID : VN8ECCB2VZ0**

Amount of Each Receipt this Period

50.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Christine Springer**

Mailing Address 2912 Kandahar Ave

City	State	Zip Code
Las Vegas	NV	89154

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UNLV

Occupation

Professor/Director of Graduate Program

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

195.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	11	/	2014

**Transaction ID : VN8ECCC75Y7**

Amount of Each Receipt this Period

50.00

Contribution-IE Only Account

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

145.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 267 OF 539

(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
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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. Christine Springer**

Mailing Address 2912 Kandahar Ave

City	State	Zip Code
Las Vegas	NV	89154

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UNLV

Occupation

Professor/Director of Graduate Program

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	18	/	2014

**Transaction ID : VN8ECCER233**

Amount of Each Receipt this Period

50.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Christine Springer**

Mailing Address 2912 Kandahar Ave

City	State	Zip Code
Las Vegas	NV	89154

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UNLV

Occupation

Professor/Director of Graduate Program

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
03	/	25	/	2014

**Transaction ID : VN8ECCFEQC2**

Amount of Each Receipt this Period

50.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Bonnie S. Squires**

Mailing Address 11 Arthurs Round Table

City	State	Zip Code
Wynnewood	PA	19096-1202

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 ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	05	/	2014

**Transaction ID : VN8ECC6SGS9**

Amount of Each Receipt this Period

500.00

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 PageFOR LINE NUMBER: PAGE 268 OF 539  
(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**

Full Name (Last, First, Middle Initial)

**A. Mae Stadler**

Mailing Address 28 Bretano Way

City	State	Zip Code
Greenbrae	CA	94904

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	/	19	/	2014

**Transaction ID : VN8ECC25XE2**

Amount of Each Receipt this Period

100.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Mae Stadler**

Mailing Address 28 Bretano Way

City	State	Zip Code
Greenbrae	CA	94904

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
02	/	19	/	2014

**Transaction ID : VN8ECC98EX1**

Amount of Each Receipt this Period

100.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Mae Stadler**

Mailing Address 28 Bretano Way

City	State	Zip Code
Greenbrae	CA	94904

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
02	/	27	/	2014

**Transaction ID : VN8ECCAAMR1**

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 PageFOR LINE NUMBER: PAGE 269 OF 539  
(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
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NAME OF COMMITTEE (In Full)

**Ready PAC**

Full Name (Last, First, Middle Initial)

**A. Mae Stadler**

Mailing Address 28 Bretano Way

City	State	Zip Code
Greenbrae	CA	94904

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	/	D	D	/	Y	Y	Y	Y
0	3		1	9		2	0	1	4

**Transaction ID : VN8ECCER0C1**

Amount of Each Receipt this Period

100.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Mae Stadler**

Mailing Address 28 Bretano Way

City	State	Zip Code
Greenbrae	CA	94904

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	/	D	D	/	Y	Y	Y	Y
0	3		2	7		2	0	1	4

**Transaction ID : VN8ECCFSAX6**

Amount of Each Receipt this Period

100.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Eric Stanford**

Mailing Address 1352 W Hogan Dr

City	State	Zip Code
Cottonwood	AZ	86326-4410

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
0	2		2	8		2	0	1	4

**Transaction ID : VN8ECCAGJF3**

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: PAGE 270 OF 539

(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

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NAME OF COMMITTEE (In Full)

Ready PAC

Full Name (Last, First, Middle Initial)

A. Eric Stanford

Mailing Address 1352 W Hogan Dr

City

Cottonwood

State

AZ

Zip Code

86326-4410

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
0	3			0	7			2	0	1	4		

Transaction ID : VN8ECCBN0F6

Amount of Each Receipt this Period

100.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

B. Eric Stanford

Mailing Address 1352 W Hogan Dr

City

Cottonwood

State

AZ

Zip Code

86326-4410

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
0	3							2	0	1	4		

Transaction ID : VN8ECCDCJ72

Amount of Each Receipt this Period

100.00

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
0	1			0	6			2	0	1	4		

Transaction ID : VN8ECBVT399

Amount of Each Receipt this Period

100.00

Contribution-IE Only Account

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

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

300.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 271 OF 539  
(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

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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

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
02		06		2014

**Transaction ID : VN8ECC6R3Z1**

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

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		06		2014

**Transaction ID : VN8ECCBC0Q8**

Amount of Each Receipt this Period

100.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Neal Stauffer**

Mailing Address 4322 E 98th St

City	State	Zip Code
Tulsa	OK	74137-4825

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Stauffer &amp; Nathan, PC

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		07		2014

**Transaction ID : VN8ECCE3GJ7**

Amount of Each Receipt this Period

1000.00

Contribution-IE Only Account

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

1200.00

**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 PageFOR LINE NUMBER: PAGE 272 OF 539  
(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
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	--

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NAME OF COMMITTEE (In Full)

**Ready PAC**

Full Name (Last, First, Middle Initial)

**A. Mary Steeb**Mailing Address 411 W 46th Ter  
Apt 901

City	State	Zip Code
Kansas City	MO	64112-1437

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Heartland Food Products, Inc.Occupation  
Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.60

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
03			21			2014			

**Transaction ID : VN8ECCF1F16**

Amount of Each Receipt this Period

201.60

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Steve Stein**

Mailing Address 811 Bergen St

City	State	Zip Code
Philadelphia	PA	19111

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/AOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
01			01			2014			

**Transaction ID : VN8ECBV3459**

Amount of Each Receipt this Period

500.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Steve Stein**

Mailing Address 811 Bergen St

City	State	Zip Code
Philadelphia	PA	19111

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/AOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

502.20

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
01			06			2014			

**Transaction ID : VN8ECBVQFE0**

Amount of Each Receipt this Period

2.20

Contribution-IE Only Account

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

703.80



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

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

FOR LINE NUMBER: PAGE 273 OF 539

(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

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NAME OF COMMITTEE (In Full)

Ready PAC

Full Name (Last, First, Middle Initial)

**A. Steven Stogel**

Mailing Address 7777 Bonhomme Ave  
Ste 1210

City	State	Zip Code
Clayton	MO	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 ▼

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2014

Transaction ID : VN8ECCJJ7Q2

Amount of Each Receipt this Period

5000.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Linda J Stone**

Mailing Address 397 Jessing Trl

City	State	Zip Code
Columbus	OH	43235

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 ▼

50.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	06	/	2014

Transaction ID : VN8ECBVQB02

Amount of Each Receipt this Period

50.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Linda J Stone**

Mailing Address 397 Jessing Trl

City	State	Zip Code
Columbus	OH	43235

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 ▼

165.16

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	20	/	2014

Transaction ID : VN8ECC27SF9

Amount of Each Receipt this Period

115.16

Contribution-IE Only Account

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

5165.16

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 PageFOR LINE NUMBER: PAGE 274 OF 539  
(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

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NAME OF COMMITTEE (In Full)

**Ready PAC**

Full Name (Last, First, Middle Initial)

**A. Linda J Stone**

Mailing Address 397 Jessing Trl

City	State	Zip Code
Columbus	OH	43235

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 ▼

210.16

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	09	/	2014

**Transaction ID : VN8ECC6XEY8**

Amount of Each Receipt this Period

45.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Linda J Stone**

Mailing Address 397 Jessing Trl

City	State	Zip Code
Columbus	OH	43235

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 ▼

260.16

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	30	/	2014

**Transaction ID : VN8ECCGFGD6**

Amount of Each Receipt this Period

50.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Kristen Stoner**

Mailing Address 905 S 49th St

City	State	Zip Code
Philadelphia	PA	19143-3403

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Citizens for Hughes

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
02	/	19	/	2014

**Transaction ID : VN8ECC9ARP2**

Amount of Each Receipt this Period

201.60

Contribution-IE Only Account

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

296.60

**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 PageFOR LINE NUMBER: PAGE 275 OF 539  
(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
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NAME OF COMMITTEE (In Full)

**Ready PAC**

Full Name (Last, First, Middle Initial)

**A. Lauren Supina**

Mailing Address 5814 Nevada Ave NW

City  
WashingtonState  
DCZip Code  
20015-2548FEC ID number of contributing  
federal political committee.

C

Name of Employer

Women thrive worldwide

Occupation

SVP

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
0	1			2	6			2	0	1	4		

**Transaction ID : VN8ECC38509**

Amount of Each Receipt this Period

250.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Janet Swartzfager**Mailing Address 912 Independence Ave SE  
Lower UnitCity  
WashingtonState  
DCZip Code  
20003-3938FEC ID number of contributing  
federal political committee.

C

Name of Employer

Inova Children's Hospital

Occupation

Speech Language Pathologist

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
0	1			0	6			2	0	1	4		

**Transaction ID : VN8ECBW1AE9**

Amount of Each Receipt this Period

20.16

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Janet Swartzfager**Mailing Address 912 Independence Ave SE  
Lower UnitCity  
WashingtonState  
DCZip Code  
20003-3938FEC ID number of contributing  
federal political committee.

C

Name of Employer

Inova Children's Hospital

Occupation

Speech Language Pathologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

60.16

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			3	0			2	0	1	4		

**Transaction ID : VN8ECC3SMD8**

Amount of Each Receipt this Period

40.00

Contribution-IE Only Account

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

310.16

**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 PageFOR LINE NUMBER: PAGE 276 OF 539  
(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**

Full Name (Last, First, Middle Initial)

**A. Janet Swartzfager**

Mailing Address 912 Independence Ave SE

Lower Unit

City

Washington

State

DC

Zip Code

20003-3938

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Inova Children's Hospital

Occupation

Speech Language Pathologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

202.16

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 06 / 2014**Transaction ID : VN8ECC6QK60**

Amount of Each Receipt this Period

142.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Patrick Sweeney**

Mailing Address Saint Anthony Lane

City

Cleveland

State

OH

Zip Code

44111

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

Retired

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
01 / 10 / 2014**Transaction ID : VN8ECBWHQ2**

Amount of Each Receipt this Period

100.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Patrick Sweeney**

Mailing Address Saint Anthony Lane

City

Cleveland

State

OH

Zip Code

44111

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

Retired

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 10 / 2014**Transaction ID : VN8ECC70ZZ3**

Amount of Each Receipt this Period

100.00

Contribution-IE Only Account

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

342.00

**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 PageFOR LINE NUMBER: PAGE 277 OF 539  
(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
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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. Patrick Sweeney**

Mailing Address Saint Anthony Lane

City  
ClevelandState  
OHZip Code  
44111FEC 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			10			2014			

**Transaction ID : VN8ECCC2M52**

Amount of Each Receipt this Period

100.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Stewart Taggart**Mailing Address 4281 Express Ln  
Ste N4483

City

Sarasota

State

FL

Zip Code

34238-2602

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	/	D	D	/	Y	Y	Y	Y
01			13			2014			

**Transaction ID : VN8ECBXMqx7**

Amount of Each Receipt this Period

500.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Paul Talaska**

Mailing Address W9866 Roush Ln

City

Athelstane

State

WI

Zip Code

54104

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	/	D	D	/	Y	Y	Y	Y
01			26			2014			

**Transaction ID : VN8ECC38101**

Amount of Each Receipt this Period

2500.00

Contribution-IE Only Account

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

3100.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 278 OF 539

(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
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NAME OF COMMITTEE (In Full)

**Ready PAC**

Full Name (Last, First, Middle Initial)

**A. Jika Tan**Mailing Address 250 W 94th St  
3H

City	State	Zip Code
New York	NY	10025

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 ▼

1020.16

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1				2	5				2	0	1	4

**Transaction ID : VN8ECC37PC1**

Amount of Each Receipt this Period

20.16

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Jika Tan**Mailing Address 250 W 94th St  
3H

City	State	Zip Code
New York	NY	10025

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 ▼

1020.16

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1				2	5				2	0	1	4

**Transaction ID : VN8ECC37Q33**

Amount of Each Receipt this Period

1000.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Kathy Taylor**

Mailing Address 1124 S Lewis Ave

City	State	Zip Code
Tulsa	OK	74104-3906

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Lobeck Taylor

Occupation

Lawyer

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
0	3				0	7				2	0	1	4

**Transaction ID : VN8ECCE3HY3**

Amount of Each Receipt this Period

5000.00

Contribution-IE Only Account

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

6020.16

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 279 OF 539

(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
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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. Kathy Taylor**

Mailing Address 1124 S Lewis Ave

City

Tulsa

State

OK

Zip Code

74104-3906

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Lobeck Taylor

Occupation

Lawyer

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

5020.16

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
03			18			2014			

**Transaction ID : VN8ECCE7NS4**

Amount of Each Receipt this Period

20.16

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Kimberly Templeton**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 &amp; Sisson

Occupation

Legal Recruiter

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
01			17			2014			

**Transaction ID : VN8ECC2QKR2**

Amount of Each Receipt this Period

600.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Frank Tepper**

Mailing Address 2420 Marlene Way

City

Henderson

State

NV

Zip Code

89014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Neurofeedback Training

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

20.16

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
01			07			2014			

**Transaction ID : VN8ECBWCAN1**

Amount of Each Receipt this Period

20.16

Contribution-IE Only Account

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

640.32

**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 280 OF 539

(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

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NAME OF COMMITTEE (In Full)

Ready PAC

Full Name (Last, First, Middle Initial)

**A. Frank Tepper**

Mailing Address 2420 Marlene Way

City	State	Zip Code
Henderson	NV	89014

FEC ID number of contributing federal political committee.

C

Name of Employer

Self

Occupation

Neurofeedback Training

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.16

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	22	/	2014

Transaction ID : VN8ECC2JKX2

Amount of Each Receipt this Period

210.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Julianne Thomas**

Mailing Address 4749 Mount Vernon Rd SE

City	State	Zip Code
Cedar Rapids	IA	52403-3941

FEC ID number of contributing federal political committee.

C

Name of Employer

Self

Occupation

Doctor

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	/	31	/	2014

Transaction ID : VN8ECCJXBB4

Amount of Each Receipt this Period

1000.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Mary Kay Thomas**

Mailing Address 702 Scott St

City	State	Zip Code
Marshall	MN	56258-3124

FEC ID number of contributing federal political committee.

C

Name of Employer

Marshall Public Schools

Occupation

Educator

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	/	06	/	2014

Transaction ID : VN8ECC6S526

Amount of Each Receipt this Period

2500.00

Contribution-IE Only Account

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

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

3710.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 281 OF 539

(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
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NAME OF COMMITTEE (In Full)

**Ready PAC**

Full Name (Last, First, Middle Initial)

**A. Michael Thomas**

Mailing Address 104 Laurel Dr

City	State	Zip Code
Carmel Valley	CA	93924-9529

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Monterey Institute for Social ArchitecOccupation  
Founder and Senior Partner

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	/	12	/	2014

**Transaction ID : VN8ECBX34Z8**

Amount of Each Receipt this Period

100.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Michael Thomas**

Mailing Address 104 Laurel Dr

City	State	Zip Code
Carmel Valley	CA	93924-9529

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Monterey Institute for Social ArchitecOccupation  
Founder and Senior Partner

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	/	24	/	2014

**Transaction ID : VN8ECC2RHW8**

Amount of Each Receipt this Period

100.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Michael Thomas**

Mailing Address 104 Laurel Dr

City	State	Zip Code
Carmel Valley	CA	93924-9529

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Monterey Institute for Social ArchitecOccupation  
Founder and Senior Partner

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	/	12	/	2014

**Transaction ID : VN8ECC7VN17**

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 PageFOR LINE NUMBER: PAGE 282 OF 539  
(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
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NAME OF COMMITTEE (In Full)

**Ready PAC**

Full Name (Last, First, Middle Initial)

**A. Michael Thomas**

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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
03			12			2014			

**Transaction ID : VN8ECCDDQ7**

Amount of Each Receipt this Period

100.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Michelle Thomas**Mailing Address 301 S 1200 E  
Unit 107

City

Saint George

State

UT

Zip Code

84790-2015

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

University admin.

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
03			31			2014			

**Transaction ID : VN8ECCH2915**

Amount of Each Receipt this Period

250.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Herbert Thomason Jr Jr**

Mailing Address 15 Clover Ln

City

Garfield

State

NJ

Zip Code

07026-3556

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ports Of America

Occupation

Longshoreman

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
01			07			2014			

**Transaction ID : VN8ECBW49F8**

Amount of Each Receipt this Period

50.00

Contribution-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: PAGE 283 OF 539

(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

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NAME OF COMMITTEE (In Full)

Ready PAC

Full Name (Last, First, Middle Initial)

A. Herbert Thomason Jr Jr

Mailing Address 15 Clover Ln

City

Garfield

State

NJ

Zip Code

07026-3556

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ports Of America

Occupation

Longshoreman

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	4		2	0	1	4

Transaction ID : VN8ECBXQDP5

Amount of Each Receipt this Period

50.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

B. Herbert Thomason Jr Jr

Mailing Address 15 Clover Ln

City

Garfield

State

NJ

Zip Code

07026-3556

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ports Of America

Occupation

Longshoreman

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

150.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	1		2	0	1	4

Transaction ID : VN8ECC2C1N4

Amount of Each Receipt this Period

50.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

C. Herbert Thomason Jr Jr

Mailing Address 15 Clover Ln

City

Garfield

State

NJ

Zip Code

07026-3556

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ports Of America

Occupation

Longshoreman

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	8		2	0	1	4

Transaction ID : VN8ECC3E0H9

Amount of Each Receipt this Period

50.00

Contribution-IE Only Account

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

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

150.00

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

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

FOR LINE NUMBER: PAGE 284 OF 539

(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
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NAME OF COMMITTEE (In Full)

Ready PAC

Full Name (Last, First, Middle Initial)

A. Herbert Thomason Jr Jr

Mailing Address 15 Clover Ln

City

Garfield

State

NJ

Zip Code

07026-3556

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ports Of America

Occupation

Longshoreman

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
0	2			0	4			2	0	1	4		

Transaction ID : VN8ECC60NH8

Amount of Each Receipt this Period

50.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

B. Herbert Thomason Jr Jr

Mailing Address 15 Clover Ln

City

Garfield

State

NJ

Zip Code

07026-3556

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ports Of America

Occupation

Longshoreman

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
0	2				1	1		2	0	1	4		

Transaction ID : VN8ECC79WQ5

Amount of Each Receipt this Period

50.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

C. Herbert Thomason Jr Jr

Mailing Address 15 Clover Ln

City

Garfield

State

NJ

Zip Code

07026-3556

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ports Of America

Occupation

Longshoreman

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
0	2				1	8		2	0	1	4		

Transaction ID : VN8ECC8SN56

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: PAGE 285 OF 539

(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
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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. Herbert Thomason Jr Jr**

Mailing Address 15 Clover Ln

City

Garfield

State

NJ

Zip Code

07026-3556

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ports Of America

Occupation

Longshoreman

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
0	2				2	5			2	0	1	4	

Transaction ID : VN8ECCA0ZH8

Amount of Each Receipt this Period

50.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Herbert Thomason Jr Jr**

Mailing Address 15 Clover Ln

City

Garfield

State

NJ

Zip Code

07026-3556

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ports Of America

Occupation

Longshoreman

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3				0	4			2	0	1	4	

Transaction ID : VN8ECCB4H59

Amount of Each Receipt this Period

50.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Herbert Thomason Jr Jr**

Mailing Address 15 Clover Ln

City

Garfield

State

NJ

Zip Code

07026-3556

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ports Of America

Occupation

Longshoreman

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
0	3				1	1			2	0	1	4	

Transaction ID : VN8ECCCA154

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 PageFOR LINE NUMBER: PAGE 286 OF 539  
(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

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NAME OF COMMITTEE (In Full)

**Ready PAC**

Full Name (Last, First, Middle Initial)

**A. Herbert Thomason Jr Jr**

Mailing Address 15 Clover Ln

City

Garfield

State

NJ

Zip Code

07026-3556

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ports Of America

Occupation

Longshoreman

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	8		2	0	1	4

**Transaction ID : VN8ECCER2A9**

Amount of Each Receipt this Period

50.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Herbert Thomason Jr Jr**

Mailing Address 15 Clover Ln

City

Garfield

State

NJ

Zip Code

07026-3556

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ports Of America

Occupation

Longshoreman

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	5		2	0	1	4

**Transaction ID : VN8ECCFESD6**

Amount of Each Receipt this Period

50.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Ken Tipton**Mailing Address 10061 Riverside Dr  
# 324

City

Toluca Lake

State

CA

Zip Code

91602-2560

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Doody Calls

Occupation

Owner

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	8		2	0	1	4

**Transaction ID : VN8ECC3EC50**

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: PAGE 287 OF 539

(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

Full Name (Last, First, Middle Initial)

**A. Ken Tipton**

Mailing Address 10061 Riverside Dr  
# 324

City	State	Zip Code
Toluca Lake	CA	91602-2560

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Doody Calls

Occupation

Owner

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
02	/	28	/	2014

Transaction ID : VN8ECCAGK23

Amount of Each Receipt this Period

100.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Ken Tipton**

Mailing Address 10061 Riverside Dr  
# 324

City	State	Zip Code
Toluca Lake	CA	91602-2560

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Doody Calls

Occupation

Owner

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	/	28	/	2014

Transaction ID : VN8ECCG6E58

Amount of Each Receipt this Period

100.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Jane Gray Todd**

Mailing Address 8217 Easy St

City	State	Zip Code
Sherwood	AR	72120-9319

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Myself

Occupation

retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	08	/	2014

Transaction ID : VN8ECBWDTM4

Amount of Each Receipt this Period

10.00

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: PAGE 288 OF 539  
(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. Jane Gray Todd**

Mailing Address 8217 Easy St

City  
Sherwood

State Zip Code  
AR 72120-9319

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Myself

Occupation  
retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30.16

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 24 / 2014

**Transaction ID : VN8ECC34S17**

Amount of Each Receipt this Period

20.16

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Jane Gray Todd**

Mailing Address 8217 Easy St

City  
Sherwood

State Zip Code  
AR 72120-9319

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Myself

Occupation  
retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

75.16

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 25 / 2014

**Transaction ID : VN8ECC34VC9**

Amount of Each Receipt this Period

45.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Jane Gray Todd**

Mailing Address 8217 Easy St

City  
Sherwood

State Zip Code  
AR 72120-9319

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Myself

Occupation  
retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.32

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 10 / 2014

**Transaction ID : VN8ECC72PG2**

Amount of Each Receipt this Period

20.16

Contribution-IE Only Account

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

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

85.32



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 289 OF 539

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17
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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. Jane Gray Todd**

Mailing Address 8217 Easy St

City  
SherwoodState  
ARZip Code  
72120-9319FEC ID number of contributing  
federal political committee.

C

Name of Employer

Myself

Occupation  
retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.32

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	0		2	0	1	4		

**Transaction ID : VN8ECC72PR6**

Amount of Each Receipt this Period

250.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Annie Totah**

Mailing Address 11500 Highland Farm Rd

City  
PotomacState  
MDZip Code  
20854FEC ID number of contributing  
federal political committee.

C

Name of Employer

Armen PAC

Occupation

Community Leader/Activist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	4		2	0	1	4		

**Transaction ID : VN8ECC8CMN7**

Amount of Each Receipt this Period

1000.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Miklos Toth**Mailing Address 45 E 89th St  
Apt 15FCity  
New YorkState  
NYZip Code  
10128FEC 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	/	Y	Y	Y	Y	Y	Y
0	1			2	0		2	0	1	4		

**Transaction ID : VN8ECC278C0**

Amount of Each Receipt this Period

100.00

Contribution-IE Only Account

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

1350.00

**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 290 OF 539

(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

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NAME OF COMMITTEE (In Full)

Ready PAC

Full Name (Last, First, Middle Initial)

**A. Miklos Toth**

Mailing Address 45 E 89th St  
Apt 15F

City State Zip Code  
New York NY 10128

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 Y Y  
02 / 20 / 2014

Transaction ID : VN8ECC9BCH6

Amount of Each Receipt this Period

100.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Miklos Toth**

Mailing Address 45 E 89th St  
Apt 15F

City State Zip Code  
New York NY 10128

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 Y Y  
03 / 20 / 2014

Transaction ID : VN8ECCER8V5

Amount of Each Receipt this Period

100.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Denise Trager**

Mailing Address 9273 River Shores Ln

City State Zip Code  
Jacksonville FL 32257-4912

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 / D D / Y Y Y Y Y Y  
03 / 31 / 2014

Transaction ID : VN8ECCH8176

Amount of Each Receipt this Period

1000.00

Contribution-IE Only Account

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

1200.00

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 PageFOR LINE NUMBER: PAGE 291 OF 539  
(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
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	--

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NAME OF COMMITTEE (In Full)

**Ready PAC**

Full Name (Last, First, Middle Initial)

**A. Susan Trees**Mailing Address 2900 K St NW  
Apt 606

City	State	Zip Code
Washington	DC	20007-5149

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Public relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	05	/	2014

**Transaction ID : VN8ECBVNX44**

Amount of Each Receipt this Period

500.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Clark Trim**

Mailing Address 1700 Winslow Dr

City	State	Zip Code
Little Rock	AR	72207

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Colonial Wines &amp; Spirits

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02	/	08	/	2014

**Transaction ID : VN8ECC6WC40**

Amount of Each Receipt this Period

500.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Olivia Truhlar**

Mailing Address 28320 Ella Rd

City	State	Zip Code
Rancho Palos Verdes	CA	90275-3219

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Truhlar Jones Enterprises, Inc

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	07	/	2014

**Transaction ID : VN8ECBWCKR3**

Amount of Each Receipt this Period

100.00

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 PageFOR LINE NUMBER: PAGE 292 OF 539  
(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

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NAME OF COMMITTEE (In Full)

**Ready PAC**

Full Name (Last, First, Middle Initial)

**A. Olivia Truhlar**

Mailing Address 28320 Ella Rd

City	State	Zip Code
Rancho Palos Verdes	CA	90275-3219

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Truhlar Jones Enterprises, Inc

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	7		2	0	1	4

**Transaction ID : VN8ECC6SDM3**

Amount of Each Receipt this Period

100.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Olivia Truhlar**

Mailing Address 28320 Ella Rd

City	State	Zip Code
Rancho Palos Verdes	CA	90275-3219

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Truhlar Jones Enterprises, Inc

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2			2		2	0	1	4

**Transaction ID : VN8ECCAA4V0**

Amount of Each Receipt this Period

50.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Olivia Truhlar**

Mailing Address 28320 Ella Rd

City	State	Zip Code
Rancho Palos Verdes	CA	90275-3219

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Truhlar Jones Enterprises, Inc

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	7		2	0	1	4

**Transaction ID : VN8ECCBMZX4**

Amount of Each Receipt this Period

100.00

Contribution-IE Only Account

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

250.00

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

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

FOR LINE NUMBER: PAGE 293 OF 539

(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

Full Name (Last, First, Middle Initial)

**A. Olivia Truhlar**

Mailing Address 28320 Ella Rd

City	State	Zip Code
Rancho Palos Verdes	CA	90275-3219

FEC ID number of contributing federal political committee.

C

Name of Employer

Truhlar Jones Enterprises, Inc

Occupation

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	/	27	/	2014

Transaction ID : VN8ECCFRH88

Amount of Each Receipt this Period

50.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Carol L. Tucker-Foreman**Mailing Address 5600 Wisconsin Ave  
Apt 502

City	State	Zip Code
Chevy Chase	MD	20815

FEC ID number of contributing federal political committee.

C

Name of Employer

Consumer Federation of America

Occupation

Consumer Advocate

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	/	2014

Transaction ID : VN8ECCH30R7

Amount of Each Receipt this Period

500.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Linda Tyler**

Mailing Address 40 Richland Hills Dr

City	State	Zip Code
Conway	AR	72034-9673

FEC ID number of contributing federal political committee.

C

Name of Employer

Waypoint Data Solutions

Occupation

Executive

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	/	11	/	2014

Transaction ID : VN8ECBX2N10

Amount of Each Receipt this Period

20.16

Contribution-IE Only Account

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

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

570.16

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

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

FOR LINE NUMBER: PAGE 294 OF 539

(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
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NAME OF COMMITTEE (In Full)

Ready PAC

Full Name (Last, First, Middle Initial)

A. Linda Tyler

Mailing Address 40 Richland Hills Dr

City

Conway

State

AR

Zip Code

72034-9673

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Waypoint Data Solutions

Occupation

Executive

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

220.16

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	7			2	0	1	4		

Transaction ID : VN8ECCA9S60

Amount of Each Receipt this Period

100.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

B. Linda Tyler

Mailing Address 40 Richland Hills Dr

City

Conway

State

AR

Zip Code

72034-9673

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Waypoint Data Solutions

Occupation

Executive

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

220.16

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	7			2	0	1	4		

Transaction ID : VN8ECCAABP4

Amount of Each Receipt this Period

100.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

C. Laura Tyson

Mailing Address 2015 Los Angeles Ave

City

Berkeley

State

CA

Zip Code

94707-2428

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UC Berkeley

Occupation

Professor

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			3	1			2	0	1	4		

Transaction ID : VN8ECCJX8B8

Amount of Each Receipt this Period

500.00

Contribution-IE Only Account

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

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

700.00

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

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

FOR LINE NUMBER: PAGE 295 OF 539

(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. Margery Ann Ufberg**

Mailing Address 477 Primrose Dr

City State Zip Code  
 Upper Gwynedd PA 19446-7603

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

N/A

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 / 05 / 2014

**Transaction ID : VN8ECC6SGV5**

Amount of Each Receipt this Period

1000.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

## **B. Peter Umhofer**

Mailing Address 5031 Alta Vista Rd

City State Zip Code  
 Bethesda MD 20814-5735

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

e2 strategies

consultant

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 / 29 / 2014

**Transaction ID : VN8ECC3GWW6**

Amount of Each Receipt this Period

500.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

## **C. Unitemized Receipts for Line 17**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

813161.55

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : VN8ECCQWX33**

Amount of Each Receipt this Period

813161.55

**[MEMO ITEM]**

\* IE Account Only

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

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

1500.00

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

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

FOR LINE NUMBER: PAGE 296 OF 539

(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

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NAME OF COMMITTEE (In Full)

Ready PAC

Full Name (Last, First, Middle Initial)

A. Martha Utz

Mailing Address 1118 Allston Ct

City	State	Zip Code
San Jose	CA	95120

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	/	28	/	2014

Transaction ID : VN8ECC3EQJ5

Amount of Each Receipt this Period

50.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

B. Martha Utz

Mailing Address 1118 Allston Ct

City	State	Zip Code
San Jose	CA	95120

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 ▼

70.16

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	22	/	2014

Transaction ID : VN8ECC9PJQ0

Amount of Each Receipt this Period

20.16

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

C. Martha Utz

Mailing Address 1118 Allston Ct

City	State	Zip Code
San Jose	CA	95120

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 ▼

120.16

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2014

Transaction ID : VN8ECCAJP2

Amount of Each Receipt this Period

50.00

Contribution-IE Only Account

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

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

120.16



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 297 OF 539  
(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

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NAME OF COMMITTEE (In Full)

Ready PAC

Full Name (Last, First, Middle Initial)

**A. Martha Utz**

Mailing Address 1118 Allston Ct

City	State	Zip Code
San Jose	CA	95120

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 ▼

200.16

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	02	/	2014

Transaction ID : VN8ECCAWHT3

Amount of Each Receipt this Period

30.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Martha Utz**

Mailing Address 1118 Allston Ct

City	State	Zip Code
San Jose	CA	95120

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 ▼

200.16

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	02	/	2014

Transaction ID : VN8ECCAWJD3

Amount of Each Receipt this Period

50.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Martha Utz**

Mailing Address 1118 Allston Ct

City	State	Zip Code
San Jose	CA	95120

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 ▼

250.16

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	28	/	2014

Transaction ID : VN8ECCG5HN2

Amount of Each Receipt this Period

50.00

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 PageFOR LINE NUMBER: PAGE 298 OF 539  
(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
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	--

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NAME OF COMMITTEE (In Full)

**Ready PAC**

Full Name (Last, First, Middle Initial)

**A. 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

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2							1	0			

**Transaction ID : VN8ECC8MW86**

Amount of Each Receipt this Period

5000.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Valley Realty Holdings LTD**

Mailing Address 1177 6th St

City

Whitehall

State

PA

Zip Code

18052-5212

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	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2							0	5			

**Transaction ID : VN8ECC6SJF4**

Amount of Each Receipt this Period

1500.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Eileen Vass**

Mailing Address 124 Rose Ln

City

Haverford

State

PA

Zip Code

19041-1604

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	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2							2	3			

**Transaction ID : VN8ECC9Q142**

Amount of Each Receipt this Period

500.00

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: PAGE 299 OF 539

(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. Beverly Villines**

Mailing Address 38 Sherrill Rd

City  
Little Rock

State  
AR

Zip Code  
72202-1516

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 / D D / Y Y Y Y Y  
02 / 24 / 2014

**Transaction ID : VN8ECC9R7E1**

Amount of Each Receipt this Period

500.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

## **B. Jose Villoni**

Mailing Address 84 NW 104th St

City  
Miami Shores

State  
FL

Zip Code  
33150-1238

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Draper Maker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 17 / 2014

**Transaction ID : VN8ECCE2X79**

Amount of Each Receipt this Period

100.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

## **C. Jose Villoni**

Mailing Address 84 NW 104th St

City  
Miami Shores

State  
FL

Zip Code  
33150-1238

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Draper Maker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 17 / 2014

**Transaction ID : VN8ECCE35G7**

Amount of Each Receipt this Period

140.00

Contribution-IE Only Account

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

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

740.00

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

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

FOR LINE NUMBER: PAGE 300 OF 539

(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

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NAME OF COMMITTEE (In Full)

Ready PAC

Full Name (Last, First, Middle Initial)

**A. Darlene Voltin**

Mailing Address 18701 Stratford Rd  
Apt 122

City State Zip Code  
Minnetonka MN 55345

FEC ID number of contributing  
federal political committee.

