PAGE 1 / 30

Image# 201602249009621430

FEC

REPORT OF RECEIPTS AND DISBURSEMENTS

| FURIN 3A | For Other Than An Auth | norized Committee | | Office Use Only |
|---|---|--|---|---|
| NAME OF COMMITTEE (in full) | TYPE OR PRINT ▼ | Example: If typing, type over the lines. | 12FE4M5 | |
| ACTRIGHT | | | | 1 |
| | | | | |
| | | | | |
| ADDRESS (number and street) | 2029 K STREET NW SUITE | 300 | | |
| Check if different than previously | | | | |
| reported. (ACC) | WASHINGTON | | DC | 20006 |
| 2. FEC IDENTIFICATION N | UMBER ▼ CIT | Y A | STATE 🛦 | ZIP CODE ▲ |
| C C00488478 | | THIS NEW (N) OF | | ENDED |
| 4. TYPE OF REPORT (Choose One) | Report Due On: | 20 (M2) May 20 (M | | 20 (M8) Nov 20 (M11) (Non-Election Year Only) |
| (a) Quarterly Reports: | | 20 (M3) Jun 20 (M | | 20 (M9) Dec 20 (M12) (Non-Election Year Only) |
| April 15 Quarterly Report (| | 20 (M4) Jul 20 (M7 | Oct 2 | 20 (M10) X Jan 31 (YE) |
| July 15 | (c) 12-Day | Primary (12P) | General (| 12G) Runoff (12R) |
| Quarterly Report (October 15 | Report for the: | Convention (12C) | Special (| 12S) |
| Quarterly Report (January 31 | | M = M / D = D | / Y | in the |
| Year-End Report (| | n on | | State of |
| July 31 Mid-Year Report (Non-electi Year Only) (MY) | on (d) 30-Day POST-Election Report for the: | General (30G) | Runoff (3 | OR) Special (30S) |
| Termination Repor (TER) | t Election | n on | / Y = Y = Y = Y | in the State of |
| 5. Covering Period 1 | 2 01 2015 | through 12 | M / 31 / | 2015 |
| I certify that I have examined t | his Report and to the best of | my knowledge and belief it is | true, correct and | complete. |
| Type or Print Name of Treasure | er Brown Brian | | | |
| Signature of Treasurer Bro | wn Brian | [Electronically Filed] | Date 02 | / D D / Y Y Y Y Y Y 2016 |
| NOTE: Submission of false, erro | neous, or incomplete information | may subject the person signing | g this Report to th | e penalties of 2 U.S.C. §437g. |
| Office | | | | FEC FORM 3X |
| Use Only | | | | Rev. 12/2004 |

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name **ACTRIGHT** 2015 2015 Report Covering the Period: 12 31 From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 10130.59 January 1, 2015 (b) Cash on Hand at 7604.41 Beginning of Reporting Period..... 5302.80 0.00 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 7604.41 15433.39 6(a) and 6(c) for Column B)..... 78.33 7907.31 Total Disbursements (from Line 31)...... 8. Cash on Hand at Close of Reporting Period 7526.08 7526.08 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 200.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 87690.47 Schedule C and/or Schedule D) This committee has qualified as a multicandidate committee. (see FEC FORM 1M) For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

