STATEMENT OF ORGANIZATION

1. NAME OF COMMITTEE (in full)  
   Ready PAC

   (Check if name is changed)

2. DATE  
   04/12/2015

3. FEC IDENTIFICATION NUMBER  
   C00540997

4. IS THIS STATEMENT  
   NEW (N)  
   OR  
   AMENDED (A)  

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

   Type or Print Name of Treasurer  
   Mrs. Amy Wills Gray

   Signature of Treasurer  
   Mrs. Amy Wills Gray  
   [Electronically Filed]  
   Date  
   04/12/2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.
5. **TYPE OF COMMITTEE**

**Candidate Committee:**

(a) □ This committee is a principal campaign committee. (Complete the candidate information below.)

(b) □ This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

<table>
<thead>
<tr>
<th>Name of Candidate</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

Candidate Party Affiliation: [ ]

Office Sought: [ ] House [ ] Senate [ ] President [ ] State [ ] District [ ]

(c) □ This committee supports/opposes only one candidate, and is NOT an authorized committee.

<table>
<thead>
<tr>
<th>Name of Candidate</th>
</tr>
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<tbody>
<tr>
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</tbody>
</table>

**Party Committee:**

(d) □ This committee is a [ ] (National, State or subordinate) committee of the [ ] (Democratic, Republican, etc.) Party.

**Political Action Committee (PAC):**

(e) □ This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:

<table>
<thead>
<tr>
<th>Corporation</th>
<th>Corporation w/o Capital Stock</th>
<th>Labor Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Membership Organization</td>
<td>Trade Association</td>
<td>Cooperative</td>
</tr>
<tr>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
</tbody>
</table>

[ ] In addition, this committee is a Lobbyist/Registrant PAC.

(f) ✗ This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)

<table>
<thead>
<tr>
<th>FEC ID number</th>
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</table>

[ ] In addition, this committee is a Lobbyist/Registrant PAC.

[ ] In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

**Joint Fundraising Representative:**

(g) □ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.

(h) □ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

**Committees Participating in Joint Fundraiser**

<table>
<thead>
<tr>
<th>Committees Participating in Joint Fundraiser</th>
<th>FEC ID number</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
</tr>
</tbody>
</table>
Write or Type Committee Name

Ready PAC

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

NONE

Mailing Address

[Address Information]

CITY

STATE

ZIP CODE

Relationship: [ ] Connected Organization [ ] Affiliated Committee [ ] Joint Fundraising Representative [ ] Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

Mrs. Amy Wills Gray

Mailing Address

PO Box 7705

McLean

VA

22106

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number

517 - 256 - 5424

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name

Mrs. Amy Wills Gray

Mailing Address

PO Box 7705

McLean

VA

22106

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number

517 - 256 - 5424
9. **Banks or Other Depositories**: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

**Bank of America**

Mailing Address: 2747 Duke Street

Alexandria VA 22314

**Amalgamated Bank**

Mailing Address: 1825 K Street NW

Washington DC 20006