C

Name of Employer

FMCS

Occupation

Mediator

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  
02 / 05 / 2014

Transaction ID : VN8ECC66260

Amount of Each Receipt this Period

110.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Darlene Voltin**

Mailing Address 18701 Stratford Rd  
Apt 122

City State Zip Code  
Minnetonka MN 55345

FEC ID number of contributing  
federal political committee.

C

Name of Employer

FMCS

Occupation

Mediator

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  
02 / 05 / 2014

Transaction ID : VN8ECC662J4

Amount of Each Receipt this Period

100.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Darlene Voltin**

Mailing Address 18701 Stratford Rd  
Apt 122

City State Zip Code  
Minnetonka MN 55345

FEC ID number of contributing  
federal political committee.

C

Name of Employer

FMCS

Occupation

Mediator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 30 / 2014

Transaction ID : VN8ECCGFP3

Amount of Each Receipt this Period

45.00

Contribution-IE Only Account

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

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

255.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 301 OF 539

(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
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	--

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NAME OF COMMITTEE (In Full)

**Ready PAC**

Full Name (Last, First, Middle Initial)

**A. Judith M. Von Seldeneck**Mailing Address 2005 Market St  
Ste 3300

City	State	Zip Code
Philadelphia	PA	19103-7041

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Diversified Search

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
02			05			2014			

**Transaction ID : VN8ECC6SJ15**

Amount of Each Receipt this Period

1000.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. George Vos**

Mailing Address 71 Gurley Rd

City	State	Zip Code
Stamford	CT	06902-7841

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

M	M	/	D	D	/	Y	Y	Y	Y
01			30			2014			

**Transaction ID : VN8ECC663T0**

Amount of Each Receipt this Period

500.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Patricia Vrabel**

Mailing Address 809 Sligo Creek Pkwy

City	State	Zip Code
Takoma Park	MD	20912-5807

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

William H Sadler, Inc

Educational Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

60.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
02			01			2014			

**Transaction ID : VN8ECC3YKP4**

Amount of Each Receipt this Period

25.00

Contribution-IE Only Account

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

1525.00

**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 302 OF 539

(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

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NAME OF COMMITTEE (In Full)

**Ready PAC**

Full Name (Last, First, Middle Initial)

**A. Patricia Vrabel**

Mailing Address 809 Sligo Creek Pkwy

City  
Takoma ParkState Zip Code  
MD 20912-5807FEC ID number of contributing  
federal political committee.

C

Name of Employer  
William H Sadler, IncOccupation  
Educational Consultant

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	/	01	/	2014

**Transaction ID : VN8ECC3YKT6**

Amount of Each Receipt this Period

35.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Patricia Vrabel**

Mailing Address 809 Sligo Creek Pkwy

City  
Takoma ParkState Zip Code  
MD 20912-5807FEC ID number of contributing  
federal political committee.

C

Name of Employer  
William H Sadler, IncOccupation  
Educational Consultant

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
03	/	01	/	2014

**Transaction ID : VN8ECCAPHM8**

Amount of Each Receipt this Period

25.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Patricia Vrabel**

Mailing Address 809 Sligo Creek Pkwy

City  
Takoma ParkState Zip Code  
MD 20912-5807FEC ID number of contributing  
federal political committee.

C

Name of Employer  
William H Sadler, IncOccupation  
Educational Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

234.48

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	28	/	2014

**Transaction ID : VN8ECCG98X7**

Amount of Each Receipt this Period

109.16

Contribution-IE Only Account

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

169.16

**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 PageFOR LINE NUMBER: PAGE 303 OF 539  
(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
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NAME OF COMMITTEE (In Full)

**Ready PAC**

Full Name (Last, First, Middle Initial)

**A. Patricia Vrabel**

Mailing Address 809 Sligo Creek Pkwy

City

Takoma Park

State

MD

Zip Code

20912-5807

FEC ID number of contributing  
federal political committee.

C

Name of Employer

William H Sadlier, Inc

Occupation

Educational Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

234.48

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			2	8			2	0	1	4		

**Transaction ID : VN8ECCG98Y5**

Amount of Each Receipt this Period

20.16

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Patricia Vrabel**

Mailing Address 809 Sligo Creek Pkwy

City

Takoma Park

State

MD

Zip Code

20912-5807

FEC ID number of contributing  
federal political committee.

C

Name of Employer

William H Sadlier, Inc

Occupation

Educational Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

234.48

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			2	8			2	0	1	4		

**Transaction ID : VN8ECCG98Z3**

Amount of Each Receipt this Period

20.16

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Sandra G. Wagenfeld**

Mailing Address 2 Judy Point Ln

City

Westport

State

CT

Zip Code

06880-6419

FEC ID number of contributing  
federal political committee.

C

Name of Employer

President - JPL

Occupation

CEO

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
0	3			3	1			2	0	1	4		

**Transaction ID : VN8ECCJGVM5**

Amount of Each Receipt this Period

25000.00

Contribution-IE Only Account

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

25040.32

**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 PageFOR LINE NUMBER: PAGE 304 OF 539  
(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

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NAME OF COMMITTEE (In Full)

**Ready PAC**

Full Name (Last, First, Middle Initial)

**A. Deborah Wahl**

Mailing Address 1736 Pierce St

City  
BirminghamState Zip Code  
MI 48009-2056FEC ID number of contributing  
federal political committee.

C

Name of Employer

McDonalds

Occupation

Marketing

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	/	14	/	2014

**Transaction ID : VN8ECCDF3X9**

Amount of Each Receipt this Period

500.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Jonathan Walker**Mailing Address 541 W Capitol Expy  
PMB 346City  
San JoseState Zip Code  
CA 95136FEC ID number of contributing  
federal political committee.

C

Name of Employer

Reliable Movers

Occupation

Fleet Service Manager

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
03	/	29	/	2014

**Transaction ID : VN8ECCGCJ61**

Amount of Each Receipt this Period

403.20

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Robert S. Walker**

Mailing Address 423 Lake St

City  
ExcelsiorState Zip Code  
MN 55331-1901FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cargill Power

Occupation

Energy Developer

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	/	10	/	2014

**Transaction ID : VN8ECC8MW52**

Amount of Each Receipt this Period

500.00

Contribution-IE Only Account

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

1403.20



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 305 OF 539

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input 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. Susan Wallace**

Mailing Address 1005 Downing St

City  
BentonState  
ARZip Code  
72019-2392FEC ID number of contributing  
federal political committee.

C

Name of Employer

self employed

Occupation

Registered Nurse

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
0	2			1	1			2	0	1	4		

**Transaction ID : VN8ECC7C1J1**

Amount of Each Receipt this Period

1000.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Theresa Walls**

Mailing Address 630 Apple Rd

City  
LancasterState  
PAZip Code  
17601-3402FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wellspan ephrata community. Hosp

Occupation

Physician

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
0	1			0	5			2	0	1	4		

**Transaction ID : VN8ECBVPWR8**

Amount of Each Receipt this Period

100.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Theresa Walls**

Mailing Address 630 Apple Rd

City  
LancasterState  
PAZip Code  
17601-3402FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wellspan ephrata community. Hosp

Occupation

Physician

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
0	2			0	5			2	0	1	4		

**Transaction ID : VN8ECC65NW6**

Amount of Each Receipt this Period

100.00

Contribution-IE Only Account

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

1200.00

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

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

FOR LINE NUMBER: PAGE 306 OF 539  
(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. Theresa Walls**

Mailing Address 630 Apple Rd

City

Lancaster

State

PA

Zip Code

17601-3402

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wellspring ephrata community. Hosp

Occupation

Physician

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  
03 / 05 / 2014

**Transaction ID : VN8ECCB80S1**

Amount of Each Receipt this Period

100.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Angela Watmore**

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

M M / D D / Y Y Y Y Y Y  
01 / 25 / 2014

**Transaction ID : VN8ECC34V20**

Amount of Each Receipt this Period

100.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Angela Watmore**

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

M M / D D / Y Y Y Y Y Y  
02 / 25 / 2014

**Transaction ID : VN8ECCA0WF6**

Amount of Each Receipt this Period

100.00

Contribution-IE Only Account

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

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

300.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 307 OF 539  
(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
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NAME OF COMMITTEE (In Full)

**Ready PAC**

Full Name (Last, First, Middle Initial)

**A. Angela Watmore**

Mailing Address 4705 Upland Dr

City	State	Zip Code
Alexandria	VA	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 ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	3		2	5		2	0	1	4		

**Transaction ID : VN8ECCFERT6**

Amount of Each Receipt this Period

100.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Lissa Watson**

Mailing Address 341 Intervale Rd

City	State	Zip Code
Canterbury	NH	03224

FEC ID number of contributing  
federal political committee.

C

Name of Employer

IBM

Occupation

global manager

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
0	1		0	8		2	0	1	4		

**Transaction ID : VN8ECBWE5C5**

Amount of Each Receipt this Period

20.16

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Lissa Watson**

Mailing Address 341 Intervale Rd

City	State	Zip Code
Canterbury	NH	03224

FEC ID number of contributing  
federal political committee.

C

Name of Employer

IBM

Occupation

global manager

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
0	1		2	1		2	0	1	4		

**Transaction ID : VN8ECC2C0F4**

Amount of Each Receipt this Period

20.16

Contribution-IE Only Account

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

140.32

**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 308 OF 539

(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
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NAME OF COMMITTEE (In Full)

**Ready PAC**

Full Name (Last, First, Middle Initial)

**A. Lissa Watson**

Mailing Address 341 Intervale Rd

City	State	Zip Code
Canterbury	NH	03224

FEC ID number of contributing  
federal political committee.

C

Name of Employer

IBM

Occupation

global manager

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
0	2			0	8			2	0	1	4		

**Transaction ID : VN8ECC6W9B0**

Amount of Each Receipt this Period

20.16

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Lissa Watson**

Mailing Address 341 Intervale Rd

City	State	Zip Code
Canterbury	NH	03224

FEC ID number of contributing  
federal political committee.

C

Name of Employer

IBM

Occupation

global manager

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
0	2							2	0	1	4		

**Transaction ID : VN8ECC9GWC7**

Amount of Each Receipt this Period

20.16

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Lissa Watson**

Mailing Address 341 Intervale Rd

City	State	Zip Code
Canterbury	NH	03224

FEC ID number of contributing  
federal political committee.

C

Name of Employer

IBM

Occupation

global manager

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
0	3			0	8			2	0	1	4		

**Transaction ID : VN8ECCBY260**

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: PAGE 309 OF 539

(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

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NAME OF COMMITTEE (In Full)

Ready PAC

Full Name (Last, First, Middle Initial)

A. Lissa Watson

Mailing Address 341 Intervale Rd

City  
Canterbury

State  
NH

Zip Code  
03224

FEC ID number of contributing  
federal political committee.

C

Name of Employer

IBM

Occupation

global manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

190.80

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 17 / 2014

Transaction ID : VN8ECCE4XF8

Amount of Each Receipt this Period

90.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

B. Lissa Watson

Mailing Address 341 Intervale Rd

City  
Canterbury

State  
NH

Zip Code  
03224

FEC ID number of contributing  
federal political committee.

C

Name of Employer

IBM

Occupation

global manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.96

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 21 / 2014

Transaction ID : VN8ECCF5W31

Amount of Each Receipt this Period

20.16

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

C. Hazel Watts

Mailing Address 492 Mill River Ln

City  
San Jose

State  
CA

Zip Code  
95134-2421

FEC ID number of contributing  
federal political committee.

C

Name of Employer

El Camino Hospital

Occupation

Nurse

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 / 30 / 2014

Transaction ID : VN8ECC3PHG0

Amount of Each Receipt this Period

100.00

Contribution-IE Only Account

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

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

210.16

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 310 OF 539  
(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
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NAME OF COMMITTEE (In Full)

**Ready PAC**

Full Name (Last, First, Middle Initial)

**A. Hazel Watts**

Mailing Address 492 Mill River Ln

City

San Jose

State

CA

Zip Code

95134-2421

FEC ID number of contributing  
federal political committee.

C

Name of Employer

El Camino Hospital

Occupation

Nurse

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 28 / 2014**Transaction ID : VN8ECCAGG93**

Amount of Each Receipt this Period

100.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Hazel Watts**

Mailing Address 492 Mill River Ln

City

San Jose

State

CA

Zip Code

95134-2421

FEC ID number of contributing  
federal political committee.

C

Name of Employer

El Camino Hospital

Occupation

Nurse

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 28 / 2014**Transaction ID : VN8ECCG6DY3**

Amount of Each Receipt this Period

100.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Kathy Webb**

Mailing Address 14 Pilot Point Pl

City

Little Rock

State

AR

Zip Code

72205-2856

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AR Hunger Relief Alliance

Occupation

Executive Director

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.32

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 10 / 2014**Transaction ID : VN8ECC75KD6**

Amount of Each Receipt this Period

20.16

Contribution-IE Only Account

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

220.16

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 311 OF 539

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17
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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. Kathy Webb**

Mailing Address 14 Pilot Point Pl

City  
Little RockState  
ARZip Code  
72205-2856FEC ID number of contributing  
federal political committee.

C

Name of Employer

AR Hunger Relief Alliance

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.32

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	0			2	0	1	4		

**Transaction ID : VN8ECC76Q76**

Amount of Each Receipt this Period

20.16

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Kathy Webb**

Mailing Address 14 Pilot Point Pl

City  
Little RockState  
ARZip Code  
72205-2856FEC ID number of contributing  
federal political committee.

C

Name of Employer

AR Hunger Relief Alliance

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.32

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	0			2	0	1	4		

**Transaction ID : VN8ECC792B5**

Amount of Each Receipt this Period

210.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Enid Weishaus**

Mailing Address 633 N Midland Ave

City  
NyackState  
NYZip Code  
10960-1032FEC ID number of contributing  
federal political committee.

C

Name of Employer

Enid Weishaus

Occupation

Trainer

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
0	2			2	7			2	0	1	4		

**Transaction ID : VN8ECCAAPW6**

Amount of Each Receipt this Period

250.00

Contribution-IE Only Account

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

480.16

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 312 OF 539

(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
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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. Robert Weiss**

Mailing Address 85 Dillingham Hill Rd

City

Auburn

State

ME

Zip Code

04210

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Central Maine Medical Center

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	5			2	0	1	4		

**Transaction ID : VN8ECC37542**

Amount of Each Receipt this Period

500.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Steven Westly**

Mailing Address 2200 Sand Hill Rd

City

Menlo Park

State

CA

Zip Code

94025-6915

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Westly Group

Occupation

Managing Partner

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			3	1			2	0	1	4		

**Transaction ID : VN8ECCJGVT2**

Amount of Each Receipt this Period

15000.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Robert Wexler**Mailing Address 633 Pennsylvania Ave NW  
FI 5

City

Washington

State

DC

Zip Code

20004-3601

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Abraham Center for Middle East Peace

Occupation

Former Congressman/Attorney

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			3	0			2	0	1	4		

**Transaction ID : VN8ECC663X4**

Amount of Each Receipt this Period

2500.00

Contribution-IE Only Account

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

18000.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 313 OF 539  
(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**

Full Name (Last, First, Middle Initial)

**A. David Whitaker**

Mailing Address 717 N Lewis Ave

City

Fayetteville

State

AR

Zip Code

72701-1611

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Arkansas House of Representatives

Occupation

State Representative, District 85

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	6		2	0	1	4

**Transaction ID : VN8ECBVQBN8**

Amount of Each Receipt this Period

100.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. David Whitaker**

Mailing Address 717 N Lewis Ave

City

Fayetteville

State

AR

Zip Code

72701-1611

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Arkansas House of Representatives

Occupation

State Representative, District 85

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	1		2	0	1	4

**Transaction ID : VN8ECC7N253**

Amount of Each Receipt this Period

1000.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Daniel C. White**

Mailing Address 4650 Pershing Pl

City

Saint Louis

State

MO

Zip Code

63108-1908

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Bryan Cave LLP

Occupation

Attorney

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

201.60

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	1	4

**Transaction ID : VN8ECCJJA17**

Amount of Each Receipt this Period

201.60

Contribution-IE Only Account

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

1301.60

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 314 OF 539  
(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
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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. Joe White**

Mailing Address 1915 Centennial Club Dr

City	State	Zip Code
Conway	AR	72034

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

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	07	/	2014

**Transaction ID : VN8ECBWCAZ0**

Amount of Each Receipt this Period

100.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Joe White**

Mailing Address 1915 Centennial Club Dr

City	State	Zip Code
Conway	AR	72034

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

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	25	/	2014

**Transaction ID : VN8ECCA3MX5**

Amount of Each Receipt this Period

500.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. William White**Mailing Address 450 W 17th St  
Apt 2108

City	State	Zip Code
New York	NY	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 ▼

5020.16

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2014

**Transaction ID : VN8ECCGMFP6**

Amount of Each Receipt this Period

20.16

Contribution-IE Only Account

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

620.16

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 315 OF 539  
(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

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NAME OF COMMITTEE (In Full)

**Ready PAC**

Full Name (Last, First, Middle Initial)

**A. William White**Mailing Address 450 W 17th St  
Apt 2108

City	State	Zip Code
New York	NY	10011-5834

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Constellations GroupOccupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5020.16

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2014

**Transaction ID : VN8ECCGMFZ7**

Amount of Each Receipt this Period

5000.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Franklin D Williams**

Mailing Address 3237 Ramsgate Rd

City	State	Zip Code
Augusta	GA	30909

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Bobrow-Williams Group, LLCOccupation  
Consultant

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	/	2014

**Transaction ID : VN8ECBVQFY7**

Amount of Each Receipt this Period

20.16

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Franklin D Williams**

Mailing Address 3237 Ramsgate Rd

City	State	Zip Code
Augusta	GA	30909

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Bobrow-Williams Group, LLCOccupation  
Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

65.16

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	24	/	2014

**Transaction ID : VN8ECC2QPK9**

Amount of Each Receipt this Period

45.00

Contribution-IE Only Account

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

5065.16

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 316 OF 539  
(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
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NAME OF COMMITTEE (In Full)

**Ready PAC**

Full Name (Last, First, Middle Initial)

**A. Franklin D Williams**

Mailing Address 3237 Ramsgate Rd

City	State	Zip Code
Augusta	GA	30909

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Bobrow-Williams Group, LLC

Occupation

Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

85.32

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	06	/	2014

**Transaction ID : VN8ECC6QWX1**

Amount of Each Receipt this Period

20.16

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Franklin D Williams**

Mailing Address 3237 Ramsgate Rd

City	State	Zip Code
Augusta	GA	30909

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Bobrow-Williams Group, LLC

Occupation

Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

213.48

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	11	/	2014

**Transaction ID : VN8ECC7AMV8**

Amount of Each Receipt this Period

128.16

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Franklin D Williams**

Mailing Address 3237 Ramsgate Rd

City	State	Zip Code
Augusta	GA	30909

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Bobrow-Williams Group, LLC

Occupation

Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

233.64

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	06	/	2014

**Transaction ID : VN8ECCBCY09**

Amount of Each Receipt this Period

20.16

Contribution-IE Only Account

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

168.48

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

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

FOR LINE NUMBER: PAGE 317 OF 539

(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
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NAME OF COMMITTEE (In Full)

Ready PAC

Full Name (Last, First, Middle Initial)

**A. Franklin D Williams**

Mailing Address 3237 Ramsgate Rd

City	State	Zip Code
Augusta	GA	30909

FEC ID number of contributing federal political committee.

C

Name of Employer

Bobrow-Williams Group, LLC

Occupation

Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

253.80

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	3			2	0		2	0	1	4		

Transaction ID : VN8ECCEFXQ8

Amount of Each Receipt this Period

20.16

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Franklin D Williams**

Mailing Address 3237 Ramsgate Rd

City	State	Zip Code
Augusta	GA	30909

FEC ID number of contributing federal political committee.

C

Name of Employer

Bobrow-Williams Group, LLC

Occupation

Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

256.80

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	3			2	1		2	0	1	4		

Transaction ID : VN8ECCF1A16

Amount of Each Receipt this Period

3.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Ron Wilson**

Mailing Address 2470 Lydia Ave W

City	State	Zip Code
Roseville	MN	55113-1026

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	/	Y	Y	Y	Y	Y	Y
0	3			1	2		2	0	1	4		

Transaction ID : VN8ECCHGWW0

Amount of Each Receipt this Period

250.00

Contribution-IE Only Account

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

273.16

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 PageFOR LINE NUMBER: PAGE 318 OF 539  
(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
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NAME OF COMMITTEE (In Full)

**Ready PAC**

Full Name (Last, First, Middle Initial)

**A. Kate Wiltsie**

Mailing Address 4413 Village Garden Cir

City	State	Zip Code
Chester	VA	23831-1798

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 ▼

200.16

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	30	/	2014

**Transaction ID : VN8ECCGD6F3**

Amount of Each Receipt this Period

200.16

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Doreen Wise**

Mailing Address 2 Crestwood Dr

City	State	Zip Code
Houston	TX	77007-7007

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
02	/	07	/	2014

**Transaction ID : VN8ECC6VKW5**

Amount of Each Receipt this Period

500.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Thomas Wolf**

Mailing Address PO Box 504

City	State	Zip Code
Mount Wolf	PA	17347-0504

FEC ID number of contributing  
federal political committee.

C

Name of Employer

State of Pennsylvania

Occupation

Governor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2016.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	10	/	2014

**Transaction ID : VN8ECC8MY32**

Amount of Each Receipt this Period

2016.00

Contribution-IE Only Account

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

2716.16

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 319 OF 539

(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
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NAME OF COMMITTEE (In Full)

**Ready PAC**

Full Name (Last, First, Middle Initial)

**A. Wendy Carolyn Wolf**

Mailing Address 224 Valley Ridge Rd

City  
HaverfordState  
PAZip Code  
19041-2029FEC 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 ▼

1000.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	9		2	0	1	4		

**Transaction ID : VN8ECC3GZE6**

Amount of Each Receipt this Period

1000.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Tony Womack**

Mailing Address 4515 Apex Hwy

City  
DurhamState  
NCZip Code  
27713-2233FEC 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	/	Y	Y	Y	Y	Y	Y
0	2			0	4		2	0	1	4		

**Transaction ID : VN8ECC65KR1**

Amount of Each Receipt this Period

250.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Wynnewood Advisors, LP**Mailing Address 300 E Lancaster Ave  
Ste 301BCity  
WynnewoodState  
PAZip Code  
19096-2106FEC 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

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	5		2	0	1	4		

**Transaction ID : VN8ECC6SGP6**

Amount of Each Receipt this Period

5000.00

Contribution-IE Only Account

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

6250.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 320 OF 539  
(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

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NAME OF COMMITTEE (In Full)

**Ready PAC**

Full Name (Last, First, Middle Initial)

**A. Stella Xanthakos**

Mailing Address 209 N Main St

City

Florence

State

MA

Zip Code

01062-1272

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Xanthakos &amp; Malkovich

Occupation

Attorney

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	6			2	0	1	4		

**Transaction ID : VN8ECC6S312**

Amount of Each Receipt this Period

250.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Stephanie Xu**

Mailing Address 19625 Stevens Creek Blvd

City

Cupertino

State

CA

Zip Code

95014-2422

FEC ID number of contributing  
federal political committee.

C

Name of Employer

EastWest Bakery

Occupation

Baker

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			3	1			2	0	1	4		

**Transaction ID : VN8ECCJX8E0**

Amount of Each Receipt this Period

250.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Eugenia Yaros**

Mailing Address 3010 W 29th Ave

City

Denver

State

CO

Zip Code

80211-3702

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Toshiko LLC

Occupation

Business Analyst

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			1	3			2	0	1	4		

**Transaction ID : VN8ECBXH878**

Amount of Each Receipt this Period

250.00

Contribution-IE Only Account

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

750.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 321 OF 539

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input 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. Julianne Yazbek**

Mailing Address 352 Broadway

City

Cambridge

State

MA

Zip Code

02139-1738

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Teacher/Tutor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	5		2	0	1	4

**Transaction ID : VN8ECCDZY27**

Amount of Each Receipt this Period

250.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Heather Zahn**

Mailing Address 9066 Tabernash Dr

City

Columbus

State

OH

Zip Code

43240-6029

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sister Sweets

Occupation

Owner/Baker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	6		2	0	1	4

**Transaction ID : VN8ECCFPZ32**

Amount of Each Receipt this Period

250.00

Contribution-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Joseph Zuritsky**

Mailing Address 150 N Broad St

City

Philadelphia

State

PA

Zip Code

19102-1424

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Parkway Corp.