ACTRIGHT

| I. Receipts ributions (other than loans) From: Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A) | COLUMN A Total This Period 0.00 0.00 0.00 0.00 0.00 0.00 | COLUMN B Calendar Year-to-Date 4095.00 1035.00 5130.00 0.00 |
|--|--|---|
| Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A) | , , , 0.00 , , , 0.00 , , , 0.00 | 1035.00 5130.00 0.00 |
| Than Political Committees (i) Itemized (use Schedule A) | , , , 0.00 , , , 0.00 , , , 0.00 | 1035.00 5130.00 0.00 |
| (ii) Itemized (use Schedule A) | , , , 0.00 , , , 0.00 , , , 0.00 | 1035.00 5130.00 0.00 |
| (iii) Unitemized | , , , 0.00 , , , 0.00 , , , 0.00 | 1035.00 5130.00 0.00 |
| Political Party Committees Other Political Committees (such as PACs) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry | 0.00 | 5130.00 |
| Political Party Committees Other Political Committees (such as PACs) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry | 0.00 | 5130.00 |
| Lines 11(a)(i) and (ii) Political Party Committees Other Political Committees (such as PACs) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry | 0.00 | 0.00 |
| Political Party Committees Other Political Committees (such as PACs) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry | 0.00 | 0.00 |
| Other Political Committees (such as PACs) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry | | |
| Other Political Committees (such as PACs) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry | | |
| (such as PACs) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry | 0.00 | 0.00 |
| Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry | | 7 |
| 11(a)(iii), (b), and (c)) (Carry | | |
| | | |
| lotals to Line 33, page 5) | 0.00 | 5130.00 |
| ofore From Affiliated/Other | 7 | |
| sfers From Affiliated/Other | 0.00 | 0.00 |
| Committees | 0.00 | 0.00 |
| nana Bassiyad | 0.00 | 0.00 |
| Dans Received | | 0.00 |
| | | |
| | 0.00 | 0.00 |
| | | |
| · · · · · · · · · · · · · · · · · · · | 0.00 | 470.00 |
| | 0.00 | 172.80 |
| | | |
| | | 200 |
| | 0.00 | 0.00 |
| · · · · · · · · · · · · · · · · · · · | | |
| The state of the s | 0.00 | 0.00 |
| | | |
| | | |
| (from Schedule H3) | 0.00 | 0.00 |
| | | |
| evin Funds (from Schedule H5) | 0.00 | 0.00 |
| | | |
| otal Transfers (add 18(a) and 18(b)) | 0.00 | 0.00 |
| r = (| = | Repayments Received |

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 |
|---|-------------------------------|-----------------------------------|
| Operating Expenditures: (a) Allocated Federal/Non-Federal | Total Tillo Totlou | Calendal Teal-to-Date |
| Activity (from Schedule H4) | 0.00 | 0.00 |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) Non-Federal Share | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures | 53.33 | 6997.31 |
| (c) Total Operating Expenditures | | |
| (add 21(a)(i), (a)(ii), and (b))▶ | 53.33 | 6997.31 |
| Transfers to Affiliated/Other Party Committees | 0.00 | 0.00 |
| Contributions to Federal Candidates/Committees and Other Political Committees | 25.00 | 550.00 |
| Independent Expenditures | 0.00 | 200 |
| (use Schedule E) Coordinated Party Expenditures | 0.00 | 0.00 |
| (2 U.S.C. §441a(d)) (use Schedule F) | 0.00 | 0.00 |
| Loan Repayments Made | 0.00 | 0.00 |
| Loans MadeRefunds of Contributions To: | 0.00 | 200.00 |
| (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 |
| Other Disbursements | 0.00 | 160.00 |
| 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 |
| | | |
| Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) | 78.33 | 7907.31 |
| Total Federal Disbursements | | |
| (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) | 78.33 | 7907.31 |

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 |
|---|-------------------------------|-----------------------------------|
| 3. Total Contributions (other than loans) (from Line 11(d), page 3) | 0.00 | 5130.00 |
| 4. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 5. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 0.00 | 5130.00 |
| 6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶ | 53.33 | 6997.31 |
| 7. Offsets to Operating Expenditures (from Line 15, page 3) | 0.00 | 172.80 |
| 3. Net Operating Expenditures (subtract Line 37 from Line 36) | 53.33 | 6824.51 |