Occupation

Chairman/CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	9		2	0	1	4

**Transaction ID : VN8ECC3H279**

Amount of Each Receipt this Period

5000.00

Contribution-IE Only Account

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

5500.00

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

893510.02

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 322 OF 539

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="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

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		18		2014

Transaction ID : VN7F49R3ZV7

Amount of Each Disbursement this Period

20000.00
----------

IE Only Account

Full Name (Last, First, Middle Initial)

**B. 701 Whaley LLC**

Mailing Address 701 Whaley St

City Columbia State SC Zip Code 29201-5900

Purpose of Disbursement  
Event Room Rental

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		11		2014

Transaction ID : VN7F49RSYP9

Amount of Each Disbursement this Period

1000.00
---------

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Alaska Airlines**

Mailing Address 19300 International Blvd

City Seatac State WA Zip Code 98188-5304

Purpose of Disbursement  
Staff Travel

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		13		2014

Transaction ID : VN7F49RRCE2

Amount of Each Disbursement this Period

331.00
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IE Only Account

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

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

21331.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 323 OF 539

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="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	State	Zip Code
Dallas	TX	75261-9616

Purpose of Disbursement  
Travel

Candidate Name

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) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		17		2014

Transaction ID : VN7F49QAFX2

Amount of Each Disbursement this Period

1248.00
---------

IE Only Account

Full Name (Last, First, Middle Initial)

**B. American Airlines**

Mailing Address PO Box 619616

City	State	Zip Code
Dallas	TX	75261-9616

Purpose of Disbursement  
Travel

Candidate Name

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) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		21		2014

Transaction ID : VN7F49QAG79

Amount of Each Disbursement this Period

678.00
--------

IE Only Account

Full Name (Last, First, Middle Initial)

**C. American Airlines**

Mailing Address PO Box 619616

City	State	Zip Code
Dallas	TX	75261-9616

Purpose of Disbursement  
Travel

Candidate Name

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) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		21		2014

Transaction ID : VN7F49QAKT6

Amount of Each Disbursement this Period

830.00
--------

IE Only Account

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

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

2756.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 324 OF 539

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="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	State	Zip Code
Dallas	TX	75261-9616

Purpose of Disbursement  
Travel

Candidate Name

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) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		13		2014

Transaction ID : VN7F49RR3K1

Amount of Each Disbursement this Period

1279.50
---------

IE Only Account

Full Name (Last, First, Middle Initial)

**B. American Airlines**

Mailing Address PO Box 619616

City	State	Zip Code
Dallas	TX	75261-9616

Purpose of Disbursement  
Travel

Candidate Name

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) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		18		2014

Transaction ID : VN7F49RRFC3

Amount of Each Disbursement this Period

344.00
--------

IE Only Account

Full Name (Last, First, Middle Initial)

**C. American Airlines**

Mailing Address PO Box 619616

City	State	Zip Code
Dallas	TX	75261-9616

Purpose of Disbursement  
Travel

Candidate Name

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) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		21		2014

Transaction ID : VN7F49RRHK1

Amount of Each Disbursement this Period

247.00
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IE Only Account

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

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

1870.50
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 325 OF 539

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="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	State	Zip Code
Dallas	TX	75261-9616

Purpose of Disbursement  
Travel

Candidate Name

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) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	03	/	2014

Transaction ID : VN7F49RVWB4

Amount of Each Disbursement this Period

156.00
--------

IE Only Account

Full Name (Last, First, Middle Initial)

**B. American Airlines**

Mailing Address PO Box 619616

City	State	Zip Code
Dallas	TX	75261-9616

Purpose of Disbursement  
Travel

Candidate Name

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) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	07	/	2014

Transaction ID : VN7F49RVXW9

Amount of Each Disbursement this Period

316.00
--------

IE Only Account

Full Name (Last, First, Middle Initial)

**C. American Airlines**

Mailing Address PO Box 619616

City	State	Zip Code
Dallas	TX	75261-9616

Purpose of Disbursement  
Travel

Candidate Name

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) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	11	/	2014

Transaction ID : VN7F49RS6C1

Amount of Each Disbursement this Period

16.00
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IE Only Account

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

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

488.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 326 OF 539

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="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  
DallasState  
TXZip Code  
75261-9616Purpose of Disbursement  
Travel

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	/	18	/	2014

Transaction ID : VN7F49RVXV1

Amount of Each Disbursement this Period

220.00
--------

IE Only Account

Full Name (Last, First, Middle Initial)

**B. American Express**

Mailing Address PO Box 297812

City  
Ft LauderdaleState  
FLZip Code  
33329-7812Purpose 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

M M M	/	D D D	/	Y Y Y Y Y
01	/	30	/	2014

Transaction ID : VN7F49V4X97

Amount of Each Disbursement this Period

4541.16
---------

IE Only Account

Full Name (Last, First, Middle Initial)

**C. American Express**

Mailing Address PO Box 297812

City  
Ft LauderdaleState  
FLZip Code  
33329-7812Purpose 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

M M M	/	D D D	/	Y Y Y Y Y
02	/	28	/	2014

Transaction ID : VN7F49V4XA5

Amount of Each Disbursement this Period

2070.95
---------

IE Only Account

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

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

6832.11
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 327 OF 539

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="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

Category/  
Type

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	/	30	/	2014

Transaction ID : VN7F49V4XB2

Amount of Each Disbursement this Period

37132.40
----------

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

Candidate Name

Category/  
Type

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	/	17	/	2014

Transaction ID : VN7F49QAFY0

Amount of Each Disbursement this Period

290.00
--------

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

Candidate Name

Category/  
Type

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	/	27	/	2014

Transaction ID : VN7F49QB040

Amount of Each Disbursement this Period

78.00
-------

IE Only Account

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

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

37500.40
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 328 OF 539

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="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	State	Zip Code
Washington	DC	20002-4214

Purpose of Disbursement  
Travel

Candidate Name

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		31		2014

Transaction ID : VN7F49QB542

Amount of Each Disbursement this Period

140.00
--------

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Amtrak**

Mailing Address 50 Massachusetts Ave NE

City	State	Zip Code
Washington	DC	20002-4214

Purpose of Disbursement  
Travel

Candidate Name

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		04		2014

Transaction ID : VN7F49RS2E0

Amount of Each Disbursement this Period

8.50
------

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Amtrak**

Mailing Address 50 Massachusetts Ave NE

City	State	Zip Code
Washington	DC	20002-4214

Purpose of Disbursement  
Travel

Candidate Name

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		04		2014

Transaction ID : VN7F49RVXT3

Amount of Each Disbursement this Period

320.00
--------

IE Only Account

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

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

468.50
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 330 OF 539

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input 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. Amtrak**

Mailing Address 50 Massachusetts Ave NE

City	State	Zip Code
Washington	DC	20002-4214

Purpose of Disbursement  
Travel

Candidate Name

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) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		17		2014

Transaction ID : VN7F49RVXP2

Amount of Each Disbursement this Period

213.00
--------

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Amtrak**

Mailing Address 50 Massachusetts Ave NE

City	State	Zip Code
Washington	DC	20002-4214

Purpose of Disbursement  
Travel

Candidate Name

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) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		17		2014

Transaction ID : VN7F49RVXR7

Amount of Each Disbursement this Period

259.00
--------

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Amtrak**

Mailing Address 50 Massachusetts Ave NE

City	State	Zip Code
Washington	DC	20002-4214

Purpose of Disbursement  
Travel

Candidate Name

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) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		18		2014

Transaction ID : VN7F49RS2N3

Amount of Each Disbursement this Period

10.00
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IE Only Account

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

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

482.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 331 OF 539

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input 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. Amtrak**

Mailing Address 50 Massachusetts Ave NE

City	State	Zip Code
Washington	DC	20002-4214

Purpose of Disbursement  
Travel

Candidate Name

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) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		18		2014

Transaction ID : VN7F49RS2W8

Amount of Each Disbursement this Period

10.50
-------

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Amtrak**

Mailing Address 50 Massachusetts Ave NE

City	State	Zip Code
Washington	DC	20002-4214

Purpose of Disbursement  
Travel

Candidate Name

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) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		18		2014

Transaction ID : VN7F49RS6K6

Amount of Each Disbursement this Period

20.50
-------

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Amtrak**

Mailing Address 50 Massachusetts Ave NE

City	State	Zip Code
Washington	DC	20002-4214

Purpose of Disbursement  
Travel

Candidate Name

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) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		18		2014

Transaction ID : VN7F49RVZ79

Amount of Each Disbursement this Period

580.00
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IE Only Account

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

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

611.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 332 OF 539

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="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	State	Zip Code
Washington	DC	20002-4214

Purpose of Disbursement  
Travel

Candidate Name

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) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		19		2014

Transaction ID : VN7F49RVXQ9

Amount of Each Disbursement this Period

229.00
--------

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Amtrak**

Mailing Address 50 Massachusetts Ave NE

City	State	Zip Code
Washington	DC	20002-4214

Purpose of Disbursement  
Travel

Candidate Name

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) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		25		2014

Transaction ID : VN7F49RVZ61

Amount of Each Disbursement this Period

580.00
--------

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Judy Anderson**

Mailing Address 15 Roy Bean Dr

City	State	Zip Code
Belton	TX	76513

Purpose of Disbursement  
Refund of 12/17/13 Contribution

Candidate Name

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) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		08		2014

Transaction ID : VN7F49PWCM5

Amount of Each Disbursement this Period

119.00
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Refund-IE Only Account

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

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

928.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 333 OF 539

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Ready PAC

Full Name (Last, First, Middle Initial)

**A. Judy Anderson**

Mailing Address 15 Roy Bean Dr

City	State	Zip Code
Belton	TX	76513

Purpose of Disbursement  
Refund of contribution received

Candidate Name

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) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		08		2014

Transaction ID : VN7F49RSCK8

Amount of Each Disbursement this Period

119.00
--------

Refund-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Argenta Community Theater**

Mailing Address PO Box 5607

City	State	Zip Code
North Little Rock	AR	72119-5607

Purpose of Disbursement  
Event Room Rental

Candidate Name

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) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		19		2014

Transaction ID : VN7F49RSTY3

Amount of Each Disbursement this Period

948.00
--------

IE Only Account

Full Name (Last, First, Middle Initial)

**C. AT&T**

Mailing Address 208 S Akard St

City	State	Zip Code
Dallas	TX	75202-4295

Purpose of Disbursement  
Cell Phone Expense

Candidate Name

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) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		04		2014

Transaction ID : VN7F49RGX60

Amount of Each Disbursement this Period

972.87
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IE Only Account

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

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

2039.87
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 334 OF 539

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="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  
DallasState  
TXZip Code  
75202-4295Purpose of Disbursement  
Cell Phone Expense

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		25		2014

Transaction ID : VN7F49RRS18

Amount of Each Disbursement this Period

274.38
--------

IE Only Account

Full Name (Last, First, Middle Initial)

**B. AT&T**

Mailing Address 208 S Akard St

City  
DallasState  
TXZip Code  
75202-4295Purpose of Disbursement  
Cell Phone Expense

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		24		2014

Transaction ID : VN7F49RVY01

Amount of Each Disbursement this Period

250.90
--------

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Avis**

Mailing Address 1 Aviation Cir

City  
WashingtonState  
DCZip Code  
20001-6000Purpose of Disbursement  
Travel

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
01		02		2014

Transaction ID : VN7F49PNWE7

Amount of Each Disbursement this Period

78.94
-------

IE Only Account

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

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

604.22

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 335 OF 539

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="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	State	Zip Code
Charlotte	NC	28202-2135

Purpose of Disbursement  
Bank Fee

Candidate Name

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		03		2014

Transaction ID : VN7F49PGTM9

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	State	Zip Code
Charlotte	NC	28202-2135

Purpose of Disbursement  
Petty Cash Withdrawal

Candidate Name

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		13		2014

Transaction ID : VN7F49R42N8

Amount of Each Disbursement this Period

180.00
--------

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Bank of America**

Mailing Address 100 N Tryon St

City	State	Zip Code
Charlotte	NC	28202-2135

Purpose of Disbursement  
Bank Fee

Candidate Name

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		13		2014

Transaction ID : VN7F49R42P6

Amount of Each Disbursement this Period

35.00
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IE Only Account

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

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

235.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 336 OF 539

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="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	State	Zip Code
Charlotte	NC	28202-2135

Purpose of Disbursement  
Bank Fee

Candidate Name

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		14		2014

Transaction ID : VN7F49PWBZ9

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	State	Zip Code
Charlotte	NC	28202-2135

Purpose of Disbursement  
Bank Fee

Candidate Name

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		21		2014

Transaction ID : VN7F49Q16S1

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	State	Zip Code
Charlotte	NC	28202-2135

Purpose of Disbursement  
Bank Fee

Candidate Name

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		21		2014

Transaction ID : VN7F49QAM94

Amount of Each Disbursement this Period

12.00
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IE Only Account

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

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

52.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 337 OF 539

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="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	State	Zip Code
Charlotte	NC	28202-2135

Purpose of Disbursement  
Bank Fee

Candidate Name

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		23		2014

Transaction ID : VN7F49Q2Z21

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	State	Zip Code
Charlotte	NC	28202-2135

Purpose of Disbursement  
Bank Fee

Candidate Name

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		28		2014

Transaction ID : VN7F49Q6CT1

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	State	Zip Code
Charlotte	NC	28202-2135

Purpose of Disbursement  
Bank Fee

Candidate Name

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		29		2014

Transaction ID : VN7F49Q6B88

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).....▶

60.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 338 OF 539

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="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	State	Zip Code
Charlotte	NC	28202-2135

Purpose of Disbursement  
Bank Fee

Candidate Name

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		29		2014

Transaction ID : VN7F49Q6B96

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	State	Zip Code
Charlotte	NC	28202-2135

Purpose of Disbursement  
Bank Fee

Candidate Name

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		29		2014

Transaction ID : VN7F49Q6BA4

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	State	Zip Code
Charlotte	NC	28202-2135

Purpose of Disbursement  
Bank Fee

Candidate Name

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		06		2014

Transaction ID : VN7F49QSK51

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).....▶

60.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 339 OF 539

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="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	State	Zip Code
Charlotte	NC	28202-2135

Purpose of Disbursement  
Bank Fee

Candidate Name

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) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		06		2014

Transaction ID : VN7F49QSKS9

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	State	Zip Code
Charlotte	NC	28202-2135

Purpose of Disbursement  
Service Fee

Candidate Name

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) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		10		2014

Transaction ID : VN7F49RRSF6

Amount of Each Disbursement this Period

24.00
-------

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Bank of America**

Mailing Address 100 N Tryon St

City	State	Zip Code
Charlotte	NC	28202-2135

Purpose of Disbursement  
Bank Fee

Candidate Name

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) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		12		2014

Transaction ID : VN7F49QYHS2

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).....▶

64.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 340 OF 539

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="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	State	Zip Code
Charlotte	NC	28202-2135

Purpose of Disbursement  
Bank Fee

Candidate Name

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		18		2014

Transaction ID : VN7F49R3ZW5

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	State	Zip Code
Charlotte	NC	28202-2135

Purpose of Disbursement  
Bank Fee

Candidate Name

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		18		2014

Transaction ID : VN7F49R40N3

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	State	Zip Code
Charlotte	NC	28202-2135

Purpose of Disbursement  
Bank Fee

Candidate Name

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		05		2014

Transaction ID : VN7F49RSYV7

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).....▶

60.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 341 OF 539

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="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	State	Zip Code
Charlotte	NC	28202-2135

Purpose of Disbursement  
Bank Fee

Candidate Name

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		12		2014

Transaction ID : VN7F49RST71

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	State	Zip Code
Charlotte	NC	28202-2135

Purpose of Disbursement  
Bank Fee

Candidate Name

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		12		2014

Transaction ID : VN7F49RVZM1

Amount of Each Disbursement this Period

12.00
-------

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Bank of America**

Mailing Address 100 N Tryon St

City	State	Zip Code
Charlotte	NC	28202-2135

Purpose of Disbursement  
Bank Fee

Candidate Name

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		13		2014

Transaction ID : VN7F49RST48

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).....▶

52.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 342 OF 539

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="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	State	Zip Code
Charlotte	NC	28202-2135

Purpose of Disbursement  
Bank Fee

Candidate Name

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) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		13		2014

Transaction ID : VN7F49RVZN9

Amount of Each Disbursement this Period

12.00
-------

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Bank of America**

Mailing Address 100 N Tryon St

City	State	Zip Code
Charlotte	NC	28202-2135

Purpose of Disbursement  
Bank Fee

Candidate Name

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) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		14		2014

Transaction ID : VN7F49RVZP7

Amount of Each Disbursement this Period

12.00
-------

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Bank of America**

Mailing Address 100 N Tryon St

City	State	Zip Code
Charlotte	NC	28202-2135

Purpose of Disbursement  
Bank Fee

Candidate Name

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) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		18		2014

Transaction ID : VN7F49RVZQ5

Amount of Each Disbursement this Period

12.00
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IE Only Account

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

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

36.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 343 OF 539

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="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	State	Zip Code
Charlotte	NC	28202-2135

Purpose of Disbursement  
Bank Fee

Candidate Name

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) ▼
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Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	19	/	2014

Transaction ID : VN7F49RVZR3

Amount of Each Disbursement this Period

12.00
-------

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Bank of America**

Mailing Address 100 N Tryon St

City	State	Zip Code
Charlotte	NC	28202-2135

Purpose of Disbursement  
Bank Fee

Candidate Name

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) ▼
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Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	20	/	2014

Transaction ID : VN7F49RSGP1

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	State	Zip Code
Charlotte	NC	28202-2135

Purpose of Disbursement  
Bank Fee

Candidate Name

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) ▼
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Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	21	/	2014

Transaction ID : VN7F49RST97

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).....▶

52.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 344 OF 539

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="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	State	Zip Code
Charlotte	NC	28202-2135

Purpose of Disbursement  
Bank Fee

Candidate Name

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	21	/	2014

Transaction ID : VN7F49RSTA5

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	State	Zip Code
Charlotte	NC	28202-2135

Purpose of Disbursement  
Bank Fee

Candidate Name

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	21	/	2014

Transaction ID : VN7F49RSTC1

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	State	Zip Code
Charlotte	NC	28202-2135

Purpose of Disbursement  
Bank Fee

Candidate Name

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	24	/	2014

Transaction ID : VN7F49RSTH0

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).....▶

60.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 345 OF 539

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="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	State	Zip Code
Charlotte	NC	28202-2135

Purpose of Disbursement  
Bank Fee

Candidate Name

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	24	/	2014

Transaction ID : VN7F49RSTM4

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	State	Zip Code
Charlotte	NC	28202-2135

Purpose of Disbursement  
Bank Fee

Candidate Name

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	24	/	2014

Transaction ID : VN7F49RSTP0

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	State	Zip Code
Charlotte	NC	28202-2135

Purpose of Disbursement  
Bank Fee

Candidate Name

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	25	/	2014

Transaction ID : VN7F49RSTR6

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).....▶

60.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 346 OF 539

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="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	State	Zip Code
Charlotte	NC	28202-2135

Purpose of Disbursement  
Bank Fee

Candidate Name

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	25	/	2014

Transaction ID : VN7F49RSTT2

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	State	Zip Code
Charlotte	NC	28202-2135

Purpose of Disbursement  
Bank Fee

Candidate Name

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	26	/	2014

Transaction ID : VN7F49RSGK7

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	State	Zip Code
Charlotte	NC	28202-2135

Purpose of Disbursement  
Bank Fee

Candidate Name

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	28	/	2014

Transaction ID : VN7F49RSDX0

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)..... ►

60.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 347 OF 539

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="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	State	Zip Code
Charlotte	NC	28202-2135

Purpose of Disbursement  
Bank Fee

Candidate Name

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	28	/	2014

Transaction ID : VN7F49RSDY8

Amount of Each Disbursement this Period

20.00
-------

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Catriona Beck**

Mailing Address 56 Balch Farm Rd

City	State	Zip Code
Bennington	NH	03442-4202

Purpose of Disbursement  
Contribution Refund

Candidate Name

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	25	/	2014

Transaction ID : VN7F49R4345

Amount of Each Disbursement this Period

500.00
--------

Refund-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Beverly Behme**

Mailing Address 2875 Washington Ave

City	State	Zip Code
Evansville	IN	47720

Purpose of Disbursement  
Contribution Refund

Candidate Name

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	24	/	2014

Transaction ID : VN7F49R4378

Amount of Each Disbursement this Period

990.00
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Refund-IE Only Account

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

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

1510.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 348 OF 539

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input 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. Patricia Bernardi**

Mailing Address 2180 Mixsell Ave

City  
BethlehemState  
PAZip Code  
18015-6229Purpose of Disbursement  
Contribution Refund

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
01		25		2014

Transaction ID : VN7F49R43E4

Amount of Each Disbursement this Period

2500.00
---------

Refund-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Best Buy**

Mailing Address 3401 Jefferson Davis Hwy

City  
AlexandriaState  
VAZip Code  
22305-3114Purpose of Disbursement  
Office Furnishings

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		24		2014

Transaction ID : VN7F49RRS00

Amount of Each Disbursement this Period

3703.09
---------

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Black Lesbian and Gay Pride Day, Inc.**Mailing Address 1806 Vernon St NW  
Ste 200City  
WashingtonState  
DCZip Code  
20009-1267Purpose of Disbursement  
Venue Rental Expense

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		04		2014

Transaction ID : VN7F49RVY76

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).....▶

6553.09
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 349 OF 539

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="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  
Office Supply Reimbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	06	/	2014

Transaction ID : VN7F49QV1H2

Amount of Each Disbursement this Period

55.83
-------

IE Only Account

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

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	06	/	2014

Transaction ID : VN7F49QV1J0

Amount of Each Disbursement this Period

55.83
-------

**[MEMO ITEM]**

\* 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  
In-kind; Furniture

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01	/	31	/	2014

Transaction ID : VN7F49SAH61

Amount of Each Disbursement this Period

10000.00
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IE Only Account

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

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

10055.83
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 350 OF 539

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="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.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	12	/	2014

Mailing Address 455 Massachusetts Ave NW  
Ste 640

City Washington State DC Zip Code 20001-2621

Purpose of Disbursement  
Finance Consulting

Candidate Name

Category/  
Type

Transaction ID : VN7F49RST64

Amount of Each Disbursement this Period

13458.00

IE Only Account

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Full Name (Last, First, Middle Initial)

**B. Ann Bowers-Evangelista**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	25	/	2014

Mailing Address 32 Q St NE

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Refund of 1/22/14 Contribution

Candidate Name

Category/  
Type

Transaction ID : VN7F49R3ZH0

Amount of Each Disbursement this Period

50.00

Refund-IE Only Account

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Full Name (Last, First, Middle Initial)

**C. Ann Bowers-Evangelista**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	25	/	2014

Mailing Address 32 Q St NE

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Refund of 2/22/14 Contribution

Candidate Name

Category/  
Type

Transaction ID : VN7F49R3ZJ8

Amount of Each Disbursement this Period

50.00

Refund-IE Only Account

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

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

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

13558.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 351 OF 539

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Ready PAC

Full Name (Last, First, Middle Initial)

**A. Ann Bowers-Evangelista**

Mailing Address 32 Q St NE

City  
WashingtonState  
DCZip Code  
20002Purpose of Disbursement  
Refund of contribution received

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		25		2014

Transaction ID : VN7F49RSAG1

Amount of Each Disbursement this Period

50.00
-------

Refund-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Ann Bowers-Evangelista**

Mailing Address 32 Q St NE

City  
WashingtonState  
DCZip Code  
20002Purpose of Disbursement  
Refund of contribution received

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		25		2014

Transaction ID : VN7F49RSAQ6

Amount of Each Disbursement this Period

50.00
-------

Refund-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Ann Bowers-Evangelista**

Mailing Address 32 Q St NE

City  
WashingtonState  
DCZip Code  
20002Purpose of Disbursement  
Refund of contribution received

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		25		2014

Transaction ID : VN7F49RSAS2

Amount of Each Disbursement this Period

50.00
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Refund-IE Only Account

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

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

150.00
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	21b		22		23		24		25		26
	27		28a		28b		28c		X 29		30b

## Ready PAC

### A. Ann Bowers-Evangelista

Mailing Address 32 Q St NE

City	State	Zip Code
Washington	DC	20002

Purpose of Disbursement
Refund of contribution received

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

Transaction ID : VN7F49RSAW6

Amount of Each Disbursement this Period

50.00

Refund-IE Only Account

Full Name (Last, First, Middle Initial)

### B. Seth Bringman

Mailing Address 1143 Harrison Ave

City	State	Zip Code
Columbus	OH	43201

Purpose of Disbursement	Travel
-------------------------	--------

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y  
02 06 2014

Transaction ID : VN7F49QSKV5

Amount of Each Disbursement this Period

165.85

IE Only Account

Full Name (Last, First, Middle Initial)

### C. Amtrak

Mailing Address 50 Massachusetts Ave NE

City	State	Zip Code
Washington	DC	20002-4214

Purpose of Disbursement
Travel

Candidate Name


Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement



Transaction ID : VN7F49QSKZ6

Amount of Each Disbursement this Period

51.00

**[MEMO ITEM]**  
\* IE Only Account

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

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

215.85

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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 353 OF 539

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="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	State	Zip Code
Columbus	OH	43201

Purpose of Disbursement  
Travel

Candidate Name

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	06	/	2014

Transaction ID : VN7F49QV0P9

Amount of Each Disbursement this Period

582.06
--------

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Four Points Sheraton Manchester Airport**

Mailing Address 55 John E Devine Dr

City	State	Zip Code
Manchester	NH	03103-4034

Purpose of Disbursement  
Travel

Candidate Name

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	06	/	2014

Transaction ID : VN7F49QV0Q7

Amount of Each Disbursement this Period

582.00
--------

**[MEMO ITEM]**

\* IE Only Account

Full Name (Last, First, Middle Initial)

**C. Seth Bringman**

Mailing Address 1143 Harrison Ave

City	State	Zip Code
Columbus	OH	43201

Purpose of Disbursement  
Travel

Candidate Name

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	11	/	2014

Transaction ID : VN7F49RSZT2

Amount of Each Disbursement this Period

347.07
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IE Only Account

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

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

929.13
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 354 OF 539

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="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	State	Zip Code
Washington	DC	20002-4214

Purpose of Disbursement  
Travel

Candidate Name

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	11	/	2014

Transaction ID : VN7F49RSZV9

Amount of Each Disbursement this Period

8.00
------

[MEMO ITEM]

\* IE Only Account

Full Name (Last, First, Middle Initial)

**B. Amtrak**

Mailing Address 50 Massachusetts Ave NE

City	State	Zip Code
Washington	DC	20002-4214

Purpose of Disbursement  
Travel

Candidate Name

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	11	/	2014

Transaction ID : VN7F49RSZW7

Amount of Each Disbursement this Period

8.75
------

[MEMO ITEM]

\* IE Only Account

Full Name (Last, First, Middle Initial)

**C. Dollar Rental Car**

Mailing Address 5530 E 31st Street

City	State	Zip Code
Tulsa	OK	74135

Purpose of Disbursement  
Travel

Candidate Name

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	11	/	2014

Transaction ID : VN7F49RSZZ1

Amount of Each Disbursement this Period

80.79
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[MEMO ITEM]

\* IE Only Account

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 PageFOR LINE NUMBER:  
(check only one)

PAGE 355 OF 539

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="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	State	Zip Code
San Francisco	CA	94102-3033

Purpose of Disbursement  
Travel

Candidate Name

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	11	/	2014

Transaction ID : VN7F49RSZX5

Amount of Each Disbursement this Period

12.12
-------

[MEMO ITEM]

\* IE Only Account

Full Name (Last, First, Middle Initial)

**B. US Airways**

Mailing Address 4000 E Sky Harbor Blvd

City	State	Zip Code
Phoenix	AZ	85034-3802

Purpose of Disbursement  
Travel

Candidate Name

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	11	/	2014

Transaction ID : VN7F49RSZY3

Amount of Each Disbursement this Period

27.00
-------

[MEMO ITEM]

\* IE Only Account

Full Name (Last, First, Middle Initial)

**C. US Airways**

Mailing Address 4000 E Sky Harbor Blvd

City	State	Zip Code
Phoenix	AZ	85034-3802

Purpose of Disbursement  
Travel

Candidate Name

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	11	/	2014

Transaction ID : VN7F49RT009

Amount of Each Disbursement this Period

25.00
-------

[MEMO ITEM]

\* IE Only Account

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 PageFOR LINE NUMBER:  
(check only one)

PAGE 356 OF 539

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="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	State	Zip Code
Columbus	OH	43201

Purpose of Disbursement  
Travel

Candidate Name

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) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	27	/	2014

Transaction ID : VN7F49RSE11

Amount of Each Disbursement this Period

720.69
--------

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  
Software Purchase

Candidate Name

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) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	27	/	2014

Transaction ID : VN7F49RSE61

Amount of Each Disbursement this Period

13.99
-------

[MEMO ITEM]

\* IE Only Account

Full Name (Last, First, Middle Initial)

**C. Amtrak**

Mailing Address 50 Massachusetts Ave NE

City	State	Zip Code
Washington	DC	20002-4214

Purpose of Disbursement  
Travel

Candidate Name

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) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	27	/	2014

Transaction ID : VN7F49RSE29

Amount of Each Disbursement this Period

16.00
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[MEMO ITEM]

\* IE Only Account

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

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

720.69
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 357 OF 539

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="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	State	Zip Code
Washington	DC	20002-4214

Purpose of Disbursement  
Travel

Candidate Name

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		27		2014

Transaction ID : VN7F49RSE37

Amount of Each Disbursement this Period

9.00
------

[MEMO ITEM]

\* IE Only Account

Full Name (Last, First, Middle Initial)

**B. Amtrak**

Mailing Address 50 Massachusetts Ave NE

City	State	Zip Code
Washington	DC	20002-4214

Purpose of Disbursement  
Travel

Candidate Name

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		27		2014

Transaction ID : VN7F49RSE53

Amount of Each Disbursement this Period

10.25
-------

[MEMO ITEM]

\* IE Only Account

Full Name (Last, First, Middle Initial)

**C. Dollar Rental Car**

Mailing Address 5530 E 31st Street

City	State	Zip Code
Tulsa	OK	74135

Purpose of Disbursement  
Travel

Candidate Name

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		27		2014

Transaction ID : VN7F49RSE79

Amount of Each Disbursement this Period

219.61
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[MEMO ITEM]

\* IE Only Account

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 PageFOR LINE NUMBER:  
(check only one)

PAGE 359 OF 539

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Ready PAC

Full Name (Last, First, Middle Initial)

**A. Budget Rental Car**

Mailing Address 6 Sylvan Way

City	State	Zip Code
Parsippany	NJ	07054-3826

Purpose of Disbursement  
Travel

Candidate Name

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) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		21		2014

Transaction ID : VN7F49RVZA2

Amount of Each Disbursement this Period

1100.13
---------

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Budget Rental Car**

Mailing Address 6 Sylvan Way

City	State	Zip Code
Parsippany	NJ	07054-3826

Purpose of Disbursement  
Travel

Candidate Name

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) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		31		2014

Transaction ID : VN7F49RW0H8

Amount of Each Disbursement this Period

16.35
-------

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Cafe Asia**Mailing Address 1550 Wilson Blvd  
Ste 100

City	State	Zip Code
Arlington	VA	22209-2435

Purpose of Disbursement  
Meal Expense

Candidate Name

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) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		21		2014

Transaction ID : VN7F49QAK10

Amount of Each Disbursement this Period

52.00
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IE Only Account

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

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

1168.48
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 361 OF 539

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="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.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		15		2014

Mailing Address 840 1st St NE

City	State	Zip Code
Washington	DC	20065-0003

Purpose of Disbursement  
Insurance Premium

Candidate Name

Category/  
Type**Transaction ID : VN7F49Q05P6**

Amount of Each Disbursement this Period

4161.00
---------

IE Only Account

Office Sought:	Disbursement For:
<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)

**B. CareFirst BlueChoice, Inc.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		25		2014

Mailing Address 840 1st St NE

City	State	Zip Code
Washington	DC	20065-0003

Purpose of Disbursement  
Health Insurance Premium

Candidate Name

Category/  
Type**Transaction ID : VN7F49R3YX2**

Amount of Each Disbursement this Period

5627.90
---------

IE Only Account

Office Sought:	Disbursement For:
<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)

**C. Catering by Avalon, Inc.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		12		2014

Mailing Address 6400 Woodridge Rd

City	State	Zip Code
Alexandria	VA	22312-1334

Purpose of Disbursement  
Catering

Candidate Name

Category/  
Type**Transaction ID : VN7F49RVZK3**

Amount of Each Disbursement this Period

4871.56
---------

IE Only Account

Office Sought:	Disbursement For:
<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:	

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

14660.46
----------

	21b		22		23		24		25		26
	27		28a		28b		28c		X 29		30b

## Ready PAC

### A. CBC Institute

Date of Disbursement

Transaction ID : VN7F49QB4A7

Amount of Each Disbursement this Period

500.00

Category/  
Type

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

IE Only Account

### B. Lisa Changadveja

Date of Disbursement

MM / DD / YYYY

Transaction ID : VN7F49QSKB8

002

Amount of Each Disbursement this Period

3175.34

Category/  
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

IE Only Account

### C. Delta Airlines

Date of Disbursement



Transaction ID : VN7F49QSKD4

Amount of Each Disbursement this Period

318.10

Category/  
Type

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**[MEMO ITEM]**

\* IE Only Account

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

3675.34

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

[illegible]

	21b		22		23		24		25		26
	27		28a		28b		28c		X 29		30b

## Ready PAC

### A. Enterprise Rental Car

Date of Disbursement

Transaction ID : VN7F49QSKP5

Amount of Each Disbursement this Period

227.26

Category/  
Type

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**[MEMO ITEM]**  
\* IE Only Account

### B. Flamingo Hotel

Date of Disbursement

MM / DD / YYYY

Transaction ID : VN7F49QSKM9

Amount of Each Disbursement this Period

258.00

Category/  
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

**[MEMO ITEM]**  
\* IE Only Account

### C. Hilton Palm Springs

Date of Disbursement

Transaction ID : VN7F49QSKJ4

Amount of Each Disbursement this Period

798.77

Category/  
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

[MEMO ITEM]  
\* IE Only Account

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 364 OF 539

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Ready PAC

Full Name (Last, First, Middle Initial)

**A. SignMeUp, Inc.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		06		2014

Mailing Address 180 N Stetson Ave  
Ste 3500

City Chicago State IL Zip Code 60601-6769

Purpose of Disbursement  
Event Booth Rental

Candidate Name

Category/  
Type

Transaction ID : VN7F49QSKF0

Amount of Each Disbursement this Period

667.88

[MEMO ITEM]

\* IE Only Account

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

**B. US Airways**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		06		2014

Mailing Address 4000 E Sky Harbor Blvd

City Phoenix State AZ Zip Code 85034-3802

Purpose of Disbursement  
Travel

Candidate Name

Category/  
Type

Transaction ID : VN7F49QSKK1

Amount of Each Disbursement this Period

384.00

[MEMO ITEM]

\* IE Only Account

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

**C. Lisa Changadveja**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		20		2014

Mailing Address 2420 16th St NW  
Apt 414

City Washington State DC Zip Code 20009-3504

Purpose of Disbursement  
Travel Reimbursement

Candidate Name

002  
Category/  
Type

Transaction ID : VN7F49R32X3

Amount of Each Disbursement this Period

2377.67

IE Only Account

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).....▶

2377.67

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 365 OF 539

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Ready PAC

Full Name (Last, First, Middle Initial)

**A. Budget Rental Car**

Mailing Address 6 Sylvan Way

City	State	Zip Code
Parsippany	NJ	07054-3826

Purpose of Disbursement  
Travel

Candidate Name

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		20		2014

Transaction ID : VN7F49R33A6

Amount of Each Disbursement this Period

714.43
--------

[MEMO ITEM]

\* IE Only Account

Full Name (Last, First, Middle Initial)

**B. Budget Rental Car**

Mailing Address 6 Sylvan Way

City	State	Zip Code
Parsippany	NJ	07054-3826

Purpose of Disbursement  
Travel

Candidate Name

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		20		2014

Transaction ID : VN7F49R33C1

Amount of Each Disbursement this Period

755.93
--------

[MEMO ITEM]

\* IE Only Account

Full Name (Last, First, Middle Initial)

**C. Uber**

Mailing Address 800 Market St

City	State	Zip Code
San Francisco	CA	94102-3033

Purpose of Disbursement  
Travel

Candidate Name

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		20		2014

Transaction ID : VN7F49R33H9

Amount of Each Disbursement this Period

13.33
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[MEMO ITEM]

\* IE Only Account

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

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

0.00
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	21b		22		23		24		25		26
	27		28a		28b		28c		X 29		30b

## Ready PAC

### A. Uber

Category/  
Type

46.58

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. US Airways

MM / DD / YYYY

Category/  
Type

Age group	Number of people
0-14	10
15-24	20
25-34	30
35-44	40
45-54	50
55-64	60
65-74	70
75-84	80
85-94	90
95-104	100

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:		

### C. US Airways

Three digital displays are shown, each with a row of small squares above the digits. The first display shows '02' with two squares above the '0' and two above the '2'. The second display shows '20' with one square above the '2' and one above the '0'. The third display shows '2014' with one square above each digit.

Category/  
Type

60.00

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) ▼
State:	District:		

0.00

\_\_\_\_\_

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 367 OF 539

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Ready PAC

Full Name (Last, First, Middle Initial)

**A. Cheeky Sasso Entertainment**

Mailing Address PO Box 151061

City  
AlexandriaState  
VAZip Code  
22315-1061Purpose of Disbursement  
Event Entertainment Costs

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		28		2014

Transaction ID : VN7F49S0BK0

Amount of Each Disbursement this Period

1029.39
---------

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Cheryl & Co.**

Mailing Address 4465 Industrial Center Dr

City  
ObetzState  
OHZip Code  
43207-4589Purpose of Disbursement  
Host Appreciation Gifts

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
01		21		2014

Transaction ID : VN7F49QAM11

Amount of Each Disbursement this Period

826.17
--------

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Comcast**

Mailing Address 370 S Pickett St

City  
AlexandriaState  
VAZip Code  
22304-4704Purpose of Disbursement  
Monthly Internet Fee

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
01		21		2014

Transaction ID : VN7F49QAM37

Amount of Each Disbursement this Period

653.06
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IE Only Account

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

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

2508.62
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 368 OF 539

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Ready PAC

Full Name (Last, First, Middle Initial)

**A. Teresa Constant**

Mailing Address 13588 Pauhaska Rd

City	State	Zip Code
Apple Valley	CA	92308

Purpose of Disbursement  
Contribution Refund

Candidate Name

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		03		2014

Transaction ID : VN7F49PGS01

Amount of Each Disbursement this Period

2500.00
---------

Refund-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Arlene Costello**

Mailing Address 9326 Mark St

City	State	Zip Code
Elk Grove	CA	95624-1621

Purpose of Disbursement  
Refund of 12/30/13 Contribution

Candidate Name

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		29		2014

Transaction ID : VN7F49R42Q4

Amount of Each Disbursement this Period

50.00
-------

Refund-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Arlene Costello**

Mailing Address 9326 Mark St

City	State	Zip Code
Elk Grove	CA	95624-1621

Purpose of Disbursement  
Refund of 8/31/13 Contribution

Candidate Name

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		29		2014

Transaction ID : VN7F49R42W2

Amount of Each Disbursement this Period

50.00
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Refund-IE Only Account

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

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

2600.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 369 OF 539

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Ready PAC

Full Name (Last, First, Middle Initial)

**A. Arlene Costello**

Mailing Address 9326 Mark St

City	State	Zip Code
Elk Grove	CA	95624-1621

Purpose of Disbursement  
Refund of 9/30/13 Contribution

Candidate Name

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) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		29		2014

Transaction ID : VN7F49R42Y7

Amount of Each Disbursement this Period

50.00
-------

Refund-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Arlene Costello**

Mailing Address 9326 Mark St

City	State	Zip Code
Elk Grove	CA	95624-1621

Purpose of Disbursement  
Refund of 10/9/13 Contribution

Candidate Name

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) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		29		2014

Transaction ID : VN7F49R42Z5

Amount of Each Disbursement this Period

35.00
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Refund-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Arlene Costello**

Mailing Address 9326 Mark St

City	State	Zip Code
Elk Grove	CA	95624-1621

Purpose of Disbursement  
Refund of 10/30/13 Contribution

Candidate Name

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) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		29		2014

Transaction ID : VN7F49R4311

Amount of Each Disbursement this Period

50.00
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Refund-IE Only Account

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

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

135.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 370 OF 539

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Ready PAC

Full Name (Last, First, Middle Initial)

**A. Arlene Costello**

Mailing Address 9326 Mark St

City	State	Zip Code
Elk Grove	CA	95624-1621

Purpose of Disbursement  
Refund of 11/30/13 Contribution

Candidate Name

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) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		29		2014

Transaction ID : VN7F49R4329

Amount of Each Disbursement this Period

50.00
-------

Refund-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Crown Limo**

Mailing Address 12300 W Washington Blvd

City	State	Zip Code
Los Angeles	CA	90066-5510

Purpose of Disbursement  
Travel

Candidate Name

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) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		16		2014

Transaction ID : VN7F49Q06K5

Amount of Each Disbursement this Period

110.00
--------

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Crown Limo**

Mailing Address 12300 W Washington Blvd

City	State	Zip Code
Los Angeles	CA	90066-5510

Purpose of Disbursement  
Travel

Candidate Name

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) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		21		2014

Transaction ID : VN7F49QAK36

Amount of Each Disbursement this Period

120.00
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IE Only Account

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

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

280.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 371 OF 539

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="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

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		21		2014

Transaction ID : VN7F49RSTB3

Amount of Each Disbursement this Period

10000.00
----------

IE Only Account

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

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		28		2014

Transaction ID : VN7F49RSDZ6

Amount of Each Disbursement this Period

10000.00
----------

IE Only Account

Full Name (Last, First, Middle Initial)

**C. CVS**

Mailing Address 1100 Wilson Blvd

City Rosslyn State VA Zip Code 22209-2249

Purpose of Disbursement  
Office Supplies

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		10		2014

Transaction ID : VN7F49RVK31

Amount of Each Disbursement this Period

25.17
-------

IE Only Account

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

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

20025.17
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 372 OF 539

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Ready PAC

Full Name (Last, First, Middle Initial)

**A. CVS**

Mailing Address 1100 Wilson Blvd

City	State	Zip Code
Rosslyn	VA	22209-2249

Purpose of Disbursement  
Office Supplies

Candidate Name

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) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		13		2014

Transaction ID : VN7F49RS2V0

Amount of Each Disbursement this Period

10.07
-------

IE Only Account

Full Name (Last, First, Middle Initial)

**B. CVS**

Mailing Address 1100 Wilson Blvd

City	State	Zip Code
Rosslyn	VA	22209-2249

Purpose of Disbursement  
Office Supplies

Candidate Name

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) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		14		2014

Transaction ID : VN7F49RS664

Amount of Each Disbursement this Period

15.10
-------

IE Only Account

Full Name (Last, First, Middle Initial)

**C. CWA Local 6222**

Mailing Address 1730 Jefferson St

City	State	Zip Code
Houston	TX	77003-5028

Purpose of Disbursement  
Room Rental for Event

Candidate Name

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) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		07		2014

Transaction ID : VN7F49PWCZ2

Amount of Each Disbursement this Period

500.00
--------

IE Only Account

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

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

525.17

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 373 OF 539

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Ready PAC

Full Name (Last, First, Middle Initial)

**A. Bill Davies**

Mailing Address 8550 El Corte Rd

City	State	Zip Code
Atascadero	CA	93422-5346

Purpose of Disbursement  
Contribution Refund

Candidate Name

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		21		2014

Transaction ID : VN7F49RW3Z5

Amount of Each Disbursement this Period

500.00
--------

Refund-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Bill Davies**

Mailing Address 8550 El Corte Rd

City	State	Zip Code
Atascadero	CA	93422-5346

Purpose of Disbursement  
Contribution Refund

Candidate Name

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		21		2014

Transaction ID : VN7F49RW403

Amount of Each Disbursement this Period

500.00
--------

Refund-IE Only Account

Full Name (Last, First, Middle Initial)

**C. DCA Reagan Washington Airport Parking**

Mailing Address 2401 S. Smith Blvd.

City	State	Zip Code
Arlington	VA	22202

Purpose of Disbursement  
Parking Expense

Candidate Name

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		07		2014

Transaction ID : VN7F49RVVM2

Amount of Each Disbursement this Period

142.00
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IE Only Account

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

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

1142.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 374 OF 539

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Ready PAC

Full Name (Last, First, Middle Initial)

**A. DCA Reagan Washington Airport Parking**

Mailing Address 2401 S. Smith Blvd.

City	State	Zip Code
Arlington	VA	22202

Purpose of Disbursement  
Parking Expense

Candidate Name

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		12		2014

Transaction ID : VN7F49RVVK4

Amount of Each Disbursement this Period

88.00
-------

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Deborah Young Catering**

Mailing Address 7304 Pontiac Dr

City	State	Zip Code
North Little Rock	AR	72116-4361

Purpose of Disbursement  
Event Catering Expense

Candidate Name

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		19		2014

Transaction ID : VN7F49RSZP0

Amount of Each Disbursement this Period

820.00
--------

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Dell Business, Inc.**

Mailing Address 2300 W Plano Pkwy

City	State	Zip Code
Plano	TX	75075-8427

Purpose of Disbursement  
Computer Purchase

Candidate Name

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		15		2014

Transaction ID : VN7F49Q05T8

Amount of Each Disbursement this Period

1674.79
---------

IE Only Account

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

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

2582.79
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 375 OF 539

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="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	State	Zip Code
Atlanta	GA	30320-6001

Purpose of Disbursement  
Travel

Candidate Name

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) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		02		2014

Transaction ID : VN7F49PNWF4

Amount of Each Disbursement this Period

75.00
-------

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Delta Airlines**

Mailing Address PO Box 20706

City	State	Zip Code
Atlanta	GA	30320-6001

Purpose of Disbursement  
Travel

Candidate Name

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) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		14		2014

Transaction ID : VN7F49RRF08

Amount of Each Disbursement this Period

1674.00
---------

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Delta Airlines**

Mailing Address PO Box 20706

City	State	Zip Code
Atlanta	GA	30320-6001

Purpose of Disbursement  
Travel

Candidate Name

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) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		04		2014

Transaction ID : VN7F49RVYH5

Amount of Each Disbursement this Period

444.00
--------

IE Only Account

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

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

2193.00
---------

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 376 OF 539

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="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	State	Zip Code
Atlanta	GA	30320-6001

Purpose of Disbursement  
Travel

Candidate Name

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) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		10		2014

Transaction ID : VN7F49RVWS4

Amount of Each Disbursement this Period

198.00
--------

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Delta Airlines**

Mailing Address PO Box 20706

City	State	Zip Code
Atlanta	GA	30320-6001

Purpose of Disbursement  
Travel

Candidate Name

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) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		19		2014

Transaction ID : VN7F49RVVW8

Amount of Each Disbursement this Period

360.00
--------

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Delta Airlines**

Mailing Address PO Box 20706

City	State	Zip Code
Atlanta	GA	30320-6001

Purpose of Disbursement  
Travel

Candidate Name

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) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		20		2014

Transaction ID : VN7F49RVWT2

Amount of Each Disbursement this Period

326.00
--------

IE Only Account

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

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

884.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 377 OF 539

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="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	State	Zip Code
Atlanta	GA	30320-6001

Purpose of Disbursement  
Travel

Candidate Name

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) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		28		2014

Transaction ID : VN7F49RW0C9

Amount of Each Disbursement this Period

1269.00
---------

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Dewey Square Group, LLC**

Mailing Address PO Box 60340

City	State	Zip Code
Charlotte	NC	28260-0340

Purpose of Disbursement  
Fundraising Consulting

Candidate Name

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) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		20		2014

Transaction ID : VN7F49R32V7

Amount of Each Disbursement this Period

511.16
--------

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Dewey Square Group, LLC**

Mailing Address PO Box 60340

City	State	Zip Code
Charlotte	NC	28260-0340

Purpose of Disbursement  
Fundraising Consulting

Candidate Name

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) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		09		2014

Transaction ID : VN7F49RSYQ7

Amount of Each Disbursement this Period

197.51
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IE Only Account

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

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

1977.67
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 378 OF 539

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Ready PAC

Full Name (Last, First, Middle Initial)

**A. Donovan House**

Mailing Address 1155 14th St NW

City  
WashingtonState  
DCZip Code  
20005-4111Purpose of Disbursement  
Lodging Expense

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		21		2014

Transaction ID : VN7F49QAK68

Amount of Each Disbursement this Period

824.40
--------

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Amy Celeste Drummond**Mailing Address 104 Roberts Ln  
Apt 401City  
AlexandriaState  
VAZip Code  
22314-4620Purpose of Disbursement  
Software Purchase Reimbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		06		2014

Transaction ID : VN7F49QTPS2

Amount of Each Disbursement this Period

91.88
-------

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Amazon.com**

Mailing Address PO Box 81226

City  
SeattleState  
WAZip Code  
98108-1300Purpose of Disbursement  
Software Purchase

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		06		2014

Transaction ID : VN7F49QTPT0

Amount of Each Disbursement this Period

91.88
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**[MEMO ITEM]**

\* IE Only Account

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

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

916.28
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 379 OF 539

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input 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. Egencia**

Mailing Address 333 108th Ave NE

City	State	Zip Code
Bellevue	WA	98004-5703

Purpose of Disbursement  
Membership Fee

Candidate Name

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		30		2014

Transaction ID : VN7F49QB4S5

Amount of Each Disbursement this Period

750.00
--------

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Egencia**

Mailing Address 333 108th Ave NE

City	State	Zip Code
Bellevue	WA	98004-5703

Purpose of Disbursement  
Travel

Candidate Name

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		10		2014

Transaction ID : VN7F49RR353

Amount of Each Disbursement this Period

422.55
--------

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Egencia**

Mailing Address 333 108th Ave NE

City	State	Zip Code
Bellevue	WA	98004-5703

Purpose of Disbursement  
Service Fee

Candidate Name

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		10		2014

Transaction ID : VN7F49RR361

Amount of Each Disbursement this Period

8.00
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IE Only Account

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

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

1180.55
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 380 OF 539

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="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  
Service Fee

Candidate Name

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) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		10		2014

Transaction ID : VN7F49RR3D4

Amount of Each Disbursement this Period

8.00
------

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

Candidate Name

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) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		12		2014

Transaction ID : VN7F49RREH9

Amount of Each Disbursement this Period

126.59
--------

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 Fee

Candidate Name

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) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		12		2014

Transaction ID : VN7F49RREJ7

Amount of Each Disbursement this Period

8.00
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IE Only Account

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

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

142.59
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 381 OF 539

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="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	State	Zip Code
Bellevue	WA	98004-5703

Purpose of Disbursement  
Travel

Candidate Name

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) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		13		2014

Transaction ID : VN7F49RRF16

Amount of Each Disbursement this Period

139.94
--------

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Egencia**

Mailing Address 333 108th Ave NE

City	State	Zip Code
Bellevue	WA	98004-5703

Purpose of Disbursement  
Service Fee

Candidate Name

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) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		13		2014

Transaction ID : VN7F49RRF31

Amount of Each Disbursement this Period

8.00
------

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Egencia**

Mailing Address 333 108th Ave NE

City	State	Zip Code
Bellevue	WA	98004-5703

Purpose of Disbursement  
Service Fee

Candidate Name

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) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		14		2014

Transaction ID : VN7F49RRFE8

Amount of Each Disbursement this Period

8.00
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IE Only Account

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

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

155.94
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 382 OF 539

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input 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. Egencia**

Mailing Address 333 108th Ave NE

City	State	Zip Code
Bellevue	WA	98004-5703

Purpose of Disbursement  
Service Fee

Candidate Name

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		18		2014

Transaction ID : VN7F49RRFF6

Amount of Each Disbursement this Period

8.00
------

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Egencia**

Mailing Address 333 108th Ave NE

City	State	Zip Code
Bellevue	WA	98004-5703

Purpose of Disbursement  
Travel

Candidate Name

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		18		2014

Transaction ID : VN7F49RRFG4

Amount of Each Disbursement this Period

358.90
--------

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Egencia**

Mailing Address 333 108th Ave NE

City	State	Zip Code
Bellevue	WA	98004-5703

Purpose of Disbursement  
Travel

Candidate Name

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		18		2014

Transaction ID : VN7F49RRFH2

Amount of Each Disbursement this Period

763.19
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IE Only Account

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

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

1130.09
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 383 OF 539

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="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	State	Zip Code
Bellevue	WA	98004-5703

Purpose of Disbursement  
Service Fee

Candidate Name

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) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	18	/	2014

Transaction ID : VN7F49RRFJ0

Amount of Each Disbursement this Period

8.00
------

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Egencia**

Mailing Address 333 108th Ave NE

City	State	Zip Code
Bellevue	WA	98004-5703

Purpose of Disbursement  
Travel

Candidate Name

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) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	18	/	2014

Transaction ID : VN7F49RRFK8

Amount of Each Disbursement this Period

418.56
--------

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Egencia**

Mailing Address 333 108th Ave NE

City	State	Zip Code
Bellevue	WA	98004-5703

Purpose of Disbursement  
Travel

Candidate Name

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) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	18	/	2014

Transaction ID : VN7F49RRFM6

Amount of Each Disbursement this Period

561.08
--------

IE Only Account

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

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

987.64

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 384 OF 539

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="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	State	Zip Code
Bellevue	WA	98004-5703

Purpose of Disbursement  
Travel Fee

Candidate Name

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) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		19		2014

Transaction ID : VN7F49RRFN4

Amount of Each Disbursement this Period

8.00
------

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Egencia**

Mailing Address 333 108th Ave NE

City	State	Zip Code
Bellevue	WA	98004-5703

Purpose of Disbursement  
Travel

Candidate Name

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) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		20		2014

Transaction ID : VN7F49RRFP2

Amount of Each Disbursement this Period

330.28
--------

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Egencia**

Mailing Address 333 108th Ave NE

City	State	Zip Code
Bellevue	WA	98004-5703

Purpose of Disbursement  
Travel

Candidate Name

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) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		20		2014

Transaction ID : VN7F49RRFQ9

Amount of Each Disbursement this Period

185.84
--------

IE Only Account

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

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

524.12



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 385 OF 539

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="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	State	Zip Code
Bellevue	WA	98004-5703

Purpose of Disbursement  
Service Fee

Candidate Name

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) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		20		2014

Transaction ID : VN7F49RRFR7

Amount of Each Disbursement this Period

8.00
------

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Egencia**

Mailing Address 333 108th Ave NE

City	State	Zip Code
Bellevue	WA	98004-5703

Purpose of Disbursement  
Service Fee

Candidate Name

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) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		21		2014

Transaction ID : VN7F49RRFS5

Amount of Each Disbursement this Period

148.10
--------

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Egencia**

Mailing Address 333 108th Ave NE

City	State	Zip Code
Bellevue	WA	98004-5703

Purpose of Disbursement  
Service Fee

Candidate Name

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) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		21		2014

Transaction ID : VN7F49RRRE8

Amount of Each Disbursement this Period

8.00
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IE Only Account

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

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

164.10
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 386 OF 539

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input 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. Egencia**

Mailing Address 333 108th Ave NE

City Bellevue	State WA	Zip Code 98004-5703
------------------	-------------	------------------------

Purpose of Disbursement  
Service Fee

Candidate Name

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) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		21		2014

Transaction ID : VN7F49RRRF5

Amount of Each Disbursement this Period

20.00
-------

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  
Service Fee

Candidate Name

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) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		21		2014

Transaction ID : VN7F49RRRG3

Amount of Each Disbursement this Period

20.00
-------

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

Candidate Name

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) ▼

002  
Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		24		2014

Transaction ID : VN7F49RRRT2

Amount of Each Disbursement this Period

200.52
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IE Only Account

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

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

240.52
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	21b		22		23		24		25		26
	27		28a		28b		28c		X 29		30b

## Ready PAC

### A. Egencia

Mailing Address 333 108th Ave NE

City	State	Zip Code
Bellevue	WA	98004-5703

### Purpose of Disbursement Service Fee

Candidate Name \_\_\_\_\_

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

Transaction ID : VN7F49RRRV0

Amount of Each Disbursement this Period

8.00

IE Only Account

Full Name (Last, First, Middle Initial)

## B. Egencia

Mailing Address 333 108th Ave NE

City	State	Zip Code
Bellevue	WA	98004-5703

Purpose of Disbursement	Service Fee

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y  
02 24 2014

Transaction ID : VN7F49RRRW8

Amount of Each Disbursement this Period

Age Group	Percentage
18-24	38.00
25-34	35.00
35-44	32.00
45-54	28.00
55-64	25.00
65-74	22.00
75-84	18.00
85+	5.00

IE Only Account

Full Name (Last, First, Middle Initial)

### C. Egencia

Mailing Address 333 108th Ave NE

City	State	Zip Code
Bellevue	WA	98004-5703

Purpose of Disbursement	
Travel	

Candidate Name \_\_\_\_\_

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President
State:	District:	

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

Transaction ID : VN7F49RRRX6

Amount of Each Disbursement this Period

502.19

IE Only Account

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

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

550.19

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 388 OF 539

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="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	State	Zip Code
Bellevue	WA	98004-5703

Purpose of Disbursement  
Travel

Candidate Name

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		03		2014

Transaction ID : VN7F49RVYZ5

Amount of Each Disbursement this Period

483.92
--------

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Egencia**

Mailing Address 333 108th Ave NE

City	State	Zip Code
Bellevue	WA	98004-5703

Purpose of Disbursement  
Travel

Candidate Name

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		03		2014

Transaction ID : VN7F49RVZ11

Amount of Each Disbursement this Period

553.78
--------

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Egencia**

Mailing Address 333 108th Ave NE

City	State	Zip Code
Bellevue	WA	98004-5703

Purpose of Disbursement  
Travel

Candidate Name

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		05		2014

Transaction ID : VN7F49RVW64

Amount of Each Disbursement this Period

160.88
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IE Only Account

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

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

1198.58
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 389 OF 539

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="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

Candidate Name

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) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		06		2014

Transaction ID : VN7F49RVW23

Amount of Each Disbursement this Period

151.17
--------

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  
Service Fees

Candidate Name

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) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		07		2014

Transaction ID : VN7F49RS290

Amount of Each Disbursement this Period

104.00
--------

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  
Monthly Fee

Candidate Name

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) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		07		2014

Transaction ID : VN7F49RS6J8

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).....▶

275.17
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 390 OF 539

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="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	State	Zip Code
Bellevue	WA	98004-5703

Purpose of Disbursement  
Travel

Candidate Name

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) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		07		2014

Transaction ID : VN7F49RVW49

Amount of Each Disbursement this Period

159.51
--------

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Egencia**

Mailing Address 333 108th Ave NE

City	State	Zip Code
Bellevue	WA	98004-5703

Purpose of Disbursement  
Travel

Candidate Name

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) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		10		2014

Transaction ID : VN7F49RVW31

Amount of Each Disbursement this Period

153.08
--------

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Egencia**

Mailing Address 333 108th Ave NE

City	State	Zip Code
Bellevue	WA	98004-5703

Purpose of Disbursement  
Travel

Candidate Name

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) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		12		2014

Transaction ID : VN7F49RVW72

Amount of Each Disbursement this Period

190.34
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IE Only Account

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

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

502.93
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 391 OF 539

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="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	State	Zip Code
Bellevue	WA	98004-5703

Purpose of Disbursement  
Travel

Candidate Name

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	12	/	2014

Transaction ID : VN7F49RVWE8

Amount of Each Disbursement this Period

190.34
--------

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Egencia**

Mailing Address 333 108th Ave NE

City	State	Zip Code
Bellevue	WA	98004-5703

Purpose of Disbursement  
Travel

Candidate Name

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	14	/	2014

Transaction ID : VN7F49RVWH1

Amount of Each Disbursement this Period

410.88
--------

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Egencia**

Mailing Address 333 108th Ave NE

City	State	Zip Code
Bellevue	WA	98004-5703

Purpose of Disbursement  
Service Fee

Candidate Name

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	19	/	2014

Transaction ID : VN7F49RS274

Amount of Each Disbursement this Period

64.00
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IE Only Account

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

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

665.22
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 392 OF 539

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="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	State	Zip Code
Bellevue	WA	98004-5703

Purpose of Disbursement  
Travel

Candidate Name

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) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	19	/	2014

Transaction ID : VN7F49RVWG3

Amount of Each Disbursement this Period

302.28
--------

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Egencia**

Mailing Address 333 108th Ave NE

City	State	Zip Code
Bellevue	WA	98004-5703

Purpose of Disbursement  
Travel

Candidate Name

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) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	20	/	2014

Transaction ID : VN7F49RVWF5

Amount of Each Disbursement this Period

201.52
--------

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Egencia**

Mailing Address 333 108th Ave NE

City	State	Zip Code
Bellevue	WA	98004-5703

Purpose of Disbursement  
Travel

Candidate Name

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) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	24	/	2014

Transaction ID : VN7F49RVW15

Amount of Each Disbursement this Period

140.05
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IE Only Account

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

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

643.85
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 393 OF 539

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="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	State	Zip Code
Bellevue	WA	98004-5703

Purpose of Disbursement  
Travel

Candidate Name

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	26	/	2014

Transaction ID : VN7F49RVZX2

Amount of Each Disbursement this Period

470.04
--------

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Egencia**

Mailing Address 333 108th Ave NE

City	State	Zip Code
Bellevue	WA	98004-5703

Purpose of Disbursement  
Travel

Candidate Name

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	26	/	2014

Transaction ID : VN7F49RVZY0

Amount of Each Disbursement this Period

187.31
--------

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Egencia**

Mailing Address 333 108th Ave NE

City	State	Zip Code
Bellevue	WA	98004-5703

Purpose of Disbursement  
Service Fee

Candidate Name

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	26	/	2014

Transaction ID : VN7F49RVZZ8

Amount of Each Disbursement this Period

8.00
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IE Only Account

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

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

665.35
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 394 OF 539

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="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	State	Zip Code
Bellevue	WA	98004-5703

Purpose of Disbursement  
Travel

Candidate Name

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	28	/	2014

Transaction ID : VN7F49RW006

Amount of Each Disbursement this Period

179.90
--------

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Egencia**

Mailing Address 333 108th Ave NE

City	State	Zip Code
Bellevue	WA	98004-5703

Purpose of Disbursement  
Service Fee

Candidate Name

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	31	/	2014

Transaction ID : VN7F49RW014

Amount of Each Disbursement this Period

8.00
------

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Egencia**

Mailing Address 333 108th Ave NE

City	State	Zip Code
Bellevue	WA	98004-5703

Purpose of Disbursement  
Travel

Candidate Name

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	31	/	2014

Transaction ID : VN7F49RW022

Amount of Each Disbursement this Period

114.24
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IE Only Account

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

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

302.14
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 395 OF 539

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Ready PAC

Full Name (Last, First, Middle Initial)

**A. Enterprise Rental Car**

Mailing Address 600 Corporate Park Dr

City  
Saint LouisState  
MOZip Code  
63105-4204Purpose of Disbursement  
Travel

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	/	11	/	2014

Transaction ID : VN7F49RVYC5

Amount of Each Disbursement this Period

388.75
--------

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Enterprise Rental Car**

Mailing Address 600 Corporate Park Dr

City  
Saint LouisState  
MOZip Code  
63105-4204Purpose of Disbursement  
Travel

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	/	11	/	2014

Transaction ID : VN7F49RVYF9

Amount of Each Disbursement this Period

657.31
--------

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Executive Town Car & Limo**

Mailing Address 333 Hempstead Ave

City  
MalverneState  
NYZip Code  
11565-1254Purpose of Disbursement  
Travel Expenses

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	/	04	/	2014

Transaction ID : VN7F49QAM78

Amount of Each Disbursement this Period

201.28
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IE Only Account

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

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

1247.34
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	21b		22		23		24		25		26
	27		28a		28b		28c		X 29		30b

## Ready PAC

### A. Exile Brewing Company

Mailing Address 1514 Walnut St

City	State	Zip Code
Des Moines	IA	50309-3420

Purpose of Disbursement
Catering

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement



Transaction ID : VN7F49QANN2

Amount of Each Disbursement this Period

2111.20

IE Only Account

Full Name (Last, First, Middle Initial)

## B. Expedia

Mailing Address 333 108th Ave NE

City	State	Zip Code
Bellevue	WA	98004-5703

Purpose of Disbursement	Travel

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) ▼		

Date of Disbursement

M M / D D / Y Y Y Y  
01 27 2014

Transaction ID : VN7F49QANP0

Amount of Each Disbursement this Period

139.42

IE Only Account

Full Name (Last, First, Middle Initial)

### C. Expedia

Mailing Address 333 108th Ave NE

City	State	Zip Code
Bellevue	WA	98004-5703

Purpose of Disbursement	Travel

Candidate Name

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) ▼		

Date of Disbursement

Transaction ID : VN7F49QAR36

Amount of Each Disbursement this Period

771.67

IE Only Account

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

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

3022.29

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 397 OF 539

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Ready PAC

Full Name (Last, First, Middle Initial)