| SCHEDULE B (FEC Form 3X) | Han annoyets selected. | FOR LINE NUMBER: PAGE 6 OF 30 | | |
|--|---|-------------------------------|--------------------------|--------------------------|
| ITEMIZED DISBURSEMENTS | Use separate schedule(for each category of the Detailed Summary Page | (check only | one) 22 23 28a 28b | 24 25 2 28c 29 |
| Any information copied from such Reports and Statem | | used by any perso | on for the purpose of | soliciting contributions |
| or for commercial purposes, other than using the name NAME OF COMMITTEE (In Full) ACTRIGHT | ne and address of any pol | itical committee to | solicit contributions fi | rom such committee. |
| Full Name (Last, First, Middle Initial) | | | Date of District | ont |
| A. PNC Bank | | Date of Disbursem | | |
| Mailing Address 249 Fifth Ave One PNC Plaza | | | 12 02 | 2015 |
| , | State Zip Code PA 15222 | | Transaction ID: | SB21B.11140 |
| Purpose of Disbursement Corporate ACH monthly fee | | 001 | Amount of Each D | isbursement this Period |
| Candidate Name | | Category/ | Amount of Lacif D | |
| 0" | | Type | | 10.00 |
| Senate | nent For: 2016 Primary ☐ General Other (specify) ▼ | | | |
| State: District: | | | | |
| Full Name (Last, First, Middle Initial) B. PNC Bank | | | Date of Disbursem | |
| Mailing Address 249 Fifth Ave One PNC Plaza | | | 12 02 | 2015 |
| • | State Zip Code PA 15222 | | Transaction ID : | SB21B.11141 |
| Purpose of Disbursement PNC Merchant Interchange fee | | 001 | Amount of Each D | isbursement this Period |
| Candidate Name | | Category/ Type | | 23.14 |
| Senate X I | nent For: 2016 Primary General Other (specify) | | | |
| Full Name (Last, First, Middle Initial) C. PNC Bank | | | Date of Disbursem | |
| Mailing Address 249 Fifth Ave One PNC Plaza | | | 12 02 | 2015 |
| City S Pittsburgh | State Zip Code PA 15222 | | Transaction ID : | SB21B.11142 |
| Purpose of Disbursement PNC Merchant Fee | | 001 | Amount of Each D | isbursement this Period |
| Candidate Name | | Category/ Type | | 16.12 |
| Senate X | nent For: 2016 Primary General Other (specify) | 1 | | |
| SUBTOTAL of Disbursements This Page (optional) TOTAL This Period (last page this line number only). | | | | 49.26 |

| SCHEDULE B (FEC Form 3X) | Llas sanarata ashadula(a) | FOR LINE I | | PAGE 7 OF 30 |
|---|---|-------------------|--------------------|--------------------------|
| ITEMIZED DISBURSEMENTS | Use separate schedule(s) for each category of the | (check only | | |
| | Detailed Summary Page | X 21b 27 | 22 23 28b | 24 25 26 28c 29 30b |
| Any information copied from such Reports and Statem | L nents may not be sold or used | l by any perso | | soliciting contributions |
| or for commercial purposes, other than using the name | | | | |
| NAME OF COMMITTEE (In Full) | | | | |
| ACTRIGHT | | | | |
| / Full Name (Last, First, Middle Initial) | | | | |
| A. PNC Bank | | | Date of Disburseme | ent |
| | | M M / D D | / Y Y Y Y Y | |
| Mailing Address 249 Fifth Ave | | | 12 02 | 2015 |
| One PNC Plaza City S | State Zip Code | | | |
| Pittsburgh | PA 15222 | | Transaction ID : S | SB21B.11143 |
| Purpose of Disbursement PNC Merchant Discount | | | | |
| Candidate Name | | 001 | Amount of Each Dis | sbursement this Period |
| Candidate Name | | Category/ Type | | 4.07 |
| Office Sought: House Disbursen | nent For: 2016 | туре | | |
| Senate | Primary General | | | |
| | Other (specify) ▼ | | | |
| State: District: | | | | |
| Full Name (Last, First, Middle Initial) B. | | | Date of Disburseme | ent |
| | | | M M / D D | / Y Y Y Y |
| Mailing Address | | | | |
| Cit. | Nata Zia Cada | | | |
| City | State Zip Code | | | |
| Purpose of Disbursement | | | | |
| | | | Amount of Each Dis | sbursement this Period |
| Candidate Name | | Category/ | | |
| Office Sought: House Disbursen | nent For: | Туре | , | |
| | Primary General | | | |
| | Other (specify) ▼ | | | |
| State: District: | | | | |
| Full Name (Last, First, Middle Initial) C. | | | Date of Disburseme | ant and |
| . | | | M M / D D | / Y Y Y Y |
| Mailing Address | | | | |
| 011 | 7: 0 1 | | | |
| City | State Zip Code | | | |
| Purpose of Disbursement | - | | | |
| | | | Amount of Each Dis | sbursement this Period |
| Candidate Name | | Category/ | | |
| Office Sought: House Disbursen | nent For: | Туре | - | |
| | Primary General | | | |
| | Other (specify) ▼ | | | |
| State: District: | | | | |
| SUBTOTAL of Disbursements This Page (optional) | | | | 4.07 |
| GODITOTAL OF DISDUISEMENTS THIS Page (OPTIONAL) | | | | |
| TOTAL This Period (last page this line number only). | | | | 53.33 |