**A. Expedia**

Mailing Address 333 108th Ave NE

City Bellevue	State WA	Zip Code 98004-5703
------------------	-------------	------------------------

Purpose of Disbursement  
Travel

Candidate Name

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		28		2014

Transaction ID : VN7F49QB090

Amount of Each Disbursement this Period

519.20
--------

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Dawn Farber**

Mailing Address 587 Walavista Ave

City Oakland	State CA	Zip Code 94610
-----------------	-------------	-------------------

Purpose of Disbursement  
Contribution Refund

Candidate Name

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		08		2014

Transaction ID : VN7F49RSBF6

Amount of Each Disbursement this Period

2475.00
---------

Refund-IE Only Account

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

Candidate Name

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		21		2014

Transaction ID : VN7F49RST89

Amount of Each Disbursement this Period

8000.00
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IE Only Account

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

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

10994.20
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 398 OF 539

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="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	State	Zip Code
Hagerstown	MD	21740-5146

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

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) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		03		2014

Transaction ID : VN7F49PNWK6

Amount of Each Disbursement this Period

9608.67
---------

IE Only Account

Full Name (Last, First, Middle Initial)

**B. First Data**

Mailing Address 1 Western Maryland Pkwy

City	State	Zip Code
Hagerstown	MD	21740-5146

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

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) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		03		2014

Transaction ID : VN7F49RRSB5

Amount of Each Disbursement this Period

1608.92
---------

IE Only Account

Full Name (Last, First, Middle Initial)

**C. First Data**

Mailing Address 1 Western Maryland Pkwy

City	State	Zip Code
Hagerstown	MD	21740-5146

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

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) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		03		2014

Transaction ID : VN7F49RVY26

Amount of Each Disbursement this Period

853.70
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IE Only Account

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

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

12071.29
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 399 OF 539

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Ready PAC

Full Name (Last, First, Middle Initial)

**A. Ernest Gaeta**

Mailing Address 2014 Bernard Blvd

City	State	Zip Code
Endicott	NY	13760-1401

Purpose of Disbursement  
Contribution Refund

Candidate Name

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) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		19		2014

Transaction ID : VN7F49R3Z22

Amount of Each Disbursement this Period

495.00
--------

Refund-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Gail Gentry**

Mailing Address 4553 Don Ricardo Dr

City	State	Zip Code
Los Angeles	CA	90008-2811

Purpose of Disbursement  
Contribution Refund

Candidate Name

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) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		07		2014

Transaction ID : VN7F49PWD42

Amount of Each Disbursement this Period

2500.00
---------

Refund-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Amy Gray**

Mailing Address 49392 Limestone Dr

City	State	Zip Code
Macomb	MI	48044-1776

Purpose of Disbursement  
Travel Reimbursement

Candidate Name

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) ▼

002  
Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		06		2014

Transaction ID : VN7F49QV008

Amount of Each Disbursement this Period

68.76
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IE Only Account

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

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

3063.76

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 400 OF 539

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="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  
WashingtonState  
DCZip Code  
20003-1647Purpose of Disbursement  
Travel Reimbursement

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		06		2014

Transaction ID : VN7F49QV0B2

Amount of Each Disbursement this Period

1433.62
---------

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Dollar Rental Car**

Mailing Address 5530 E 31st Street

City  
TulsaState  
OKZip Code  
74135Purpose of Disbursement  
Travel

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		06		2014

Transaction ID : VN7F49QV0J8

Amount of Each Disbursement this Period

329.21
--------

**[MEMO ITEM]**

\* IE Only Account

Full Name (Last, First, Middle Initial)

**C. United Airlines**

Mailing Address PO Box 66100

City  
ChicagoState  
ILZip Code  
60666-0100Purpose of Disbursement  
Travel

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		06		2014

Transaction ID : VN7F49QV0C0

Amount of Each Disbursement this Period

777.70
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**[MEMO ITEM]**

\* IE Only Account

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

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

1433.62
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 402 OF 539

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="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  
WashingtonState  
DCZip Code  
20005-2941Purpose of Disbursement  
Travel Reimbursement

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		04		2014

Transaction ID : VN7F49RSZD9

Amount of Each Disbursement this Period

267.09
--------

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Karen Hall**

Mailing Address 2941 Tellico Rd

City  
FranklinState  
NCZip Code  
28734-5960Purpose of Disbursement  
Contribution Refund

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
01		10		2014

Transaction ID : VN7F49RSB80

Amount of Each Disbursement this Period

2495.00
---------

Refund-IE Only Account

Full Name (Last, First, Middle Initial)

**C. George Hausmann**Mailing Address 1445 Ogden St NW  
Apt 429City  
WashingtonState  
DCZip Code  
20010-1959Purpose of Disbursement  
Administrative Consulting

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
01		23		2014

Transaction ID : VN7F49Q2YY9

Amount of Each Disbursement this Period

3000.00
---------

IE Only Account

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

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

5762.09
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 403 OF 539

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Ready PAC

Full Name (Last, First, Middle Initial)

**A. George Hausmann**Mailing Address 1445 Ogden St NW  
Apt 429

City Washington State DC Zip Code 20010-1959

Purpose of Disbursement  
Administrative Consulting

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	/	24	/	2014

Transaction ID : VN7F49RSTK6

Amount of Each Disbursement this Period

1000.00
---------

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Hertz Rent-A-Car**

Mailing Address 225 Brae Blvd

City Park Ridge State NJ Zip Code 07656-1870

Purpose of Disbursement  
Rental Car Expense

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
01	/	27	/	2014

Transaction ID : VN7F49QANQ8

Amount of Each Disbursement this Period

460.12
--------

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Hertz Rent-A-Car**

Mailing Address 225 Brae Blvd

City Park Ridge State NJ Zip Code 07656-1870

Purpose of Disbursement  
Rental Car Fee

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
01	/	27	/	2014

Transaction ID : VN7F49QAR44

Amount of Each Disbursement this Period

58.41
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IE Only Account

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

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

1518.53
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 404 OF 539

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="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  
Travel Reimbursement

Candidate Name

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) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		07		2014

Transaction ID : VN7F49PWCW9

Amount of Each Disbursement this Period

44.00
-------

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Kirby A. Hoag**

Mailing Address 2011 N Upton St

City	State	Zip Code
Arlington	VA	22207-2326

Purpose of Disbursement  
Travel Reimbursement

Candidate Name

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) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		07		2014

Transaction ID : VN7F49PWCX6

Amount of Each Disbursement this Period

108.00
--------

IE Only Account

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  
Travel Reimbursement

Candidate Name

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) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		07		2014

Transaction ID : VN7F49PWCY4

Amount of Each Disbursement this Period

217.00
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IE Only Account

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

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

369.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 405 OF 539

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="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  
Travel Reimbursement

Candidate Name

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		07		2014

Transaction ID : VN7F49PWD18

Amount of Each Disbursement this Period

154.00
--------

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Kirby A. Hoag**

Mailing Address 2011 N Upton St

City	State	Zip Code
Arlington	VA	22207-2326

Purpose of Disbursement  
Office Supply Reimbursement

Candidate Name

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		10		2014

Transaction ID : VN7F49PQ001

Amount of Each Disbursement this Period

222.05
--------

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Staples**

Mailing Address 3804 Wilson Blvd

City	State	Zip Code
Arlington	VA	22203-1920

Purpose of Disbursement  
Office Supplies

Candidate Name

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		10		2014

Transaction ID : VN7F49Q7G60

Amount of Each Disbursement this Period

225.05
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**[MEMO ITEM]**

\* IE Only Account

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

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

376.05
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 406 OF 539

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="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  
Travel Reimbursement

Candidate Name

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) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		10		2014

Transaction ID : VN7F49PQ019

Amount of Each Disbursement this Period

69.00
-------

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Kirby A. Hoag**

Mailing Address 2011 N Upton St

City	State	Zip Code
Arlington	VA	22207-2326

Purpose of Disbursement  
Travel Reimbursement

Candidate Name

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) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		24		2014

Transaction ID : VN7F49RSZ56

Amount of Each Disbursement this Period

117.43
--------

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Uber**

Mailing Address 800 Market St

City	State	Zip Code
San Francisco	CA	94102-3033

Purpose of Disbursement  
Travel

Candidate Name

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) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		24		2014

Transaction ID : VN7F49RSZ64

Amount of Each Disbursement this Period

117.43
--------

**[MEMO ITEM]**

\* IE Only Account

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

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

186.43
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 407 OF 539

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Ready PAC

Full Name (Last, First, Middle Initial)

**A. Carol Holbay**

Mailing Address 238 Indigo Ln

City	State	Zip Code
Somerset	PA	15501-7299

Purpose of Disbursement  
Contribution Refund

Candidate Name

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) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		09		2014

Transaction ID : VN7F49PWCQ9

Amount of Each Disbursement this Period

2500.00
---------

Refund-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Holiday Inn Concord Downtown**

Mailing Address 172 N Main St

City	State	Zip Code
Concord	NH	03301-5067

Purpose of Disbursement  
Travel

Candidate Name

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) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		03		2014

Transaction ID : VN7F49RVXK8

Amount of Each Disbursement this Period

200.00
--------

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Holiday Inn Concord Downtown**

Mailing Address 172 N Main St

City	State	Zip Code
Concord	NH	03301-5067

Purpose of Disbursement  
Travel

Candidate Name

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) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		21		2014

Transaction ID : VN7F49RVZH8

Amount of Each Disbursement this Period

1535.65
---------

IE Only Account

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

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

4235.65
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 408 OF 539

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Ready PAC

Full Name (Last, First, Middle Initial)

**A. Hotel Fort Des Moines**

Mailing Address 1000 Walnut St

City  
Des MoinesState  
IAZip Code  
50309-3400Purpose of Disbursement  
Travel

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		11		2014

Transaction ID : VN7F49RVXM6

Amount of Each Disbursement this Period

199.36
--------

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Hotel Fort Des Moines**

Mailing Address 1000 Walnut St

City  
Des MoinesState  
IAZip Code  
50309-3400Purpose of Disbursement  
Travel

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		11		2014

Transaction ID : VN7F49RVY84

Amount of Each Disbursement this Period

363.90
--------

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Infogroup**

Mailing Address 10 Vose Farm Rd

City  
PeterboroughState  
NHZip Code  
03458-2111Purpose of Disbursement  
Direct Mail Production

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		21		2014

Transaction ID : VN7F49Q16G0

Amount of Each Disbursement this Period

31835.00
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IE Only Account

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

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

32398.26
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 409 OF 539

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Ready PAC

Full Name (Last, First, Middle Initial)

**A. Infogroup**

Mailing Address 10 Vose Farm Rd

City	State	Zip Code
Peterborough	NH	03458-2111

Purpose of Disbursement  
Direct Mail Production

Candidate Name

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) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		24		2014

Transaction ID : VN7F49RSTN2

Amount of Each Disbursement this Period

74261.24
----------

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Jafri Strategies LLC**

Mailing Address 25 Snyder Rd

City	State	Zip Code
Englewood Cliffs	NJ	07632-1619

Purpose of Disbursement  
Finance Consulting

Candidate Name

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) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		12		2014

Transaction ID : VN7F49QYHC0

Amount of Each Disbursement this Period

8000.00
---------

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Quentin James**Mailing Address 3110 Mount Vernon Ave  
Apt 220

City	State	Zip Code
Alexandria	VA	22305

Purpose of Disbursement  
Travel Reimbursement

Candidate Name

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) ▼

002  
Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		28		2014

Transaction ID : VN7F49QV1M6

Amount of Each Disbursement this Period

1125.93
---------

IE Only Account

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

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

83387.17

	21b		22		23		24		25		26
	27		28a		28b		28c		X 29		30b

## Ready PAC

### A. Phillips Restaurant & Bar

Transaction ID : VN7F49QV1P2

Category/  
Type

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

500.00

\* IE Only Account

### B. Priceline

MM / DD / YYYY

Transaction ID : VN7F49QV1N4

Category/  
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

74.08

\* IE Only Account

### C. Priceline

M M / D D / Y Y Y Y  
01 28 2014

Transaction ID : VN7F49QV1R8


Category/  
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

290.61

\* IE Only Account

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 411 OF 539

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="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 Airlines**

Mailing Address PO Box 66100

City	State	Zip Code
Chicago	IL	60666-0100

Purpose of Disbursement  
Baggage Fees

Candidate Name

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) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		28		2014

Transaction ID : VN7F49QV1Q0

Amount of Each Disbursement this Period

60.00
-------

**[MEMO ITEM]**

\* IE Only Account

Full Name (Last, First, Middle Initial)

**B. Quentin James**Mailing Address 3110 Mount Vernon Ave  
Apt 220

City	State	Zip Code
Alexandria	VA	22305

Purpose of Disbursement  
Travel Reimbursement

Candidate Name

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) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		25		2014

Transaction ID : VN7F49R3YM1

Amount of Each Disbursement this Period

564.91
--------

IE Only Account

Full Name (Last, First, Middle Initial)

**C. US Airways**

Mailing Address 4000 E Sky Harbor Blvd

City	State	Zip Code
Phoenix	AZ	85034-3802

Purpose of Disbursement  
Travel

Candidate Name

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) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		25		2014

Transaction ID : VN7F49R3YS1

Amount of Each Disbursement this Period

25.00
-------

**[MEMO ITEM]**

\* IE Only Account

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

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

564.91
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 412 OF 539

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="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  
Travel Reimbursement

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	/	03	/	2014

Transaction ID : VN7F49RSZB3

Amount of Each Disbursement this Period

326.14
--------

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Enterprise Rental Car**

Mailing Address 600 Corporate Park Dr

City Saint Louis State MO Zip Code 63105-4204

Purpose of Disbursement  
Travel

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	/	03	/	2014

Transaction ID : VN7F49RSZC1

Amount of Each Disbursement this Period

326.14
--------

[MEMO ITEM]

\* IE Only Account

Full Name (Last, First, Middle Initial)

**C. CarolAnn Jellison**

Mailing Address 10810 Centennial Trl

City Austin State TX Zip Code 78726-1463

Purpose of Disbursement  
Contribution Refund

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
01	/	16	/	2014

Transaction ID : VN7F49RSCB5

Amount of Each Disbursement this Period

490.00
--------

Refund-IE Only Account

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

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

816.14
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 413 OF 539

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="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  
Office Supply Reimbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		07		2014

Transaction ID : VN7F49PWCV1

Amount of Each Disbursement this Period

35.21
-------

IE Only Account

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  
Office Supply Reimbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		03		2014

Transaction ID : VN7F49RSZ97

Amount of Each Disbursement this Period

125.21
--------

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

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		03		2014

Transaction ID : VN7F49RSZA5

Amount of Each Disbursement this Period

125.21
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**[MEMO ITEM]**

\* IE Only Account

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

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

160.42
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 414 OF 539

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="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  
Travel Reimbursement

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		04		2014

Transaction ID : VN7F49RSZE7

Amount of Each Disbursement this Period

45.43
-------

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

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		04		2014

Transaction ID : VN7F49RSZF5

Amount of Each Disbursement this Period

45.43
-------

**[MEMO ITEM]**

\* IE Only Account

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  
Travel Reimbursement

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		04		2014

Transaction ID : VN7F49RSZG3

Amount of Each Disbursement this Period

157.00
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IE Only Account

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

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

202.43
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 416 OF 539

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="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  
Postage Reimbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		04		2014

Transaction ID : VN7F49RSZM4

Amount of Each Disbursement this Period

100.00
--------

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

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		04		2014

Transaction ID : VN7F49RSZN2

Amount of Each Disbursement this Period

100.00
--------

**[MEMO ITEM]**

\* IE Only Account

Full Name (Last, First, Middle Initial)

**C. Johnny's Half Shell**

Mailing Address North Capitol Street NW

City Washington State DC Zip Code 20001

Purpose of Disbursement  
Catering

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		14		2014

Transaction ID : VN7F49RVZ29

Amount of Each Disbursement this Period

500.00
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IE Only Account

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

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

600.00
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	21b		22		23		24		25		26
	27		28a		28b		28c		X 29		30b

## Ready PAC

### A. Tyler Johnson

Category/  
Type

495.00

Refund-IE Only Account

### B. Julie Wertz

03 / 20 / 2014

Category/  
Type

7500.00

IE Only Account

### C. Julie Wertz

Category/  
Type

7500.00

IE Only Account

15495.00

\_\_\_\_\_

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 418 OF 539

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Ready PAC

Full Name (Last, First, Middle Initial)

**A. Gabriella Kahn**

Mailing Address 7808 Town Gate Pl

City	State	Zip Code
Bethesda	MD	20817-4119

Purpose of Disbursement  
Administrative Consulting

Candidate Name

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		23		2014

Transaction ID : VN7F49Q2Z05

Amount of Each Disbursement this Period

3000.00
---------

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Gabriella Kahn**

Mailing Address 7808 Town Gate Pl

City	State	Zip Code
Bethesda	MD	20817-4119

Purpose of Disbursement  
Travel Reimbursement

Candidate Name

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		13		2014

Transaction ID : VN7F49RSZR6

Amount of Each Disbursement this Period

672.22
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IE Only Account

Full Name (Last, First, Middle Initial)

**C. Dollar Rental Car**

Mailing Address 5530 E 31st Street

City	State	Zip Code
Tulsa	OK	74135

Purpose of Disbursement  
Travel

Candidate Name

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		13		2014

Transaction ID : VN7F49RSZS4

Amount of Each Disbursement this Period

646.17
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[MEMO ITEM]

\* IE Only Account

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

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

3672.22
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 419 OF 539

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Ready PAC

Full Name (Last, First, Middle Initial)

**A. Kaze Design LLC**

Mailing Address 15 Olson Rd

City	State	Zip Code
North Branford	CT	06471-1705

Purpose of Disbursement  
Field Material Design

Candidate Name

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	25	/	2014

Transaction ID : VN7F49RSTX5

Amount of Each Disbursement this Period

500.00
--------

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Kaze Design LLC**

Mailing Address 15 Olson Rd

City	State	Zip Code
North Branford	CT	06471-1705

Purpose of Disbursement  
Field Material Design

Candidate Name

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	26	/	2014

Transaction ID : VN7F49RSTW7

Amount of Each Disbursement this Period

225.00
--------

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Kim King**

Mailing Address 118 Plum St

City	State	Zip Code
Westwego	LA	70094-4011

Purpose of Disbursement  
Contribution Refund

Candidate Name

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	17	/	2014

Transaction ID : VN7F49RZZW7

Amount of Each Disbursement this Period

2016.00
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Refund-IE Only Account

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

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

2741.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 420 OF 539

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Ready PAC

Full Name (Last, First, Middle Initial)

**A. Steven Kirsch**

Mailing Address 13930 La Paloma Rd

City  
Los Altos HillsState  
CAZip Code  
94022-2628Purpose of Disbursement  
Contribution Refund

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	21	/	2014

Transaction ID : VN7F49RW4Q5

Amount of Each Disbursement this Period

250.00
--------

Refund-IE Only Account

Full Name (Last, First, Middle Initial)

**B. KK Promotions/ AIA Corporation**Mailing Address Kk Promotions/ Aia Corporation  
8148 Solutions CenterCity  
ChicagoState  
ILZip Code  
60677-0001Purpose of Disbursement  
Printing

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	06	/	2014

Transaction ID : VN7F49QV0N1

Amount of Each Disbursement this Period

70000.00
----------

IE Only Account

Full Name (Last, First, Middle Initial)

**C. KK Promotions/ AIA Corporation**Mailing Address Kk Promotions/ Aia Corporation  
8148 Solutions CenterCity  
ChicagoState  
ILZip Code  
60677-0001Purpose of Disbursement  
Printing

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	17	/	2014

Transaction ID : VN7F49RSV25

Amount of Each Disbursement this Period

35000.00
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IE Only Account

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

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

105250.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 421 OF 539

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="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  
Printing

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	25	/	2014

Transaction ID : VN7F49RSYX2

Amount of Each Disbursement this Period

10000.00
----------

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  
Printing

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	26	/	2014

Transaction ID : VN7F49RSTV9

Amount of Each Disbursement this Period

20000.00
----------

IE Only Account

Full Name (Last, First, Middle Initial)

**C. KNS Contracting**

Mailing Address 4022 Blackburn Ln

City Burtonsville State MD Zip Code 20866-1167

Purpose of Disbursement  
Office Construction

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01	/	08	/	2014

Transaction ID : VN7F49PPZX7

Amount of Each Disbursement this Period

12318.00
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IE Only Account

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

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

42318.00
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	21b		22		23		24		25		26
	27		28a		28b		28c	X	29		30b

Ready PAC

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 423 OF 539

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Ready PAC

Full Name (Last, First, Middle Initial)

**A. Phillip Lund**

Mailing Address 824 S296 Pl

City	State	Zip Code
Federal Way	WA	98003

Purpose of Disbursement  
Contribution Refund

Candidate Name

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		27		2014

Transaction ID : VN7F49R43K3

Amount of Each Disbursement this Period

2500.00
---------

Refund-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Joan Malarkey**

Mailing Address 1 Burket Ct

City	State	Zip Code
Silver Spring	MD	20910-1355

Purpose of Disbursement  
Contribution Refund

Candidate Name

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		08		2014

Transaction ID : VN7F49PWCT3

Amount of Each Disbursement this Period

2500.00
---------

Refund-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Marriott Hotel**

Mailing Address 700 Grand Ave

City	State	Zip Code
Des Moines	IA	50309-2705

Purpose of Disbursement  
Travel

Candidate Name

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		27		2014

Transaction ID : VN7F49QANS3

Amount of Each Disbursement this Period

25.20
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IE Only Account

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

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

5025.20
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 424 OF 539

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Ready PAC

Full Name (Last, First, Middle Initial)

**A. Marriott Hotel**

Mailing Address 700 Grand Ave

City	State	Zip Code
Des Moines	IA	50309-2705

Purpose of Disbursement  
Travel

Candidate Name

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) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		27		2014

Transaction ID : VN7F49QAR52

Amount of Each Disbursement this Period

155.54
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IE Only Account

Full Name (Last, First, Middle Initial)

**B. Marriott Hotel**

Mailing Address 700 Grand Ave

City	State	Zip Code
Des Moines	IA	50309-2705

Purpose of Disbursement  
Travel

Candidate Name

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) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		28		2014

Transaction ID : VN7F49QB0B6

Amount of Each Disbursement this Period

755.31
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IE Only Account

Full Name (Last, First, Middle Initial)

**C. Marriott Pinelas Park**

Mailing Address 12600 Roosevelt Blvd N

City	State	Zip Code
St Petersburg	FL	33716-1931

Purpose of Disbursement  
Event Room Rental

Candidate Name

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) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		06		2014

Transaction ID : VN7F49RQHN9

Amount of Each Disbursement this Period

1712.05
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IE Only Account

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

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

2622.90
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	21b		22		23		24		25		26
	27		28a		28b		28c		X 29		30b

## Ready PAC

### A. Microsoft

Mailing Address 205 108th Ave NE  
Ste 400

City	State	Zip Code
Bellevue	WA	98004-5770

Purpose of Disbursement
Software Purchase

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID : VN7F49Q06B2

Amount of Each Disbursement this Period

40.63

IE Only Account

## B. Microsoft

MM / DD / YYYY

Mailing Address 205 108th Ave NE  
Ste 400

City	State	Zip Code
Bellevue	WA	98004-5770

Purpose of Disbursement
Software Purchase

Candidate Name	
1	
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50	

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) ▼		

Transaction ID : VN7F49QB4B5

Amount of Each Disbursement this Period

9.99

IE Only Account

### C. Microsoft

Mailing Address 205 108th Ave NE  
Ste 400

City	State	Zip Code
Bellevue	WA	98004-5770

Purpose of Disbursement	Software Purchase

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) ▼		

Transaction ID : VN7F49QB5B8

Amount of Each Disbursement this Period

9.99

IE Only Account

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

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

60.61

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 427 OF 539

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="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

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		12		2014

Transaction ID : VN7F49RREK5

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

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		21		2014

Transaction ID : VN7F49RRRJ9

Amount of Each Disbursement this Period

106.74
--------

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

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		21		2014

Transaction ID : VN7F49RRRK7

Amount of Each Disbursement this Period

9.99
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IE Only Account

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

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

126.72
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 428 OF 539

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="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

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	13	/	2014

Transaction ID : VN7F49RS2J1

Amount of Each Disbursement this Period

29.97
-------

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

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	13	/	2014

Transaction ID : VN7F49RS300

Amount of Each Disbursement this Period

10.54
-------

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Dolores Miele**

Mailing Address 12093 Crystal Wells Rd

City Nevada City State CA Zip Code 95959

Purpose of Disbursement  
Contribution Refund

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	31	/	2014

Transaction ID : VN7F49RSC73

Amount of Each Disbursement this Period

2495.00
---------

Refund-IE Only Account

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

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

2535.51
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	21b		22		23		24		25		26
	27		28a		28b		28c		X 29		30b

## Ready PAC

### A. Modern Office Furniture

Transaction ID : VN7F49RRS67

Category/  
Type

IE Only Account

### B. William Morgan

# William Morgan

MM / DD / YYYY

Transaction ID : VN7F49RSBD0

Category/  
Type

Refund-IE Only Account

**C. Christine Nezu**

Christine Nezu



Transaction ID : VN7F49R3ZM2

Category/  
Type

Refund-IE Only Account

4289.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 430 OF 539

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="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

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	26	/	2014

Transaction ID : VN7F49RSGA6

Amount of Each Disbursement this Period

18173.75
----------

IE Only Account

Full Name (Last, First, Middle Initial)

**B. PackagingSupplies.com**

Mailing Address 16363 Pearl Rd

City Cleveland State OH Zip Code 44136-6002

Purpose of Disbursement  
Shipping Supplies

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01	/	31	/	2014

Transaction ID : VN7F49QB5E1

Amount of Each Disbursement this Period

677.80
--------

IE Only Account

Full Name (Last, First, Middle Initial)

**C. PackagingSupplies.com**

Mailing Address 16363 Pearl Rd

City Cleveland State OH Zip Code 44136-6002

Purpose of Disbursement  
Shipping Supplies

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	21	/	2014

Transaction ID : VN7F49RVKW7

Amount of Each Disbursement this Period

41.44
-------

IE Only Account

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

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

18892.99
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 431 OF 539

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="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
02		11		2014

Mailing Address Building D  
PO Box 75213

City Baltimore State MD Zip Code 21275-0001

Purpose of Disbursement  
Rent

Candidate Name

Category/  
Type

Transaction ID : VN7F49QV0G2

Amount of Each Disbursement this Period

7345.00

IE Only Account

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
02		11		2014

Mailing Address Building D  
PO Box 75213

City Baltimore State MD Zip Code 21275-0001

Purpose of Disbursement  
Rent

Candidate Name

Category/  
Type

Transaction ID : VN7F49QV0H0

Amount of Each Disbursement this Period

489.66

IE Only Account

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
03		24		2014

Mailing Address Building D  
PO Box 75213

City Baltimore State MD Zip Code 21275-0001

Purpose of Disbursement  
Rent

Candidate Name

Category/  
Type

Transaction ID : VN7F49RSYW5

Amount of Each Disbursement this Period

13743.33

IE Only Account

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

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

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

21577.99
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 432 OF 539

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Ready PAC

Full Name (Last, First, Middle Initial)

**A. Adam J Parkhomenko**

Mailing Address 2011 N Upton St

City	State	Zip Code
Arlington	VA	22207

Purpose of Disbursement  
Travel Reimbursement

Candidate Name

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) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		03		2014

Transaction ID : VN7F49PGTK1

Amount of Each Disbursement this Period

4508.86
---------

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Cafe Asia**Mailing Address 1550 Wilson Blvd  
Ste 100

City	State	Zip Code
Arlington	VA	22209-2435

Purpose of Disbursement  
Meal Expense

Candidate Name

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) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		03		2014

Transaction ID : VN7F49S0A81

Amount of Each Disbursement this Period

375.15
--------

**[MEMO ITEM]**

\* IE Only Account

Full Name (Last, First, Middle Initial)

**C. CVS**

Mailing Address 1100 Wilson Blvd

City	State	Zip Code
Rosslyn	VA	22209-2249

Purpose of Disbursement  
Office Supplies

Candidate Name

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) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		03		2014

Transaction ID : VN7F49S0A99

Amount of Each Disbursement this Period

286.14
--------

**[MEMO ITEM]**

\* IE Only Account

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

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

4508.86
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 433 OF 539

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="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**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		03		2014

Mailing Address 1735 N Lynn St  
# 20

City Arlington State VA Zip Code 22209-2013

Purpose of Disbursement  
Travel

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID : VN7F49S0A65

Amount of Each Disbursement this Period

287.55

[MEMO ITEM]

\* IE Only Account

Full Name (Last, First, Middle Initial)

**B. Sushi Ko**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		03		2014

Mailing Address 5455 Wisconsin Ave

City Chevy Chase State MD Zip Code 20815-3532

Purpose of Disbursement  
Meal Expense

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID : VN7F49S0AB4

Amount of Each Disbursement this Period

227.68

[MEMO ITEM]

\* IE Only Account

Full Name (Last, First, Middle Initial)

**C. The Westin New York at Times Square**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		03		2014

Mailing Address 270 W 43rd St

City New York State NY Zip Code 10036-3912

Purpose of Disbursement  
Travel

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID : VN7F49S0A57

Amount of Each Disbursement this Period

477.46

[MEMO ITEM]

\* IE Only Account

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

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

0.00

	21b		22		23		24		25		26
	27		28a		28b		28c		X 29		30b

## Ready PAC

**A. Party Rental LTD.**

Mailing Address 275 North St

City	State	Zip Code
Teterboro	NJ	07608-1201

Purpose of Disbursement	Event Set-Up Costs

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

Transaction ID : VN7F49RVYV4

Amount of Each Disbursement this Period

466.60

IE Only Account

Full Name (Last, First, Middle Initial)

## B. Paychex

Mailing Address 3060 Williams Dr  
Ste 200

City	State	Zip Code
Fairfax	VA	22031-4627

Purpose of Disbursement
Payroll Service Fee

---

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

01 / 15 / 2014

Transaction ID : VN7F49PWC15

Amount of Each Disbursement this Period

296.75

IE Only Account

Full Name (Last, First, Middle Initial)

### C. Paychex

Mailing Address 3060 Williams Dr  
Ste 200

City	State	Zip Code
Fairfax	VA	22031-4627

Purpose of Disbursement	Workers Compensation Premium

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

Transaction ID : VN7F49PWC23

Amount of Each Disbursement this Period

115.68

IE Only Account

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

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

879.03

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 435 OF 539

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="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

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
01		15		2014

Transaction ID : VN7F49PWC31

Amount of Each Disbursement this Period

19035.85
----------

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

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
01		15		2014

Transaction ID : VN7F49PWC49

Amount of Each Disbursement this Period

32241.32
----------

IE Only Account

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

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
01		15		2014

Transaction ID : VN7F49PWC57

Amount of Each Disbursement this Period

1641.82
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[MEMO ITEM]  
\* IE Only Account

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

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

51277.17
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 436 OF 539

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="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**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		15		2014

Mailing Address 1143 Harrison Ave

**Transaction ID : VN7F49PWC65**

City	State	Zip Code
Columbus	OH	43201

Amount of Each Disbursement this Period

Purpose of Disbursement  
Salary

2760.31
---------

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) ▼	

**[MEMO ITEM]**

\* IE Only Account

State: District:

Full Name (Last, First, Middle Initial)

**B. Lisa Changadveja**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		15		2014

Mailing Address 2420 16th St NW  
Apt 414**Transaction ID : VN7F49PWC73**

City	State	Zip Code
Washington	DC	20009-3504

Amount of Each Disbursement this Period

Purpose of Disbursement  
Salary

1992.53
---------

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) ▼	

**[MEMO ITEM]**

\* IE Only Account

State: District:

Full Name (Last, First, Middle Initial)

**C. Amy Celeste Drummond**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		15		2014

Mailing Address 104 Roberts Ln  
Apt 401**Transaction ID : VN7F49PWC81**

City	State	Zip Code
Alexandria	VA	22314-4620

Amount of Each Disbursement this Period

Purpose of Disbursement  
Salary

2182.39
---------

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) ▼	

**[MEMO ITEM]**

\* IE Only Account

State: District:

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

0.00
------

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 437 OF 539

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="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	State	Zip Code
Macomb	MI	48044-1776

Purpose of Disbursement  
Salary

Candidate Name

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) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		15		2014

Transaction ID : VN7F49PWC98

Amount of Each Disbursement this Period

2745.25
---------

**[MEMO ITEM]**

\* IE Only Account

Full Name (Last, First, Middle Initial)

**B. Jessica Grounds**

Mailing Address 1717 Bay St SE

City	State	Zip Code
Washington	DC	20003-1647

Purpose of Disbursement  
Salary

Candidate Name

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) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		15		2014

Transaction ID : VN7F49PWCA6

Amount of Each Disbursement this Period

2547.12
---------

**[MEMO ITEM]**

\* IE Only Account

Full Name (Last, First, Middle Initial)

**C. Christopher Guerrero**

Mailing Address 1325 15th St NW

City	State	Zip Code
Washington	DC	20005-2941

Purpose of Disbursement  
Salary

Candidate Name

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) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		15		2014

Transaction ID : VN7F49PWCBA4

Amount of Each Disbursement this Period

1887.02
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**[MEMO ITEM]**

\* IE Only Account

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 PageFOR LINE NUMBER:  
(check only one)

PAGE 438 OF 539

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="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  
Salary

Candidate Name

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01	/	15	/	2014

Transaction ID : VN7F49PWCC2

Amount of Each Disbursement this Period

1838.53
---------

[MEMO ITEM]

\* IE Only Account

Full Name (Last, First, Middle Initial)

**B. Quentin James**Mailing Address 3110 Mount Vernon Ave  
Apt 220

City	State	Zip Code
Alexandria	VA	22305

Purpose of Disbursement  
Salary

Candidate Name

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01	/	15	/	2014

Transaction ID : VN7F49PWCD0

Amount of Each Disbursement this Period

1902.82
---------

[MEMO ITEM]

\* IE Only Account

Full Name (Last, First, Middle Initial)

**C. Eric L Jeng**Mailing Address 1436 Meridian PI NW  
Apt 406

City	State	Zip Code
Washington	DC	20010-1935

Purpose of Disbursement  
Salary

Candidate Name

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01	/	15	/	2014

Transaction ID : VN7F49PWCE8

Amount of Each Disbursement this Period

1165.11
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[MEMO ITEM]

\* IE Only Account

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 PageFOR LINE NUMBER:  
(check only one)

PAGE 439 OF 539

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="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

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
01		15		2014

Transaction ID : VN7F49PWCF6

Amount of Each Disbursement this Period

2688.32
---------

[MEMO ITEM]

\* IE Only Account

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

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
01		15		2014

Transaction ID : VN7F49PWCG4

Amount of Each Disbursement this Period

2672.51
---------

[MEMO ITEM]

\* IE Only Account

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

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
01		15		2014

Transaction ID : VN7F49PWCH2

Amount of Each Disbursement this Period

1805.57
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[MEMO ITEM]

\* IE Only Account

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 PageFOR LINE NUMBER:  
(check only one)

PAGE 440 OF 539

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="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**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		15		2014

Mailing Address 1530 16th St NW  
Apt 703

City Washington State DC Zip Code 20036

Purpose of Disbursement  
Salary

Candidate Name

Category/  
Type

Transaction ID : VN7F49PWCJ0

Amount of Each Disbursement this Period

1805.57

**[MEMO ITEM]**

\* IE Only Account

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**B. Nicole Titus**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		15		2014

Mailing Address 1930 Columbia Rd NW  
Apt 421

City Arlington State VA Zip Code 22206

Purpose of Disbursement  
Salary

Candidate Name

Category/  
Type

Transaction ID : VN7F49PWCK7

Amount of Each Disbursement this Period

2606.45

**[MEMO ITEM]**

\* IE Only Account

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**C. Paychex**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		31		2014

Mailing Address 3060 Williams Dr  
Ste 200

City Fairfax State VA Zip Code 22031-4627

Purpose of Disbursement  
Payroll Service Fee

Candidate Name

Category/  
Type

Transaction ID : VN7F49Q6BH9

Amount of Each Disbursement this Period

185.75

IE Only Account

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

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

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

185.75
--------



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 441 OF 539

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="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  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		31		2014

Transaction ID : VN7F49Q6BK5

Amount of Each Disbursement this Period

108.13
--------

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

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		31		2014

Transaction ID : VN7F49Q6BM3

Amount of Each Disbursement this Period

19201.60
----------

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

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		31		2014

Transaction ID : VN7F49Q6BQ6

Amount of Each Disbursement this Period

32575.27
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IE Only Account

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

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

51885.00
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	21b		22		23		24		25		26
	27		28a		28b		28c		X 29		30b

## Ready PAC

### A. Christopher Guerrero

Mailing Address 1325 15th St NW

City	State	Zip Code
Washington	DC	20005-2941

Purpose of Disbursement	Salary

Candidate Name \_\_\_\_\_

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

Transaction ID : VN7F49Q6C23

Amount of Each Disbursement this Period

1887.03

**[MEMO ITEM]**  
\* IE Only Account

Full Name (Last, First, Middle Initial)

**B. Kirby A. Hoag**

Mailing Address 2011 N Upton St

City	State	Zip Code
Arlington	VA	22207-2326

Purpose of Disbursement	Salary

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

Transaction ID : VN7F49Q6C57

Amount of Each Disbursement this Period

1838.53

**[MEMO ITEM]**  
\* IE Only Account

Full Name (Last, First, Middle Initial)

### C. Quentin James

Mailing Address 3110 Mount Vernon Ave  
Apt 220

City	State	Zip Code
Alexandria	VA	22305

Purpose of Disbursement	Salary

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement



Transaction ID : VN7F49Q6C65

Amount of Each Disbursement this Period

1902.82

[MEMO ITEM]  
\* IE Only Account

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

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

Age Group	Percentage
18-24	25.00
25-34	20.00
35-44	15.00
45-54	10.00
55-64	8.00
65-74	6.00
75-84	4.00
85+	5.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 445 OF 539

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="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**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		31		2014

Mailing Address 1436 Meridian PI NW  
Apt 406

City Washington State DC Zip Code 20010-1935

Purpose of Disbursement  
Salary

Candidate Name

Category/  
Type

Transaction ID : VN7F49Q6C81

Amount of Each Disbursement this Period

1499.05
---------

[MEMO ITEM]

\* IE Only Account

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**B. Alissa Li-Tsu Ko**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		31		2014

Mailing Address 425 L St NW  
Apt 609

City Washington State DC Zip Code 20001-2599

Purpose of Disbursement  
Salary

Candidate Name

Category/  
Type

Transaction ID : VN7F49Q6CA6

Amount of Each Disbursement this Period

2688.32
---------

[MEMO ITEM]

\* IE Only Account

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**C. Adam J Parkhomenko**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		31		2014

Mailing Address 2011 N Upton St

City Arlington State VA Zip Code 22207

Purpose of Disbursement  
Salary

Candidate Name

Category/  
Type

Transaction ID : VN7F49Q6CC2

Amount of Each Disbursement this Period

2672.51
---------

[MEMO ITEM]

\* IE Only Account

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

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 PageFOR LINE NUMBER:  
(check only one)

PAGE 446 OF 539

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Ready PAC

Full Name (Last, First, Middle Initial)

**A. Rachel Schneider**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		31		2014

Mailing Address 2401 Calvert St NW  
Apt 916

City Washington State DC Zip Code 20008-2678

Purpose of Disbursement  
Salary

Candidate Name

Category/  
Type

Transaction ID : VN7F49Q6CE8

Amount of Each Disbursement this Period

1805.57

[MEMO ITEM]

\* IE Only Account

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**B. Alexandra Smith**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		31		2014

Mailing Address 1530 16th St NW  
Apt 703

City Washington State DC Zip Code 20036

Purpose of Disbursement  
Salary

Candidate Name

Category/  
Type

Transaction ID : VN7F49Q6CG4

Amount of Each Disbursement this Period

1805.57

[MEMO ITEM]

\* IE Only Account

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**C. Nicole Titus**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		31		2014

Mailing Address 1930 Columbia Rd NW  
Apt 421

City Arlington State VA Zip Code 22206

Purpose of Disbursement  
Salary

Candidate Name

Category/  
Type

Transaction ID : VN7F49Q6CK7

Amount of Each Disbursement this Period

2606.45

[MEMO ITEM]

\* IE Only Account

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

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 PageFOR LINE NUMBER:  
(check only one)

PAGE 447 OF 539

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="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

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		14		2014

Transaction ID : VN7F49R4100

Amount of Each Disbursement this Period

137.00
--------

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

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		14		2014

Transaction ID : VN7F49R4117

Amount of Each Disbursement this Period

118.46
--------

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

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		14		2014

Transaction ID : VN7F49R4125

Amount of Each Disbursement this Period

19091.77
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IE Only Account

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

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

19347.23
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 448 OF 539

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="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

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		14		2014

Transaction ID : VN7F49R4133

Amount of Each Disbursement this Period

34005.35
----------

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Neisha Blandin**Mailing Address 2511 Q St NW  
Apt 306

City Washington State DC Zip Code 20007

Purpose of Disbursement  
Salary

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		14		2014

Transaction ID : VN7F49R4141

Amount of Each Disbursement this Period

1641.82
---------

**[MEMO ITEM]**

\* 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  
Salary

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		14		2014

Transaction ID : VN7F49R4167

Amount of Each Disbursement this Period

2760.31
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**[MEMO ITEM]**

\* IE Only Account

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

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

34005.35
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 449 OF 539

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="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

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		14		2014

Transaction ID : VN7F49R4175

Amount of Each Disbursement this Period

1992.53
---------

[MEMO ITEM]

\* IE Only Account

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

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		14		2014

Transaction ID : VN7F49R4183

Amount of Each Disbursement this Period

2182.39
---------

[MEMO ITEM]

\* 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

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		14		2014

Transaction ID : VN7F49R41A9

Amount of Each Disbursement this Period

2745.25
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[MEMO ITEM]

\* IE Only Account

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 PageFOR LINE NUMBER:  
(check only one)

PAGE 450 OF 539

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="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  
WashingtonState  
DCZip Code  
20003-1647Purpose of Disbursement  
Salary

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	/	14	/	2014

Transaction ID : VN7F49R41B6

Amount of Each Disbursement this Period

2547.12
---------

**[MEMO ITEM]**

\* IE Only Account

Full Name (Last, First, Middle Initial)

**B. Christopher Guerrero**

Mailing Address 1325 15th St NW

City  
WashingtonState  
DCZip Code  
20005-2941Purpose of Disbursement  
Salary

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	/	14	/	2014

Transaction ID : VN7F49R41C4

Amount of Each Disbursement this Period

1887.02
---------

**[MEMO ITEM]**

\* IE Only Account

Full Name (Last, First, Middle Initial)

**C. Kirby A. Hoag**

Mailing Address 2011 N Upton St

City  
ArlingtonState  
VAZip Code  
22207-2326Purpose of Disbursement  
Salary

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	/	14	/	2014

Transaction ID : VN7F49R41E0

Amount of Each Disbursement this Period

1838.53
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**[MEMO ITEM]**

\* IE Only Account

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 PageFOR LINE NUMBER:  
(check only one)

PAGE 451 OF 539

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="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

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		14		2014

Transaction ID : VN7F49R41F8

Amount of Each Disbursement this Period

1902.82
---------

**[MEMO ITEM]**

\* IE Only Account

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

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		14		2014

Transaction ID : VN7F49R41H4

Amount of Each Disbursement this Period

1499.05
---------

**[MEMO ITEM]**

\* IE Only Account

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

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		14		2014

Transaction ID : VN7F49R41J2

Amount of Each Disbursement this Period

1430.09
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**[MEMO ITEM]**

\* IE Only Account

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 PageFOR LINE NUMBER:  
(check only one)

PAGE 452 OF 539

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input 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. Alissa Li-Tsu Ko**Mailing Address 425 L St NW  
Apt 609

City Washington State DC Zip Code 20001-2599

Purpose of Disbursement  
Salary

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		14		2014

Transaction ID : VN7F49R41M8

Amount of Each Disbursement this Period

2688.32
---------

**[MEMO ITEM]**

\* IE Only Account

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

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		14		2014

Transaction ID : VN7F49R41P3

Amount of Each Disbursement this Period

2672.51
---------

**[MEMO ITEM]**

\* IE Only Account

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

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		14		2014

Transaction ID : VN7F49R41R9

Amount of Each Disbursement this Period

1805.57
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**[MEMO ITEM]**

\* IE Only Account

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 PageFOR LINE NUMBER:  
(check only one)

PAGE 453 OF 539

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="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**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	14	/	2014

Mailing Address 1530 16th St NW  
Apt 703

City Washington State DC Zip Code 20036

Purpose of Disbursement  
Salary

Candidate Name

Category/  
Type

Transaction ID : VN7F49R41S7

Amount of Each Disbursement this Period

1805.57

**[MEMO ITEM]**

\* IE Only Account

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**B. Nicole Titus**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	14	/	2014

Mailing Address 1930 Columbia Rd NW  
Apt 421

City Arlington State VA Zip Code 22206

Purpose of Disbursement  
Salary

Candidate Name

Category/  
Type

Transaction ID : VN7F49R41T5

Amount of Each Disbursement this Period

2606.45

**[MEMO ITEM]**

\* IE Only Account

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**C. Paychex**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2014

Mailing Address 3060 Williams Dr  
Ste 200

City Fairfax State VA Zip Code 22031-4627

Purpose of Disbursement  
Payroll Service Fee

Candidate Name

Category/  
Type

Transaction ID : VN7F49R4430

Amount of Each Disbursement this Period

137.00

IE Only Account

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

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

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

137.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 454 OF 539

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="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 M	/	D D D	/	Y Y Y Y Y
02		28		2014

Transaction ID : VN7F49R4448

Amount of Each Disbursement this Period

118.46
--------

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

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
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		28		2014

Transaction ID : VN7F49R4463

Amount of Each Disbursement this Period

18523.31
----------

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

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
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		28		2014

Transaction ID : VN7F49R4497

Amount of Each Disbursement this Period

34005.38
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IE Only Account

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

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

52647.15
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 455 OF 539

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="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**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		28		2014

Mailing Address 2511 Q St NW  
Apt 306

City Washington State DC Zip Code 20007

Purpose of Disbursement  
Salary

Candidate Name

Category/  
Type

Transaction ID : VN7F49R44B3

Amount of Each Disbursement this Period

1641.82
---------

[MEMO ITEM]

\* IE Only Account

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**B. Seth Bringman**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		28		2014

Mailing Address 1143 Harrison Ave

City Columbus State OH Zip Code 43201

Purpose of Disbursement  
Salary

Candidate Name

Category/  
Type

Transaction ID : VN7F49R44C1

Amount of Each Disbursement this Period

2760.31
---------

[MEMO ITEM]

\* IE Only Account

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**C. Lisa Changadveja**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		28		2014

Mailing Address 2420 16th St NW  
Apt 414

City Washington State DC Zip Code 20009-3504

Purpose of Disbursement  
Salary

Candidate Name

Category/  
Type

Transaction ID : VN7F49R44D9

Amount of Each Disbursement this Period

1992.54
---------

[MEMO ITEM]

\* IE Only Account

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

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 PageFOR LINE NUMBER:  
(check only one)

PAGE 456 OF 539

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="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 Celeste Drummond**Mailing Address 104 Roberts Ln  
Apt 401

City Alexandria State VA Zip Code 22314-4620

Purpose of Disbursement  
Salary

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		28		2014

Transaction ID : VN7F49R44E7

Amount of Each Disbursement this Period

2182.39
---------

**[MEMO ITEM]**

\* IE Only Account

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

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		28		2014

Transaction ID : VN7F49R44F4

Amount of Each Disbursement this Period

2745.25
---------

**[MEMO ITEM]**

\* IE Only Account

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

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		28		2014

Transaction ID : VN7F49R44G2

Amount of Each Disbursement this Period

2547.13
---------

**[MEMO ITEM]**

\* IE Only Account

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 PageFOR LINE NUMBER:  
(check only one)

PAGE 457 OF 539

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="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  
WashingtonState  
DCZip Code  
20005-2941Purpose of Disbursement  
Salary

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		28		2014

Transaction ID : VN7F49R44H0

Amount of Each Disbursement this Period

1887.02
---------

**[MEMO ITEM]**

\* IE Only Account

Full Name (Last, First, Middle Initial)

**B. Kirby A. Hoag**

Mailing Address 2011 N Upton St

City  
ArlingtonState  
VAZip Code  
22207-2326Purpose of Disbursement  
Salary

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		28		2014

Transaction ID : VN7F49R44J8

Amount of Each Disbursement this Period

1838.53
---------

**[MEMO ITEM]**

\* IE Only Account

Full Name (Last, First, Middle Initial)

**C. Quentin James**Mailing Address 3110 Mount Vernon Ave  
Apt 220City  
AlexandriaState  
VAZip Code  
22305Purpose of Disbursement  
Salary

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		28		2014

Transaction ID : VN7F49R44K6

Amount of Each Disbursement this Period

1902.82
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**[MEMO ITEM]**

\* IE Only Account

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 PageFOR LINE NUMBER:  
(check only one)

PAGE 458 OF 539

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="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**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		28		2014

Mailing Address 1436 Meridian PI NW  
Apt 406

City Washington State DC Zip Code 20010-1935

Purpose of Disbursement  
Salary

Candidate Name

Category/  
Type

Transaction ID : VN7F49R44N2

Amount of Each Disbursement this Period

1499.06

[MEMO ITEM]

\* IE Only Account

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**B. Gabriella Kahn**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		28		2014

Mailing Address 7808 Town Gate PI

City Bethesda State MD Zip Code 20817-4119

Purpose of Disbursement  
Salary

Candidate Name

Category/  
Type

Transaction ID : VN7F49R44P0

Amount of Each Disbursement this Period

1430.09

[MEMO ITEM]

\* IE Only Account

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**C. Alissa Li-Tsu Ko**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		28		2014

Mailing Address 425 L St NW  
Apt 609

City Washington State DC Zip Code 20001-2599

Purpose of Disbursement  
Salary

Candidate Name

Category/  
Type

Transaction ID : VN7F49R44Q8

Amount of Each Disbursement this Period

2688.32

[MEMO ITEM]

\* IE Only Account

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

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 PageFOR LINE NUMBER:  
(check only one)

PAGE 459 OF 539

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Ready PAC

Full Name (Last, First, Middle Initial)

**A. Adam J Parkhomenko**

Mailing Address 2011 N Upton St

City	State	Zip Code
Arlington	VA	22207

Purpose of Disbursement  
Salary

Candidate Name

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		28		2014

Transaction ID : VN7F49R44R6

Amount of Each Disbursement this Period

2672.51
---------

[MEMO ITEM]

\* IE Only Account

Full Name (Last, First, Middle Initial)

**B. Rachel Schneider**Mailing Address 2401 Calvert St NW  
Apt 916

City	State	Zip Code
Washington	DC	20008-2678

Purpose of Disbursement  
Salary

Candidate Name

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		28		2014

Transaction ID : VN7F49R44T1

Amount of Each Disbursement this Period

1805.57
---------

[MEMO ITEM]

\* IE Only Account

Full Name (Last, First, Middle Initial)

**C. Alexandra Smith**Mailing Address 1530 16th St NW  
Apt 703

City	State	Zip Code
Washington	DC	20036

Purpose of Disbursement  
Salary

Candidate Name

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		28		2014

Transaction ID : VN7F49R44V9

Amount of Each Disbursement this Period

1805.57
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[MEMO ITEM]

\* IE Only Account

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 PageFOR LINE NUMBER:  
(check only one)

PAGE 460 OF 539

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="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

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		28		2014

Transaction ID : VN7F49R44W7

Amount of Each Disbursement this Period

2606.45
---------

**[MEMO ITEM]**

\* 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

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		14		2014

Transaction ID : VN7F49RSFG1

Amount of Each Disbursement this Period

157.75
--------

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

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		14		2014

Transaction ID : VN7F49RSFH9

Amount of Each Disbursement this Period

132.89
--------

IE Only Account

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

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

290.64
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 461 OF 539

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="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

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		14		2014

Transaction ID : VN7F49RSFK4

Amount of Each Disbursement this Period

20074.22
----------

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

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		14		2014

Transaction ID : VN7F49RSFM2

Amount of Each Disbursement this Period

37739.66
----------

IE Only Account

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

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		14		2014

Transaction ID : VN7F49RSFN0

Amount of Each Disbursement this Period

1804.86
---------

**[MEMO ITEM]**

\* IE Only Account

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

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

57813.88
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 462 OF 539

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="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**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	14	/	2014

Mailing Address 2511 Q St NW  
Apt 306

City Washington State DC Zip Code 20007

Purpose of Disbursement  
Salary

Candidate Name

Category/  
Type

Transaction ID : VN7F49RSFP8

Amount of Each Disbursement this Period

1641.81
---------

**[MEMO ITEM]**

\* IE Only Account

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**B. Seth Bringman**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	14	/	2014

Mailing Address 1143 Harrison Ave

City Columbus State OH Zip Code 43201

Purpose of Disbursement  
Salary

Candidate Name

Category/  
Type

Transaction ID : VN7F49RSFQ6

Amount of Each Disbursement this Period

2760.31
---------

**[MEMO ITEM]**

\* IE Only Account

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**C. Lisa Changadveja**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	14	/	2014

Mailing Address 2420 16th St NW  
Apt 414

City Washington State DC Zip Code 20009-3504

Purpose of Disbursement  
Salary

Candidate Name

Category/  
Type

Transaction ID : VN7F49RSFS2

Amount of Each Disbursement this Period

1992.53
---------

**[MEMO ITEM]**

\* IE Only Account

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

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 PageFOR LINE NUMBER:  
(check only one)

PAGE 463 OF 539

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="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 Celeste Drummond**Mailing Address 104 Roberts Ln  
Apt 401

City Alexandria State VA Zip Code 22314-4620

Purpose of Disbursement  
Salary

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	14	/	2014

Transaction ID : VN7F49RSFT0

Amount of Each Disbursement this Period

2182.39
---------

**[MEMO ITEM]**

\* IE Only Account

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

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	14	/	2014

Transaction ID : VN7F49RSFV8

Amount of Each Disbursement this Period

1316.99
---------

**[MEMO ITEM]**

\* 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

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	14	/	2014

Transaction ID : VN7F49RSFW6

Amount of Each Disbursement this Period

2745.25
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**[MEMO ITEM]**

\* IE Only Account

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 PageFOR LINE NUMBER:  
(check only one)

PAGE 464 OF 539

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="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  
WashingtonState  
DCZip Code  
20003-1647Purpose of Disbursement  
Salary

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	/	14	/	2014

Transaction ID : VN7F49RSFX3

Amount of Each Disbursement this Period

2547.12
---------

**[MEMO ITEM]**

\* IE Only Account

Full Name (Last, First, Middle Initial)

**B. Christopher Guerrero**

Mailing Address 1325 15th St NW

City  
WashingtonState  
DCZip Code  
20005-2941Purpose of Disbursement  
Salary

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	/	14	/	2014

Transaction ID : VN7F49RSFY1

Amount of Each Disbursement this Period

1887.03
---------

**[MEMO ITEM]**

\* IE Only Account

Full Name (Last, First, Middle Initial)

**C. Kirby A. Hoag**

Mailing Address 2011 N Upton St

City  
ArlingtonState  
VAZip Code  
22207-2326Purpose of Disbursement  
Salary

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	/	14	/	2014

Transaction ID : VN7F49RSFZ9

Amount of Each Disbursement this Period

1838.53
---------

**[MEMO ITEM]**

\* IE Only Account

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 PageFOR LINE NUMBER:  
(check only one)

PAGE 465 OF 539

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="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

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	14	/	2014

Transaction ID : VN7F49RSG07

Amount of Each Disbursement this Period

1902.82
---------

[MEMO ITEM]

\* IE Only Account

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

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	14	/	2014

Transaction ID : VN7F49RSG15

Amount of Each Disbursement this Period

1499.06
---------

[MEMO ITEM]

\* IE Only Account

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

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	14	/	2014

Transaction ID : VN7F49RSG23

Amount of Each Disbursement this Period

1430.10
---------

[MEMO ITEM]

\* IE Only Account

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 PageFOR LINE NUMBER:  
(check only one)

PAGE 466 OF 539

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="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

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	/	14	/	2014

Transaction ID : VN7F49RSG31

Amount of Each Disbursement this Period

2688.32
---------

[MEMO ITEM]

\* IE Only Account

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

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	/	14	/	2014

Transaction ID : VN7F49RSG49

Amount of Each Disbursement this Period

2672.51
---------

[MEMO ITEM]

\* IE Only Account

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

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	/	14	/	2014

Transaction ID : VN7F49RSG57

Amount of Each Disbursement this Period

1805.57
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[MEMO ITEM]

\* IE Only Account

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 PageFOR LINE NUMBER:  
(check only one)

PAGE 467 OF 539

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="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**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		14		2014

Mailing Address 1530 16th St NW  
Apt 703

City Washington State DC Zip Code 20036

Purpose of Disbursement  
Salary

Candidate Name

Category/  
Type

Transaction ID : VN7F49RSG65

Amount of Each Disbursement this Period

1805.57

[MEMO ITEM]

\* IE Only Account

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**B. Nicole Titus**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		14		2014

Mailing Address 1930 Columbia Rd NW  
Apt 421

City Arlington State VA Zip Code 22206

Purpose of Disbursement  
Salary

Candidate Name

Category/  
Type

Transaction ID : VN7F49RSG72

Amount of Each Disbursement this Period

2606.45

[MEMO ITEM]

\* IE Only Account

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**C. Evan Howard Wessel**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		14		2014

Mailing Address 324 Chapman Way

City Falls Church State VA Zip Code 22042

Purpose of Disbursement  
Salary

Candidate Name

Category/  
Type

Transaction ID : VN7F49RSG80

Amount of Each Disbursement this Period

612.44

[MEMO ITEM]

\* IE Only Account

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

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 PageFOR LINE NUMBER:  
(check only one)

PAGE 468 OF 539

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="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

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		31		2014

Transaction ID : VN7F49RSEF2

Amount of Each Disbursement this Period

143.75
--------

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

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		31		2014

Transaction ID : VN7F49RSEG0

Amount of Each Disbursement this Period

136.45
--------

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

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		31		2014

Transaction ID : VN7F49RSEH8

Amount of Each Disbursement this Period

20566.61
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IE Only Account

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

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

20846.81
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 469 OF 539

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="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

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		31		2014

Transaction ID : VN7F49RSEK4

Amount of Each Disbursement this Period

38560.38
----------

IE Only Account

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

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		31		2014

Transaction ID : VN7F49RSEM2

Amount of Each Disbursement this Period

1302.11
---------

**[MEMO ITEM]**

\* 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  
Salary

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		31		2014

Transaction ID : VN7F49RSEQ5

Amount of Each Disbursement this Period

2760.31
---------

**[MEMO ITEM]**

\* IE Only Account

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

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

38560.38
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 470 OF 539

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="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**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		31		2014

Mailing Address 2420 16th St NW  
Apt 414

City Washington State DC Zip Code 20009-3504

Purpose of Disbursement  
Salary

Candidate Name

Category/  
Type

Transaction ID : VN7F49RSES1

Amount of Each Disbursement this Period

1992.54

[MEMO ITEM]

\* IE Only Account

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**B. Amy Celeste Drummond**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		31		2014

Mailing Address 104 Roberts Ln  
Apt 401

City Alexandria State VA Zip Code 22314-4620

Purpose of Disbursement  
Salary

Candidate Name

Category/  
Type

Transaction ID : VN7F49RSET9

Amount of Each Disbursement this Period

2182.38

[MEMO ITEM]

\* IE Only Account

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**C. Hans P Goff**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		31		2014

Mailing Address 2637 Astwood Ct

City Matlacha Isles State FL Zip Code 33991-3162

Purpose of Disbursement  
Salary

Candidate Name

Category/  
Type

Transaction ID : VN7F49RSEW5

Amount of Each Disbursement this Period

2187.67

[MEMO ITEM]

\* IE Only Account

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ 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 PageFOR LINE NUMBER:  
(check only one)

PAGE 471 OF 539

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="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**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		31		2014

Mailing Address 49392 Limestone Dr

City	State	Zip Code
Macomb	MI	48044-1776

Purpose of Disbursement  
Salary

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:

Transaction ID : VN7F49RSEX3

Amount of Each Disbursement this Period

2745.25
---------

[MEMO ITEM]

\* IE Only Account

Full Name (Last, First, Middle Initial)

**B. Jessica Grounds**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		31		2014

Mailing Address 1717 Bay St SE

City	State	Zip Code
Washington	DC	20003-1647

Purpose of Disbursement  
Salary

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:

Transaction ID : VN7F49RSEY1

Amount of Each Disbursement this Period

2547.13
---------

[MEMO ITEM]

\* IE Only Account

Full Name (Last, First, Middle Initial)

**C. Christopher Guerrero**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		31		2014

Mailing Address 1325 15th St NW

City	State	Zip Code
Washington	DC	20005-2941

Purpose of Disbursement  
Salary

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:

Transaction ID : VN7F49RSEZ8

Amount of Each Disbursement this Period

1887.02
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[MEMO ITEM]

\* IE Only Account

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 PageFOR LINE NUMBER:  
(check only one)

PAGE 472 OF 539

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="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**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		31		2014

Mailing Address 2011 N Upton St

**Transaction ID : VN7F49RSF06**

City	State	Zip Code
Arlington	VA	22207-2326

Amount of Each Disbursement this Period

Purpose of Disbursement  
Salary

1838.53
---------

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]**

\* IE Only Account

Full Name (Last, First, Middle Initial)

**B. Quentin James**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		31		2014

Mailing Address 3110 Mount Vernon Ave  
Apt 220**Transaction ID : VN7F49RSF14**

City	State	Zip Code
Alexandria	VA	22305

Amount of Each Disbursement this Period

Purpose of Disbursement  
Salary

1902.82
---------

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:

**[MEMO ITEM]**

\* IE Only Account

Full Name (Last, First, Middle Initial)

**C. Eric L Jeng**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		31		2014

Mailing Address 1436 Meridian PI NW  
Apt 406**Transaction ID : VN7F49RSF22**

City	State	Zip Code
Washington	DC	20010-1935

Amount of Each Disbursement this Period

Purpose of Disbursement  
Salary

1499.05
---------

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]**

\* IE Only Account

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 473 OF 539

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Ready PAC

Full Name (Last, First, Middle Initial)

**A. Gabriella Kahn**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		31		2014

Mailing Address 7808 Town Gate Pl

City	State	Zip Code
Bethesda	MD	20817-4119

Purpose of Disbursement  
Salary

Candidate Name

Category/  
Type

Transaction ID : VN7F49RSF30

Amount of Each Disbursement this Period

1430.10
---------

[MEMO ITEM]

\* 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. Alissa Li-Tsu Ko**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		31		2014

Mailing Address 425 L St NW  
Apt 609

City	State	Zip Code
Washington	DC	20001-2599

Purpose of Disbursement  
Salary

Candidate Name

Category/  
Type

Transaction ID : VN7F49RSF54

Amount of Each Disbursement this Period

2688.32
---------

[MEMO ITEM]

\* 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)

**C. Adam J Parkhomenko**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		31		2014

Mailing Address 2011 N Upton St

City	State	Zip Code
Arlington	VA	22207

Purpose of Disbursement  
Salary

Candidate Name

Category/  
Type

Transaction ID : VN7F49RSF62

Amount of Each Disbursement this Period

2672.51
---------

[MEMO ITEM]

\* 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).....▶

0.00
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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 PageFOR LINE NUMBER:  
(check only one)

PAGE 474 OF 539

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Ready PAC

Full Name (Last, First, Middle Initial)

**A. Rachel Schneider**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		31		2014

Mailing Address 2401 Calvert St NW  
Apt 916

City Washington State DC Zip Code 20008-2678

Purpose of Disbursement  
Salary

Candidate Name

Category/  
Type

Transaction ID : VN7F49RSF70

Amount of Each Disbursement this Period

1805.57

[MEMO ITEM]

\* IE Only Account

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**B. Alexandra Smith**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		31		2014

Mailing Address 1530 16th St NW  
Apt 703

City Washington State DC Zip Code 20036

Purpose of Disbursement  
Salary

Candidate Name

Category/  
Type

Transaction ID : VN7F49RSF88

Amount of Each Disbursement this Period

1805.57

[MEMO ITEM]

\* IE Only Account

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**C. Nicole Titus**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		31		2014

Mailing Address 1930 Columbia Rd NW  
Apt 421

City Arlington State VA Zip Code 22206

Purpose of Disbursement  
Salary

Candidate Name

Category/  
Type

Transaction ID : VN7F49RSF95

Amount of Each Disbursement this Period

2606.45

[MEMO ITEM]

\* IE Only Account

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ 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 PageFOR LINE NUMBER:  
(check only one)

PAGE 475 OF 539

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="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	State	Zip Code
Falls Church	VA	22042

Purpose of Disbursement  
Salary

Candidate Name

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) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	31	/	2014

Transaction ID : VN7F49RSFB1

Amount of Each Disbursement this Period

1065.23
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[MEMO ITEM]

\* IE Only Account

Full Name (Last, First, Middle Initial)

**B. Peake Delancey Printing**

Mailing Address 2500 Schuster Dr

City	State	Zip Code
Hyattsville	MD	20781-1123

Purpose of Disbursement  
Union Printing

Candidate Name

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) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	19	/	2014

Transaction ID : VN7F49R3Z48

Amount of Each Disbursement this Period

265.00
--------

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Peake Delancey Printing**

Mailing Address 2500 Schuster Dr

City	State	Zip Code
Hyattsville	MD	20781-1123

Purpose of Disbursement  
Union Printing

Candidate Name

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) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	27	/	2014

Transaction ID : VN7F49RSEB0

Amount of Each Disbursement this Period

715.50
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IE Only Account

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

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

980.50
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 476 OF 539

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Ready PAC

Full Name (Last, First, Middle Initial)

**A. Peake Delancey Printing**

Mailing Address 2500 Schuster Dr

City  
HyattsvilleState  
MDZip Code  
20781-1123Purpose of Disbursement  
Union Printing

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		27		2014

Transaction ID : VN7F49RSEE4

Amount of Each Disbursement this Period

1575.16
---------

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Glenda Pitts**

Mailing Address 715 W Buist Ave

City  
PhoenixState  
AZZip Code  
85041Purpose of Disbursement  
Contribution Refund

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		24		2014

Transaction ID : VN7F49R3ZN0

Amount of Each Disbursement this Period

500.00
--------

Refund-IE Only Account

Full Name (Last, First, Middle Initial)

**C. PMI Monthly Parking**Mailing Address 1725 Desales St NW  
Ste 200City  
WashingtonState  
DCZip Code  
20036-4416Purpose of Disbursement  
Monthly Parking Fee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		16		2014

Transaction ID : VN7F49Q06M3

Amount of Each Disbursement this Period

600.00
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IE Only Account

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

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

2675.16
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 477 OF 539

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Ready PAC

Full Name (Last, First, Middle Initial)

**A. PMI Monthly Parking**Mailing Address 1725 Desales St NW  
Ste 200

City Washington State DC Zip Code 20036-4416

Purpose of Disbursement  
Monthly Parking Fee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		17		2014

Transaction ID : VN7F49QAG38

Amount of Each Disbursement this Period

77.42
-------

IE Only Account

Full Name (Last, First, Middle Initial)

**B. PMI Monthly Parking**Mailing Address 1725 Desales St NW  
Ste 200

City Washington State DC Zip Code 20036-4416

Purpose of Disbursement  
Parking Expense

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		06		2014

Transaction ID : VN7F49RVZC8

Amount of Each Disbursement this Period

750.00
--------

IE Only Account

Full Name (Last, First, Middle Initial)

**C. PMI Monthly Parking**Mailing Address 1725 Desales St NW  
Ste 200

City Washington State DC Zip Code 20036-4416

Purpose of Disbursement  
Parking Expense

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		06		2014

Transaction ID : VN7F49RVZD6

Amount of Each Disbursement this Period

750.00
--------

IE Only Account

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

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

1577.42
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 478 OF 539

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Ready PAC

Full Name (Last, First, Middle Initial)

**A. Poste Restaurnat**

Mailing Address 555 8th Street NE

City  
WashingtonState  
DCZip Code  
20002-5235Purpose of Disbursement  
Catering

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		06		2014

Transaction ID : VN7F49PNWP7

Amount of Each Disbursement this Period

858.00
--------

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Priceline**

Mailing Address 800 Connecticut Ave

City  
NorwalkState  
CTZip Code  
06854-1625Purpose of Disbursement  
Travel

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		21		2014

Transaction ID : VN7F49RRRM5

Amount of Each Disbursement this Period

134.98
--------

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Priceline**

Mailing Address 800 Connecticut Ave

City  
NorwalkState  
CTZip Code  
06854-1625Purpose of Disbursement  
Travel

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		21		2014

Transaction ID : VN7F49RRRN3

Amount of Each Disbursement this Period

43.96
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IE Only Account

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

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

1036.94
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 479 OF 539

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Ready PAC

Full Name (Last, First, Middle Initial)

**A. Projects by Chi**Mailing Address 1306 O St NW  
Number 101

City Washington State DC Zip Code 20005-3671

Purpose of Disbursement  
Online Video Production

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	07	/	2014

Transaction ID : VN7F49RSYS1

Amount of Each Disbursement this Period

1080.00
---------

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Pumpkin's Specialties Catering Services**

Mailing Address 8308 Skipwith Ave

City Columbia State SC Zip Code 29209-5515

Purpose of Disbursement  
Catering Expense

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	11	/	2014

Transaction ID : VN7F49RSYN1

Amount of Each Disbursement this Period

250.00
--------

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Puritan Conference & Event Center**

Mailing Address 245 Hooksett Rd

City Manchester State NH Zip Code 03104-2641

Purpose of Disbursement  
Room Rental Expense

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	07	/	2014

Transaction ID : VN7F49RSYR3

Amount of Each Disbursement this Period

239.00
--------

IE Only Account

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

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

1569.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 480 OF 539

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="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  
Merchandise Design

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		29		2014

Transaction ID : VN7F49Q6BF3

Amount of Each Disbursement this Period

2175.17
---------

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Rags of Honor**Mailing Address 2021 W Fulton St  
Ste K-110

City Chicago State IL Zip Code 60612-2331

Purpose of Disbursement  
Merchandise Design

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		20		2014

Transaction ID : VN7F49RSV33

Amount of Each Disbursement this Period

3540.72
---------

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Edward Rawson**

Mailing Address 6433 Georgetown Pike

City McLean State VA Zip Code 22101-2211

Purpose of Disbursement  
Contribution Refund

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		16		2014

Transaction ID : VN7F49RSC32

Amount of Each Disbursement this Period

2490.00
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Refund-IE Only Account

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

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

8205.89
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 481 OF 539

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Ready PAC

Full Name (Last, First, Middle Initial)

**A. Marcia Riklis**

Mailing Address 700 Meadow Ln

City  
SouthamptonState  
NYZip Code  
11968-4511Purpose of Disbursement  
Contribution Refund

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	26	/	2014

Transaction ID : VN7F49RSB23

Amount of Each Disbursement this Period

10000.00
----------

Refund-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Rising Tide Interactive LLC**Mailing Address 901 New York Ave NW  
Ste 470City  
WashingtonState  
DCZip Code  
20001-4432Purpose of Disbursement  
Email List Rental and Online Advertising

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01	/	01	/	2014

Transaction ID : VN7F49PGRE8

Amount of Each Disbursement this Period

170000.00
-----------

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Trilogy Interactive LLC**

Mailing Address PO Box 4177

City  
Mountain ViewState  
CAZip Code  
94040-0177Purpose of Disbursement  
Email List Rental; IE Only Account

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01	/	01	/	2014

Transaction ID : VN7F49TTX55

Amount of Each Disbursement this Period

66841.70
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[MEMO ITEM]

\*

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

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

180000.00
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: 97 `A-G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB  
.

Form/Schedule: SB29

Transaction ID : VN7F49PGRE8

The payment for the list rental was originally included in payments made by Ready for Hillary to Rising Tide Interactive for the on-line services they provided. Payments to RTI are itemized on RFH's reports. While we believe it is not required, we are amending the original RFH report to show the sub-vendor payments RTI made to Trilogy for an email list rental. Please note that the Commission reviewed the reporting issue in MUR 6775 and they did not find reason to believe that RFH and Amy Wills Gray in her official capacity as treasurer violated 52 U.S.C. Sec. 30104(b) by failing to report a disbursement for the rental of an e-mail list from Friends of Hillary.

Form/Schedule:

Transaction ID:

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 483 OF 539

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="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 Advertising

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
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	/	28	/	2014

Transaction ID : VN7F49Q6CR5

Amount of Each Disbursement this Period

100000.00
-----------

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 Advertising

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
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	/	18	/	2014

Transaction ID : VN7F49R3ZY1

Amount of Each Disbursement this Period

41075.53
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IE Only Account

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 Advertising

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
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	/	05	/	2014

Transaction ID : VN7F49RSYT9

Amount of Each Disbursement this Period

64071.14
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IE Only Account

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

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

205146.67
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 484 OF 539

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="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 Digital 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
03	/	25	/	2014

Transaction ID : VN7F49RSTQ8

Amount of Each Disbursement this Period

18500.00
----------

IE Only Account

Full Name (Last, First, Middle Initial)

**B. RWT Production LLC**

Mailing Address 5624 Bellington Ave

City Springfield State VA Zip Code 22151-2703

Purpose of Disbursement  
Postage

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
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	/	14	/	2014

Transaction ID : VN7F49PWB2

Amount of Each Disbursement this Period

9896.81
---------

IE Only Account

Full Name (Last, First, Middle Initial)

**C. RWT Production LLC**

Mailing Address 5624 Bellington Ave

City Springfield State VA Zip Code 22151-2703

Purpose of Disbursement  
Direct Mail Production

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
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	/	21	/	2014

Transaction ID : VN7F49Q16R3

Amount of Each Disbursement this Period

115000.00
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IE Only Account

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

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

143396.81
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 485 OF 539

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Ready PAC

Full Name (Last, First, Middle Initial)

**A. RWT Production LLC**

Mailing Address 5624 Bellington Ave

City  
SpringfieldState  
VAZip Code  
22151-2703Purpose of Disbursement  
Direct Mail Production

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		19		2014

Transaction ID : VN7F49R3YY0

Amount of Each Disbursement this Period

6700.00
---------

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Sage Payment Solutions**Mailing Address 1750 Old Meadow Rd  
Ste 300City  
McLeanState  
VAZip Code  
22102-4304Purpose of Disbursement  
Credit Card Processing Fees

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
01		31		2014

Transaction ID : VN7F49RVY42

Amount of Each Disbursement this Period

14179.32
----------

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Sage Payment Solutions**Mailing Address 1750 Old Meadow Rd  
Ste 300City  
McLeanState  
VAZip Code  
22102-4304Purpose of Disbursement  
Credit Card Processing Fees

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		28		2014

Transaction ID : VN7F49RVY34

Amount of Each Disbursement this Period

6364.94
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IE Only Account

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

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

27244.26
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 487 OF 539

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input 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. Rachel Schneider**Mailing Address 2401 Calvert St NW  
Apt 916

City Washington State DC Zip Code 20008-2678

Purpose of Disbursement  
Travel Reimbursement

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	/	24	/	2014

Transaction ID : VN7F49RSYY0

Amount of Each Disbursement this Period

930.48
--------

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Enterprise Rental Car**

Mailing Address 600 Corporate Park Dr

City Saint Louis State MO Zip Code 63105-4204

Purpose of Disbursement  
Travel

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	/	24	/	2014

Transaction ID : VN7F49RSYZ8

Amount of Each Disbursement this Period

610.14
--------

**[MEMO ITEM]**

\* IE Only Account

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  
Travel Reimbursement

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	/	24	/	2014

Transaction ID : VN7F49RSZ06

Amount of Each Disbursement this Period

1879.49
---------

IE Only Account

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

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

2809.97
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 488 OF 539

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Ready PAC

Full Name (Last, First, Middle Initial)

**A. Avis**

Mailing Address 1 Aviation Cir

City  
WashingtonState  
DCZip Code  
20001-6000Purpose of Disbursement  
Travel

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	24	/	2014

Transaction ID : VN7F49RSZ30

Amount of Each Disbursement this Period

803.22
--------

**[MEMO ITEM]**

\* IE Only Account

Full Name (Last, First, Middle Initial)

**B. Columbia's Premiere Business Club**Mailing Address 1201 Main Street  
Suite 2500City  
CharlestonState  
SCZip Code  
29401Purpose of Disbursement  
Catering Expense

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	24	/	2014

Transaction ID : VN7F49RSZ48

Amount of Each Disbursement this Period

364.42
--------

**[MEMO ITEM]**

\* IE Only Account

Full Name (Last, First, Middle Initial)

**C. Uber**

Mailing Address 800 Market St

City  
San FranciscoState  
CAZip Code  
94102-3033Purpose of Disbursement  
Travel

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	24	/	2014

Transaction ID : VN7F49RSZ22

Amount of Each Disbursement this Period

23.60
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**[MEMO ITEM]**

\* IE Only Account

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 PageFOR LINE NUMBER:  
(check only one)

PAGE 489 OF 539

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="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	State	Zip Code
Phoenix	AZ	85034-3802

Purpose of Disbursement  
Travel

Candidate Name

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	24	/	2014

Transaction ID : VN7F49RSZ14

Amount of Each Disbursement this Period

25.00
-------

[MEMO ITEM]

\* IE Only Account

Full Name (Last, First, Middle Initial)

**B. SCN Strategies, Inc.**Mailing Address 114 Sansome St  
Ste 200

City	State	Zip Code
San Francisco	CA	94104-3812

Purpose of Disbursement  
Travel Reimbursement

Candidate Name

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	20	/	2014

Transaction ID : VN7F49R34J0

Amount of Each Disbursement this Period

394.90
--------

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Tracy Sefl**

Mailing Address 1759 N Sedgwick St

City	State	Zip Code
Chicago	IL	60614-5641

Purpose of Disbursement  
Strategy Consulting

Candidate Name

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01	/	08	/	2014

Transaction ID : VN7F49PPZY5

Amount of Each Disbursement this Period

13000.00
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IE Only Account

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

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

13394.90
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 490 OF 539

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="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	State	Zip Code
Chicago	IL	60614-5641

Purpose of Disbursement  
Strategy Consulting

Candidate Name

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) ▼
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Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	13	/	2014

Transaction ID : VN7F49RST22

Amount of Each Disbursement this Period

7500.00
---------

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Tracy Sefl**

Mailing Address 1759 N Sedgwick St

City	State	Zip Code
Chicago	IL	60614-5641

Purpose of Disbursement  
Strategy Consulting

Candidate Name

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) ▼
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Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	28	/	2014

Transaction ID : VN7F49RSDW2

Amount of Each Disbursement this Period

5500.00
---------

IE Only Account

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

Candidate Name

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) ▼
-------------------	---

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01	/	07	/	2014

Transaction ID : VN7F49Q05X1

Amount of Each Disbursement this Period

512.65
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IE Only Account

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

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

13512.65
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 491 OF 539

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="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

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		07		2014

Transaction ID : VN7F49RR2Y7

Amount of Each Disbursement this Period

538.13
--------

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

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		11		2014

Transaction ID : VN7F49RRCB8

Amount of Each Disbursement this Period

11.31
-------

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

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		07		2014

Transaction ID : VN7F49RVZ53

Amount of Each Disbursement this Period

578.40
--------

IE Only Account

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

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

1127.84
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 492 OF 539

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="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

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	/	11	/	2014

Transaction ID : VN7F49RVK16

Amount of Each Disbursement this Period

25.06
-------

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

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	/	18	/	2014

Transaction ID : VN7F49RS2S4

Amount of Each Disbursement this Period

10.03
-------

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Ed Sibal**Mailing Address 3801 E. PCH #132  
Apt 132

City Long Beach State CA Zip Code 90804

Purpose of Disbursement  
Contribution Refund

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
01	/	03	/	2014

Transaction ID : VN7F49PGE89

Amount of Each Disbursement this Period

495.00
--------

Refund-IE Only Account

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

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

530.09
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 493 OF 539

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input 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. Alexandra Smith**Mailing Address 1530 16th St NW  
Apt 703

City Washington State DC Zip Code 20036

Purpose of Disbursement  
Office Supply Reimbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		06		2014

Transaction ID : VN7F49QTPW6

Amount of Each Disbursement this Period

90.46
-------

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

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		06		2014

Transaction ID : VN7F49QTPY1

Amount of Each Disbursement this Period

90.46
-------

[MEMO ITEM]

\* IE Only Account

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  
Travel Reimbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		06		2014

Transaction ID : VN7F49QV0R5

Amount of Each Disbursement this Period

521.90
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IE Only Account

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

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

612.36
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 494 OF 539

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="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

Candidate Name

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		06		2014

Transaction ID : VN7F49QV0S3

Amount of Each Disbursement this Period

521.90
--------

[MEMO ITEM]

\* IE Only Account

Full Name (Last, First, Middle Initial)

**B. Craig T. Smith**

Mailing Address 9400 Sea Turtle Ln

City	State	Zip Code
Plantation	FL	33324-2926

Purpose of Disbursement  
Travel Reimbursement

Candidate Name

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		28		2014

Transaction ID : VN7F49QV0M3

Amount of Each Disbursement this Period

145.97
--------

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Craig T. Smith**

Mailing Address 9400 Sea Turtle Ln

City	State	Zip Code
Plantation	FL	33324-2926

Purpose of Disbursement  
Travel Reimbursement

Candidate Name

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		25		2014

Transaction ID : VN7F49R3YJ5

Amount of Each Disbursement this Period

440.64
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IE Only Account

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

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

586.61
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 495 OF 539

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="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

Candidate Name

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) ▼
-------------------	---

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		09		2014

Transaction ID : VN7F49RT017

Amount of Each Disbursement this Period

393.79
--------

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Craig T. Smith**

Mailing Address 9400 Sea Turtle Ln

City Plantation	State FL	Zip Code 33324-2926
--------------------	-------------	------------------------

Purpose of Disbursement  
Travel Reimbursement

Candidate Name

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) ▼
-------------------	---

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		31		2014

Transaction ID : VN7F49RW3V4

Amount of Each Disbursement this Period

503.19
--------

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

Candidate Name

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) ▼
-------------------	---

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		31		2014

Transaction ID : VN7F49RW3W2

Amount of Each Disbursement this Period

385.00
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**[MEMO ITEM]**

\* IE Only Account

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

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

896.98
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 496 OF 539

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Ready PAC

Full Name (Last, First, Middle Initial)

**A. Sound & Images Inc.**

Mailing Address 104 Corporate Blvd

City

West Columbia

State

SC

Zip Code

29169-4600

Purpose of Disbursement

Fundraiser; Entertainment Expense

Candidate Name

Category/  
Type

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
02	/	21	/	2014

Transaction ID : VN7F49RRRB4

Amount of Each Disbursement this Period

363.12
--------

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Southwest Airlines**

Mailing Address 2702 Love Field Dr

City

Dallas

State

TX

Zip Code

75235-1908

Purpose of Disbursement

Travel

Candidate Name

Category/  
Type

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	/	23	/	2014

Transaction ID : VN7F49QAMA2

Amount of Each Disbursement this Period

474.00
--------

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Southwest Airlines**

Mailing Address 2702 Love Field Dr

City

Dallas

State

TX

Zip Code

75235-1908

Purpose of Disbursement

Travel

Candidate Name

Category/  
Type

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	/	27	/	2014

Transaction ID : VN7F49QAND9

Amount of Each Disbursement this Period

964.00
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IE Only Account

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

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

1801.12
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 497 OF 539

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Ready PAC

Full Name (Last, First, Middle Initial)

**A. Southwest Airlines**

Mailing Address 2702 Love Field Dr

City	State	Zip Code
Dallas	TX	75235-1908

Purpose of Disbursement  
Travel

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:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		27		2014

Transaction ID : VN7F49QANY3

Amount of Each Disbursement this Period

394.00
--------

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Southwest Airlines**

Mailing Address 2702 Love Field Dr

City	State	Zip Code
Dallas	TX	75235-1908

Purpose of Disbursement  
Staff Travel

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:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		04		2014

Transaction ID : VN7F49RVZ37

Amount of Each Disbursement this Period

578.00
--------

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Southwest Airlines**

Mailing Address 2702 Love Field Dr

City	State	Zip Code
Dallas	TX	75235-1908

Purpose of Disbursement  
Travel

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:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		04		2014

Transaction ID : VN7F49RVZ45

Amount of Each Disbursement this Period

578.00
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IE Only Account

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

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

1550.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 498 OF 539

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Ready PAC

Full Name (Last, First, Middle Initial)

**A. Sprint**

Mailing Address 6391 Sprint Pkwy

City	State	Zip Code
Overland Park	KS	66251-6100

Purpose of Disbursement  
Cell Phone Expense

Candidate Name

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) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		30		2014

Transaction ID : VN7F49QB527

Amount of Each Disbursement this Period

239.13
--------

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Stamps.com**

Mailing Address 1990 E Grand Ave

City	State	Zip Code
El Segundo	CA	90245-5013

Purpose of Disbursement  
Postage

Candidate Name

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) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		02		2014

Transaction ID : VN7F49PNWD9

Amount of Each Disbursement this Period

498.00
--------

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Stamps.com**

Mailing Address 1990 E Grand Ave

City	State	Zip Code
El Segundo	CA	90245-5013

Purpose of Disbursement  
Postage

Candidate Name

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) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		06		2014

Transaction ID : VN7F49PNWM1

Amount of Each Disbursement this Period

460.00
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IE Only Account

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

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

1197.13

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 499 OF 539

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="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	State	Zip Code
El Segundo	CA	90245-5013

Purpose of Disbursement  
Postage

Candidate Name

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		08		2014

Transaction ID : VN7F49Q05Y9

Amount of Each Disbursement this Period

740.00
--------

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Stamps.com**

Mailing Address 1990 E Grand Ave

City	State	Zip Code
El Segundo	CA	90245-5013

Purpose of Disbursement  
Postage

Candidate Name

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		09		2014

Transaction ID : VN7F49Q0621

Amount of Each Disbursement this Period

495.00
--------

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Stamps.com**

Mailing Address 1990 E Grand Ave

City	State	Zip Code
El Segundo	CA	90245-5013

Purpose of Disbursement  
Postage

Candidate Name

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		10		2014

Transaction ID : VN7F49Q0696

Amount of Each Disbursement this Period

495.00
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IE Only Account

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

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

1730.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 500 OF 539

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="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	State	Zip Code
El Segundo	CA	90245-5013

Purpose of Disbursement  
Postage

Candidate Name

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) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		16		2014

Transaction ID : VN7F49Q06G1

Amount of Each Disbursement this Period

495.00
--------

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Stamps.com**

Mailing Address 1990 E Grand Ave

City	State	Zip Code
El Segundo	CA	90245-5013

Purpose of Disbursement  
Postage

Candidate Name

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) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		17		2014

Transaction ID : VN7F49QAG12

Amount of Each Disbursement this Period

985.00
--------

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Stamps.com**

Mailing Address 1990 E Grand Ave

City	State	Zip Code
El Segundo	CA	90245-5013

Purpose of Disbursement  
Postage

Candidate Name

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) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		21		2014

Transaction ID : VN7F49QAKM8

Amount of Each Disbursement this Period

495.00
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IE Only Account

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

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

1975.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 501 OF 539

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="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	State	Zip Code
El Segundo	CA	90245-5013

Purpose of Disbursement  
Monthly Fee

Candidate Name

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		21		2014

Transaction ID : VN7F49QAM86

Amount of Each Disbursement this Period

15.99
-------

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Stamps.com**

Mailing Address 1990 E Grand Ave

City	State	Zip Code
El Segundo	CA	90245-5013

Purpose of Disbursement  
Postage

Candidate Name

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		27		2014

Transaction ID : VN7F49QAN55

Amount of Each Disbursement this Period

495.00
--------

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Stamps.com**

Mailing Address 1990 E Grand Ave

City	State	Zip Code
El Segundo	CA	90245-5013

Purpose of Disbursement  
Postage

Candidate Name

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		27		2014

Transaction ID : VN7F49QANM4

Amount of Each Disbursement this Period

495.00
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IE Only Account

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

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

1005.99
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 502 OF 539

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="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	State	Zip Code
El Segundo	CA	90245-5013

Purpose of Disbursement  
Postage

Candidate Name

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) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		29		2014

Transaction ID : VN7F49QB499

Amount of Each Disbursement this Period

495.00
--------

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Stamps.com**

Mailing Address 1990 E Grand Ave

City	State	Zip Code
El Segundo	CA	90245-5013

Purpose of Disbursement  
Postage

Candidate Name

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) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		30		2014

Transaction ID : VN7F49QB4N4

Amount of Each Disbursement this Period

440.00
--------

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Stamps.com**

Mailing Address 1990 E Grand Ave

City	State	Zip Code
El Segundo	CA	90245-5013

Purpose of Disbursement  
Postage

Candidate Name

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) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		31		2014

Transaction ID : VN7F49QB550

Amount of Each Disbursement this Period

480.00
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IE Only Account

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

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

1415.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 503 OF 539

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="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	State	Zip Code
El Segundo	CA	90245-5013

Purpose of Disbursement  
Postage

Candidate Name

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) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		31		2014

Transaction ID : VN7F49QB5H5

Amount of Each Disbursement this Period

119.99
--------

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Stamps.com**

Mailing Address 1990 E Grand Ave

City	State	Zip Code
El Segundo	CA	90245-5013

Purpose of Disbursement  
Postage

Candidate Name

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) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		03		2014

Transaction ID : VN7F49RGW59

Amount of Each Disbursement this Period

1350.00
---------

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Stamps.com**

Mailing Address 1990 E Grand Ave

City	State	Zip Code
El Segundo	CA	90245-5013

Purpose of Disbursement  
Monthly Fee

Candidate Name

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) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		04		2014

Transaction ID : VN7F49RQGW1

Amount of Each Disbursement this Period

15.99
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IE Only Account

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

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

1485.98
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 504 OF 539

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input 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. Stamps.com**

Mailing Address 1990 E Grand Ave

City	State	Zip Code
El Segundo	CA	90245-5013

Purpose of Disbursement  
Postage

Candidate Name

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		05		2014

Transaction ID : VN7F49RQH60

Amount of Each Disbursement this Period

400.00
--------

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Stamps.com**

Mailing Address 1990 E Grand Ave

City	State	Zip Code
El Segundo	CA	90245-5013

Purpose of Disbursement  
Postage

Candidate Name

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		06		2014

Transaction ID : VN7F49RQHD5

Amount of Each Disbursement this Period

475.00
--------

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Stamps.com**

Mailing Address 1990 E Grand Ave

City	State	Zip Code
El Segundo	CA	90245-5013

Purpose of Disbursement  
Postage

Candidate Name

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		06		2014

Transaction ID : VN7F49RR2V4

Amount of Each Disbursement this Period

475.00
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IE Only Account

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

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

1350.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 505 OF 539

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="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	State	Zip Code
El Segundo	CA	90245-5013

Purpose of Disbursement  
Postage

Candidate Name

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		10		2014

Transaction ID : VN7F49RR329

Amount of Each Disbursement this Period

475.00
--------

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Stamps.com**

Mailing Address 1990 E Grand Ave

City	State	Zip Code
El Segundo	CA	90245-5013

Purpose of Disbursement  
Postage

Candidate Name

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		11		2014

Transaction ID : VN7F49RRCC6

Amount of Each Disbursement this Period

140.00
--------

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Stamps.com**

Mailing Address 1990 E Grand Ave

City	State	Zip Code
El Segundo	CA	90245-5013

Purpose of Disbursement  
Postage

Candidate Name

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		13		2014

Transaction ID : VN7F49RREZ0

Amount of Each Disbursement this Period

690.00
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IE Only Account

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

TOTAL This Period (last page this line number only).....▶

1305.00
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	21b		22		23		24		25		26
	27		28a		28b		28c		X 29		30b

## Ready PAC

Category/  
Type

300.00

IE Only Account

Category/  
Type

750.00

IE Only Account

Category/  
Type

15.99

**SUBTOTAL** of Disbursements This Page (optional)

1065.99

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 507 OF 539

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input 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. Stamps.com**

Mailing Address 1990 E Grand Ave

City	State	Zip Code
El Segundo	CA	90245-5013

Purpose of Disbursement  
Postage

Candidate Name

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		24		2014

Transaction ID : VN7F49RRRY4

Amount of Each Disbursement this Period

400.00
--------

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Stamps.com**

Mailing Address 1990 E Grand Ave

City	State	Zip Code
El Segundo	CA	90245-5013

Purpose of Disbursement  
Postage

Candidate Name

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		26		2014

Transaction ID : VN7F49RRS81

Amount of Each Disbursement this Period

140.00
--------

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Stamps.com**

Mailing Address 1990 E Grand Ave

City	State	Zip Code
El Segundo	CA	90245-5013

Purpose of Disbursement  
Postage

Candidate Name

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		03		2014

Transaction ID : VN7F49RVPW5

Amount of Each Disbursement this Period

100.00
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IE Only Account

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

640.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 508 OF 539

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input 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. Stamps.com**

Mailing Address 1990 E Grand Ave

City	State	Zip Code
El Segundo	CA	90245-5013

Purpose of Disbursement  
Postage

Candidate Name

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) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	03	/	2014

Transaction ID : VN7F49RVYT6

Amount of Each Disbursement this Period

5427.00
---------

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Stamps.com**

Mailing Address 1990 E Grand Ave

City	State	Zip Code
El Segundo	CA	90245-5013

Purpose of Disbursement  
Postage

Candidate Name

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) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	06	/	2014

Transaction ID : VN7F49RVYR0

Amount of Each Disbursement this Period

448.00
--------

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Stamps.com**

Mailing Address 1990 E Grand Ave

City	State	Zip Code
El Segundo	CA	90245-5013

Purpose of Disbursement  
Postage

Candidate Name

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) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	07	/	2014

Transaction ID : VN7F49RVWM5

Amount of Each Disbursement this Period

239.98
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IE Only Account

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

6114.98
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 509 OF 539

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="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	State	Zip Code
El Segundo	CA	90245-5013

Purpose of Disbursement  
Postage

Candidate Name

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) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		10		2014

Transaction ID : VN7F49RVWJ9

Amount of Each Disbursement this Period

195.00
--------

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Stamps.com**

Mailing Address 1990 E Grand Ave

City	State	Zip Code
El Segundo	CA	90245-5013

Purpose of Disbursement  
Postage

Candidate Name

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) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		10		2014

Transaction ID : VN7F49RVYS8

Amount of Each Disbursement this Period

1904.00
---------

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Stamps.com**

Mailing Address 1990 E Grand Ave

City	State	Zip Code
El Segundo	CA	90245-5013

Purpose of Disbursement  
Postage

Candidate Name

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) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		17		2014

Transaction ID : VN7F49RVPV7

Amount of Each Disbursement this Period

50.00
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IE Only Account

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

2149.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 510 OF 539

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="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	State	Zip Code
El Segundo	CA	90245-5013

Purpose of Disbursement  
Postage

Candidate Name

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	17	/	2014

Transaction ID : VN7F49RVWK7

Amount of Each Disbursement this Period

200.00
--------

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Stamps.com**

Mailing Address 1990 E Grand Ave

City	State	Zip Code
El Segundo	CA	90245-5013

Purpose of Disbursement  
Postage

Candidate Name

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	17	/	2014

Transaction ID : VN7F49RVWN3

Amount of Each Disbursement this Period

375.00
--------

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Stamps.com**

Mailing Address 1990 E Grand Ave

City	State	Zip Code
El Segundo	CA	90245-5013

Purpose of Disbursement  
Postage

Candidate Name

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	20	/	2014

Transaction ID : VN7F49RVWQ9

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).....▶

955.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 511 OF 539

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="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	State	Zip Code
El Segundo	CA	90245-5013

Purpose of Disbursement  
Monthly Fee

Candidate Name

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) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		21		2014

Transaction ID : VN7F49RS671

Amount of Each Disbursement this Period

15.99
-------

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Stamps.com**

Mailing Address 1990 E Grand Ave

City	State	Zip Code
El Segundo	CA	90245-5013

Purpose of Disbursement  
Postage

Candidate Name

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) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		21		2014

Transaction ID : VN7F49RVWR7

Amount of Each Disbursement this Period

793.00
--------

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Stamps.com**

Mailing Address 1990 E Grand Ave

City	State	Zip Code
El Segundo	CA	90245-5013

Purpose of Disbursement  
Postage

Candidate Name

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) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		24		2014

Transaction ID : VN7F49RVWP1

Amount of Each Disbursement this Period

380.00
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IE Only Account

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

1188.99
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 512 OF 539

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="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	State	Zip Code
El Segundo	CA	90245-5013

Purpose of Disbursement  
Postage

Candidate Name

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) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	27	/	2014

Transaction ID : VN7F49RW064

Amount of Each Disbursement this Period

395.00
--------

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Stamps.com**

Mailing Address 1990 E Grand Ave

City	State	Zip Code
El Segundo	CA	90245-5013

Purpose of Disbursement  
Postage

Candidate Name

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) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	31	/	2014

Transaction ID : VN7F49RW071

Amount of Each Disbursement this Period

395.00
--------

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Stamps.com**

Mailing Address 1990 E Grand Ave

City	State	Zip Code
El Segundo	CA	90245-5013

Purpose of Disbursement  
Postage

Candidate Name

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) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	31	/	2014

Transaction ID : VN7F49RW089

Amount of Each Disbursement this Period

380.00
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IE Only Account

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

1170.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 513 OF 539

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="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	State	Zip Code
Arlington	VA	22203-1920

Purpose of Disbursement  
Office Supplies

Candidate Name

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		08		2014

Transaction ID : VN7F49Q05Z7

Amount of Each Disbursement this Period

1112.70
---------

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Staples**

Mailing Address 3804 Wilson Blvd

City	State	Zip Code
Arlington	VA	22203-1920

Purpose of Disbursement  
Office Supplies

Candidate Name

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		09		2014

Transaction ID : VN7F49Q0662

Amount of Each Disbursement this Period

82.45
-------

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Staples**

Mailing Address 3804 Wilson Blvd

City	State	Zip Code
Arlington	VA	22203-1920

Purpose of Disbursement  
Office Supplies

Candidate Name

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		23		2014

Transaction ID : VN7F49QAMB0

Amount of Each Disbursement this Period

22.34
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IE Only Account

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

1217.49
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 514 OF 539

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="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	State	Zip Code
Arlington	VA	22203-1920

Purpose of Disbursement  
Office Supplies

Candidate Name

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		29		2014

Transaction ID : VN7F49QB4C3

Amount of Each Disbursement this Period

190.79
--------

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Staples**

Mailing Address 3804 Wilson Blvd

City	State	Zip Code
Arlington	VA	22203-1920

Purpose of Disbursement  
Office Supplies

Candidate Name

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		30		2014

Transaction ID : VN7F49QB501

Amount of Each Disbursement this Period

155.35
--------

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Staples**

Mailing Address 3804 Wilson Blvd

City	State	Zip Code
Arlington	VA	22203-1920

Purpose of Disbursement  
Office Supplies

Candidate Name

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		31		2014

Transaction ID : VN7F49QB5G7

Amount of Each Disbursement this Period

169.59
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IE Only Account

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

515.73
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 515 OF 539

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="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

Candidate Name

Category/  
Type

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
02		13		2014

Transaction ID : VN7F49RRF65

Amount of Each Disbursement this Period

49.80
-------

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

Candidate Name

Category/  
Type

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
02		14		2014

Transaction ID : VN7F49RRG32

Amount of Each Disbursement this Period

34.44
-------

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 Supplies

Candidate Name

Category/  
Type

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
02		18		2014

Transaction ID : VN7F49RRGJ1

Amount of Each Disbursement this Period

32.60
-------

IE Only Account

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

116.84
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 516 OF 539

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="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	State	Zip Code
Arlington	VA	22203-1920

Purpose of Disbursement  
Office Supplies

Candidate Name

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		27		2014

Transaction ID : VN7F49RVYG7

Amount of Each Disbursement this Period

433.19
--------

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Staples**

Mailing Address 3804 Wilson Blvd

City	State	Zip Code
Arlington	VA	22203-1920

Purpose of Disbursement  
Office Supplies

Candidate Name

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		03		2014

Transaction ID : VN7F49RVW80

Amount of Each Disbursement this Period

144.41
--------

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Staples**

Mailing Address 3804 Wilson Blvd

City	State	Zip Code
Arlington	VA	22203-1920

Purpose of Disbursement  
Office Supplies

Candidate Name

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		24		2014

Transaction ID : VN7F49RS6N2

Amount of Each Disbursement this Period

20.54
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IE Only Account

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

598.14
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 517 OF 539

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="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	State	Zip Code
Arlington	VA	22203-1920

Purpose of Disbursement  
Office Supplies

Candidate Name

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		26		2014

Transaction ID : VN7F49RW048

Amount of Each Disbursement this Period

481.72
--------

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Staples**

Mailing Address 3804 Wilson Blvd

City	State	Zip Code
Arlington	VA	22203-1920

Purpose of Disbursement  
Office Supplies

Candidate Name

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		27		2014

Transaction ID : VN7F49RW056

Amount of Each Disbursement this Period

131.82
--------

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Starbucks**Mailing Address 1735 N Lynn St  
# 20

City	State	Zip Code
Arlington	VA	22209-2013

Purpose of Disbursement  
Meal Expense

Candidate Name

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		21		2014

Transaction ID : VN7F49QAKJ3

Amount of Each Disbursement this Period

2.07
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IE Only Account

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

615.61
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 518 OF 539

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="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

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	/	27	/	2014

Transaction ID : VN7F49QAR60

Amount of Each Disbursement this Period

24.54
-------

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

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	/	20	/	2014

Transaction ID : VN7F49RRZA2

Amount of Each Disbursement this Period

12.14
-------

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

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	/	24	/	2014

Transaction ID : VN7F49RVJB2

Amount of Each Disbursement this Period

21.10
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IE Only Account

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

57.78
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 519 OF 539

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Ready PAC

Full Name (Last, First, Middle Initial)

**A. Starr Restaurants**

Mailing Address 30 S 17th St

City

Philadelphia

State

PA

Zip Code

19103-4016

Purpose of Disbursement

Facility Rental

Candidate Name

Category/  
Type

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
02	/	20	/	2014

Transaction ID : VN7F49R34Z2

Amount of Each Disbursement this Period

2742.00
---------

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Steve Stein**

Mailing Address 811 Bergen St

City

Philadelphia

State

PA

Zip Code

19111

Purpose of Disbursement

Contribution Refund

Candidate Name

Category/  
Type

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	/	03	/	2014

Transaction ID : VN7F49PGTT7

Amount of Each Disbursement this Period

500.00
--------

Refund-IE Only Account

Full Name (Last, First, Middle Initial)

**C. Steve Stein**

Mailing Address 811 Bergen St

City

Philadelphia

State

PA

Zip Code

19111

Purpose of Disbursement

Contribution Refund

Candidate Name

Category/  
Type

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	/	03	/	2014

Transaction ID : VN7F49RSAT0

Amount of Each Disbursement this Period

2.20
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Refund-IE Only Account

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3244.20
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 520 OF 539

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Ready PAC

Full Name (Last, First, Middle Initial)

**A. Paul Talaska**

Mailing Address W9866 Roush Ln

City  
AthelstaneState  
WIZip Code  
54104Purpose of Disbursement  
Contribution Refund

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		29		2014

Transaction ID : VN7F49R43P7

Amount of Each Disbursement this Period

2475.00
---------

Refund-IE Only Account

Full Name (Last, First, Middle Initial)

**B. Jika Tan**Mailing Address 250 W 94th St  
3HCity  
New YorkState  
NYZip Code  
10025Purpose of Disbursement  
Contribution Refund

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		07		2014

Transaction ID : VN7F49RW267

Amount of Each Disbursement this Period

1000.00
---------

Refund-IE Only Account

Full Name (Last, First, Middle Initial)

**C. The Allenswood Group**

Mailing Address 2001 N Kenilworth St

City  
ArlingtonState  
VAZip Code  
22205-3130Purpose of Disbursement  
Fundraising Consulting

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		06		2014

Transaction ID : VN7F49QSK43

Amount of Each Disbursement this Period

5000.00
---------

IE Only Account

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

8475.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 521 OF 539

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input 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. The Allenswood Group**

Mailing Address 2001 N Kenilworth St

City	State	Zip Code
Arlington	VA	22205-3130

Purpose of Disbursement  
Fundraising Consulting

Candidate Name

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		25		2014

Transaction ID : VN7F49RSTS4

Amount of Each Disbursement this Period

5000.00
---------

IE Only Account

Full Name (Last, First, Middle Initial)

**B. The Clarendon Hotel and Spa**

Mailing Address 401 W Clarendon Ave

City	State	Zip Code
Phoenix	AZ	85013-3411

Purpose of Disbursement  
Travel

Candidate Name

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		03		2014

Transaction ID : VN7F49RVXY5

Amount of Each Disbursement this Period

233.37
--------

IE Only Account

Full Name (Last, First, Middle Initial)

**C. The Clarendon Hotel and Spa**

Mailing Address 401 W Clarendon Ave

City	State	Zip Code
Phoenix	AZ	85013-3411

Purpose of Disbursement  
Travel

Candidate Name

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		04		2014

Transaction ID : VN7F49RVXZ3

Amount of Each Disbursement this Period

385.81
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IE Only Account

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

5619.18
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 522 OF 539

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="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 Sugar Experience LLC**

Mailing Address 4235 Massachusetts Avenue, NW, #71

City	State	Zip Code
Washington	DC	20001

Purpose of Disbursement  
Catering

Candidate Name

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		18		2014

Transaction ID : VN7F49RRHG8

Amount of Each Disbursement this Period

500.00
--------

IE Only Account

Full Name (Last, First, Middle Initial)

**B. The Sugar Experience LLC**

Mailing Address 4235 Massachusetts Avenue, NW, #71

City	State	Zip Code
Washington	DC	20001

Purpose of Disbursement  
Catering

Candidate Name

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		19		2014

Transaction ID : VN7F49RRRC2

Amount of Each Disbursement this Period

250.00
--------

IE Only Account

Full Name (Last, First, Middle Initial)

**C. The UPS Store**

Mailing Address 51194 Romeo Plank Rd

City	State	Zip Code
Macomb	MI	48042-4111

Purpose of Disbursement  
Shipping Expenses

Candidate Name

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		16		2014

Transaction ID : VN7F49Q06P9

Amount of Each Disbursement this Period

632.51
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IE Only Account

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

1382.51
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 523 OF 539

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="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	State	Zip Code
Macomb	MI	48042-4111

Purpose of Disbursement  
Shipping Expenses

Candidate Name

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		12		2014

Transaction ID : VN7F49RRSH2

Amount of Each Disbursement this Period

331.15
--------

IE Only Account

Full Name (Last, First, Middle Initial)

**B. The UPS Store**

Mailing Address 51194 Romeo Plank Rd

City	State	Zip Code
Macomb	MI	48042-4111

Purpose of Disbursement  
Shipping Expenses

Candidate Name

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		12		2014

Transaction ID : VN7F49RVKJ0

Amount of Each Disbursement this Period

37.41
-------

IE Only Account

Full Name (Last, First, Middle Initial)

**C. The UPS Store**

Mailing Address 51194 Romeo Plank Rd

City	State	Zip Code
Macomb	MI	48042-4111

Purpose of Disbursement  
Shipping Expenses

Candidate Name

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		12		2014

Transaction ID : VN7F49RVZ87

Amount of Each Disbursement this Period

583.72
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IE Only Account

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

952.28
--------

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 524 OF 539

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="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	State	Zip Code
Macomb	MI	48042-4111

Purpose of Disbursement  
Shipping Expense

Candidate Name

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		19		2014

Transaction ID : VN7F49RSV17

Amount of Each Disbursement this Period

19.92
-------

[MEMO ITEM]

\* IE Only Account

Full Name (Last, First, Middle Initial)

**B. The UPS Store**

Mailing Address 51194 Romeo Plank Rd

City	State	Zip Code
Macomb	MI	48042-4111

Purpose of Disbursement  
Shipping Expenses

Candidate Name

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		24		2014

Transaction ID : VN7F49RVYB7

Amount of Each Disbursement this Period

384.15
--------

IE Only Account

Full Name (Last, First, Middle Initial)

**C. The UPS Store**

Mailing Address 51194 Romeo Plank Rd

City	State	Zip Code
Macomb	MI	48042-4111

Purpose of Disbursement  
Shipping Expenses

Candidate Name

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		27		2014

Transaction ID : VN7F49RW0P8

Amount of Each Disbursement this Period

261.60
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IE Only Account

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

645.75
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 525 OF 539

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="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 Kay Thomas**

Mailing Address 702 Scott St

City Marshall	State MN	Zip Code 56258-3124
------------------	-------------	------------------------

Purpose of Disbursement  
Contribution Refund

Candidate Name

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) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		06		2014

Transaction ID : VN7F49QSK35

Amount of Each Disbursement this Period

2500.00
---------

Refund-IE Only Account

Full Name (Last, First, Middle Initial)

**B. United Airlines**

Mailing Address PO Box 66100

City Chicago	State IL	Zip Code 60666-0100
-----------------	-------------	------------------------

Purpose of Disbursement  
Travel

Candidate Name

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) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		14		2014

Transaction ID : VN7F49Q06C0

Amount of Each Disbursement this Period

1196.00
---------

IE Only Account

Full Name (Last, First, Middle Initial)

**C. United Airlines**

Mailing Address PO Box 66100

City Chicago	State IL	Zip Code 60666-0100
-----------------	-------------	------------------------

Purpose of Disbursement  
Travel

Candidate Name

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) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		23		2014

Transaction ID : VN7F49QAMC8

Amount of Each Disbursement this Period

769.50
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IE Only Account

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

4465.50
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 526 OF 539

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="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 Airlines**

Mailing Address PO Box 66100

City	State	Zip Code
Chicago	IL	60666-0100

Purpose of Disbursement  
Travel

Candidate Name

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) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		10		2014

Transaction ID : VN7F49RR386

Amount of Each Disbursement this Period

388.18
--------

IE Only Account

Full Name (Last, First, Middle Initial)

**B. United Airlines**

Mailing Address PO Box 66100

City	State	Zip Code
Chicago	IL	60666-0100

Purpose of Disbursement  
Travel

Candidate Name

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) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		06		2014

Transaction ID : VN7F49RVZJ6

Amount of Each Disbursement this Period

1658.00
---------

IE Only Account

Full Name (Last, First, Middle Initial)

**C. United Airlines**

Mailing Address PO Box 66100

City	State	Zip Code
Chicago	IL	60666-0100

Purpose of Disbursement  
Travel

Candidate Name

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) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		18		2014

Transaction ID : VN7F49RVWC2

Amount of Each Disbursement this Period

178.72
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IE Only Account

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2224.90
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 527 OF 539

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="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  
AlexandriaState  
VAZip Code  
22303-8000Purpose of Disbursement  
Postage

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		21		2014

Transaction ID : VN7F49Q16M2

Amount of Each Disbursement this Period

1160.00
---------

IE Only Account

Full Name (Last, First, Middle Initial)

**B. United States Postal Service**

Mailing Address 5834C N Kings Hwy

City  
AlexandriaState  
VAZip Code  
22303-8000Purpose of Disbursement  
Postage

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		21		2014

Transaction ID : VN7F49Q16N9

Amount of Each Disbursement this Period

10000.00
----------

IE Only Account

Full Name (Last, First, Middle Initial)

**C. United States Postal Service**

Mailing Address 5834C N Kings Hwy

City  
AlexandriaState  
VAZip Code  
22303-8000Purpose of Disbursement  
Postage

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		21		2014

Transaction ID : VN7F49Q16Q5

Amount of Each Disbursement this Period

835.00
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IE Only Account

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

11995.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 528 OF 539

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="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  
AlexandriaState  
VAZip Code  
22303-8000Purpose of Disbursement  
PO Box Rental Fee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		23		2014

Transaction ID : VN7F49QAMQ5

Amount of Each Disbursement this Period

106.00
--------

IE Only Account

Full Name (Last, First, Middle Initial)

**B. United States Postal Service**

Mailing Address 5834C N Kings Hwy

City  
AlexandriaState  
VAZip Code  
22303-8000Purpose of Disbursement  
PO Box Rental Fee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		04		2014

Transaction ID : VN7F49RQH44

Amount of Each Disbursement this Period

106.00
--------

IE Only Account

Full Name (Last, First, Middle Initial)

**C. US Airways**

Mailing Address 4000 E Sky Harbor Blvd

City  
PhoenixState  
AZZip Code  
85034-3802Purpose of Disbursement  
Travel

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		06		2014

Transaction ID : VN7F49PNWN9

Amount of Each Disbursement this Period

485.00
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IE Only Account

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

697.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 529 OF 539

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="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	State	Zip Code
Phoenix	AZ	85034-3802

Purpose of Disbursement  
Travel

Candidate Name

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) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		13		2014

Transaction ID : VN7F49Q06A4

Amount of Each Disbursement this Period

592.50
--------

IE Only Account

Full Name (Last, First, Middle Initial)

**B. US Airways**

Mailing Address 4000 E Sky Harbor Blvd

City	State	Zip Code
Phoenix	AZ	85034-3802

Purpose of Disbursement  
Travel

Candidate Name

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) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		16		2014

Transaction ID : VN7F49Q06F3

Amount of Each Disbursement this Period

236.50
--------

IE Only Account

Full Name (Last, First, Middle Initial)

**C. US Airways**

Mailing Address 4000 E Sky Harbor Blvd

City	State	Zip Code
Phoenix	AZ	85034-3802

Purpose of Disbursement  
Travel

Candidate Name

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) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		27		2014

Transaction ID : VN7F49QAN48

Amount of Each Disbursement this Period

60.00
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IE Only Account

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

889.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 530 OF 539

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input 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. US Airways**

Mailing Address 4000 E Sky Harbor Blvd

City	State	Zip Code
Phoenix	AZ	85034-3802

Purpose of Disbursement  
Travel

Candidate Name

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) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		03		2014

Transaction ID : VN7F49RGW27

Amount of Each Disbursement this Period

25.00
-------

IE Only Account

Full Name (Last, First, Middle Initial)

**B. US Airways**

Mailing Address 4000 E Sky Harbor Blvd

City	State	Zip Code
Phoenix	AZ	85034-3802

Purpose of Disbursement  
Travel

Candidate Name

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) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		03		2014

Transaction ID : VN7F49RGX52

Amount of Each Disbursement this Period

25.00
-------

IE Only Account

Full Name (Last, First, Middle Initial)

**C. US Airways**

Mailing Address 4000 E Sky Harbor Blvd

City	State	Zip Code
Phoenix	AZ	85034-3802

Purpose of Disbursement  
Travel

Candidate Name

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) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		10		2014

Transaction ID : VN7F49RR311

Amount of Each Disbursement this Period

280.00
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IE Only Account

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

330.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 531 OF 539

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="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	State	Zip Code
Phoenix	AZ	85034-3802

Purpose of Disbursement  
Travel

Candidate Name

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) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		19		2014

Transaction ID : VN7F49RRGP2

Amount of Each Disbursement this Period

393.50
--------

IE Only Account

Full Name (Last, First, Middle Initial)

**B. US Airways**

Mailing Address 4000 E Sky Harbor Blvd

City	State	Zip Code
Phoenix	AZ	85034-3802

Purpose of Disbursement  
Travel

Candidate Name

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) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		20		2014

Transaction ID : VN7F49RRHH6

Amount of Each Disbursement this Period

317.00
--------

IE Only Account

Full Name (Last, First, Middle Initial)

**C. US Airways**

Mailing Address 4000 E Sky Harbor Blvd

City	State	Zip Code
Phoenix	AZ	85034-3802

Purpose of Disbursement  
Travel

Candidate Name

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) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		21		2014

Transaction ID : VN7F49RRRD0

Amount of Each Disbursement this Period

25.00
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IE Only Account

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

735.50
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 532 OF 539

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="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	State	Zip Code
Phoenix	AZ	85034-3802

Purpose of Disbursement  
Travel

Candidate Name

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) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		24		2014

Transaction ID : VN7F49RRRQ9

Amount of Each Disbursement this Period

364.50
--------

IE Only Account

Full Name (Last, First, Middle Initial)

**B. US Airways**

Mailing Address 4000 E Sky Harbor Blvd

City	State	Zip Code
Phoenix	AZ	85034-3802

Purpose of Disbursement  
Travel

Candidate Name

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) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		24		2014

Transaction ID : VN7F49RRRR7

Amount of Each Disbursement this Period

1124.02
---------

IE Only Account

Full Name (Last, First, Middle Initial)

**C. US Airways**

Mailing Address 4000 E Sky Harbor Blvd

City	State	Zip Code
Phoenix	AZ	85034-3802

Purpose of Disbursement  
Travel

Candidate Name

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) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		26		2014

Transaction ID : VN7F49RRRS4

Amount of Each Disbursement this Period

3275.00
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IE Only Account

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

4763.52



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 534 OF 539

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input 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. US Airways**

Mailing Address 4000 E Sky Harbor Blvd

City	State	Zip Code
Phoenix	AZ	85034-3802

Purpose of Disbursement  
Travel

Candidate Name

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) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		07		2014

Transaction ID : VN7F49RVX18

Amount of Each Disbursement this Period

316.00
--------

IE Only Account

Full Name (Last, First, Middle Initial)

**B. US Airways**

Mailing Address 4000 E Sky Harbor Blvd

City	State	Zip Code
Phoenix	AZ	85034-3802

Purpose of Disbursement  
Travel

Candidate Name

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) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		07		2014

Transaction ID : VN7F49RVX26

Amount of Each Disbursement this Period

316.00
--------

IE Only Account

Full Name (Last, First, Middle Initial)

**C. US Airways**

Mailing Address 4000 E Sky Harbor Blvd

City	State	Zip Code
Phoenix	AZ	85034-3802

Purpose of Disbursement  
Travel

Candidate Name

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) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		10		2014

Transaction ID : VN7F49RVVW5

Amount of Each Disbursement this Period

136.00
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IE Only Account

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

768.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 535 OF 539

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="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	State	Zip Code
Phoenix	AZ	85034-3802

Purpose of Disbursement  
Travel

Candidate Name

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) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		10		2014

Transaction ID : VN7F49RVWY4

Amount of Each Disbursement this Period

215.00
--------

IE Only Account

Full Name (Last, First, Middle Initial)

**B. US Airways**

Mailing Address 4000 E Sky Harbor Blvd

City	State	Zip Code
Phoenix	AZ	85034-3802

Purpose of Disbursement  
Travel

Candidate Name

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) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		14		2014

Transaction ID : VN7F49RVWX6

Amount of Each Disbursement this Period

200.00
--------

IE Only Account

Full Name (Last, First, Middle Initial)

**C. US Airways**

Mailing Address 4000 E Sky Harbor Blvd

City	State	Zip Code
Phoenix	AZ	85034-3802

Purpose of Disbursement  
Travel

Candidate Name

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) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		18		2014

Transaction ID : VN7F49RVWZ2

Amount of Each Disbursement this Period

284.50
--------

IE Only Account

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

699.50
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 536 OF 539

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="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	State	Zip Code
Phoenix	AZ	85034-3802

Purpose of Disbursement  
Travel

Candidate Name

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		21		2014

Transaction ID : VN7F49RVJZ0

Amount of Each Disbursement this Period

100.00
--------

IE Only Account

Full Name (Last, First, Middle Initial)

**B. US Airways**

Mailing Address 4000 E Sky Harbor Blvd

City	State	Zip Code
Phoenix	AZ	85034-3802

Purpose of Disbursement  
Travel

Candidate Name

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		26		2014

Transaction ID : VN7F49RVZS1

Amount of Each Disbursement this Period

271.00
--------

IE Only Account

Full Name (Last, First, Middle Initial)

**C. US Airways**

Mailing Address 4000 E Sky Harbor Blvd

City	State	Zip Code
Phoenix	AZ	85034-3802

Purpose of Disbursement  
Travel

Candidate Name

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		31		2014

Transaction ID : VN7F49RVZT9

Amount of Each Disbursement this Period

457.50
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IE Only Account

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

828.50
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 537 OF 539

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input 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. Virgin Airways**Mailing Address 555 Airport Blvd  
Ste 200

City Burlingame State CA Zip Code 94010-2054

Purpose of Disbursement  
Travel

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	03	/	2014

Transaction ID : VN7F49RVY68

Amount of Each Disbursement this Period

325.58
--------

IE Only Account

Full Name (Last, First, Middle Initial)

**B. David Wolf**

Mailing Address 2266 San Francisco Ave

City Long Beach State CA Zip Code 90806-4151

Purpose of Disbursement  
Fundraising Consulting

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01	/	29	/	2014

Transaction ID : VN7F49Q6B70

Amount of Each Disbursement this Period

2500.00
---------

IE Only Account

Full Name (Last, First, Middle Initial)

**C. David Wolf**

Mailing Address 2266 San Francisco Ave

City Long Beach State CA Zip Code 90806-4151

Purpose of Disbursement  
Fundraising Consulting

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01	/	29	/	2014

Transaction ID : VN7F49Q6BB1

Amount of Each Disbursement this Period

5000.00
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IE Only Account

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

7825.58
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 538 OF 539

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Ready PAC

Full Name (Last, First, Middle Initial)

**A. David Wolf**

Mailing Address 2266 San Francisco Ave

City	State	Zip Code
Long Beach	CA	90806-4151

Purpose of Disbursement  
Travel Reimbursement

Candidate Name

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) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		29		2014

Transaction ID : VN7F49Q6BC9

Amount of Each Disbursement this Period

1264.30
---------

IE Only Account

Full Name (Last, First, Middle Initial)

**B. Drew Xeron**Mailing Address 52 O St NW  
# 204

City	State	Zip Code
Washington	DC	20001-1259

Purpose of Disbursement  
Photography

Candidate Name

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) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		05		2014

Transaction ID : VN7F49PJ0X1

Amount of Each Disbursement this Period

1500.00
---------

IE Only Account

Full Name (Last, First, Middle Initial)

**C. Drew Xeron**Mailing Address 52 O St NW  
# 204

City	State	Zip Code
Washington	DC	20001-1259

Purpose of Disbursement  
Photography

Candidate Name

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) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		20		2014

Transaction ID : VN7F49Q16V7

Amount of Each Disbursement this Period

4125.00
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IE Only Account

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

6889.30
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 539 OF 539

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Ready PAC

Full Name (Last, First, Middle Initial)

**A. Young Democrats of America**

Mailing Address PO Box 77496

City  
WashingtonState  
DCZip Code  
20013-8496Purpose of Disbursement  
Donation to Non-Political Committee

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		19		2014

Transaction ID : VN7F49R3ZS1

Amount of Each Disbursement this Period

500.00
--------

2014 Winter Conference; IE Only Account

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Disbursement this Period

--

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

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).....▶

500.00
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1630478.06
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