| ITEMIZED DISBURSEMENTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE I (check only 21b 27 | |
|---|---|--|---|
| Any information copied from such Reports and Statem or for commercial purposes, other than using the name NAME OF COMMITTEE (In Full) ACTRIGHT | nents may not be sold or used e and address of any political | by any person committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) A. Kevin Schoonmaker Mailing Address 455 Sunnybrook Lane | | | Date of Disbursement 12 19 2015 |
| • | State Zip Code IL 60187 | | Transaction ID : SB23.11147 |
| Contribution Candidate Name RAFAEL EDWARD TED CRUZ Office Sought: House Disbursem Senate | nent For: 2016 Primary General Other (specify) | 011 Category/ Type | Amount of Each Disbursement this Period 25.00 |
| State: TX District: 00 Full Name (Last, First, Middle Initial) B. | Other (specify) | | Date of Disbursement |
| Mailing Address City S | state Zip Code | | |
| Purpose of Disbursement Candidate Name | | Category/ Type | Amount of Each Disbursement this Period |
| | nent For: Primary General Other (specify) | | |
| Full Name (Last, First, Middle Initial) C. | | | Date of Disbursement |
| Mailing Address City S | state Zip Code | | |
| Purpose of Disbursement Candidate Name | | | Amount of Each Disbursement this Period |
| Office Sought: House Disbursem Senate F | nent For: Primary General Other (specify) ▼ | Category/ Type | |
| SUBTOTAL of Disbursements This Page (optional) TOTAL This Period (last page this line number only). | | | 25.00 25.00 |

SCHEDULE C (FEC Form 3X)

LOANS

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

OF 30 PAGE 9 FOR LINE 13 OF FORM 3X

| | Botalloa Gallillary Lago | | | |
|---|--|--|--|--|
| IAME OF COMMITTEE (In Full) ACTRIGHT | Transaction ID : SC/9.11107 | | | |
| | | | | |
| LOAN SOURCE Full Name (Last, First, Middle Initial) | Election: | | | |
| ActRight Non Fed Fund | Primary | | | |
| | General | | | |
| Mailing Address 2029 K Street NW | Other (specify) ▼ | | | |
| Suite 300 | | | | |
| | de 20006 | | | |
| Original Amount of Loan Cumulative Payment To | | | | |
| | | | | |
| 200.00 | 0.00 | | | |
| TERMS | | | | |
| Date Incurred Date Due | Interest Rate Secured: | | | |
| | 0.00 % (apr) Yes ∑ No | | | |
| List All Endorsers or Guarantors (if any) to Loan Source | | | | |
| Full Name (Last, First, Middle Initial) | Name of Employer | | | |
| Mailing Address | Occupation | | | |
| | Amazzak | | | |
| City State ZIP Code | Amount Guaranteed | | | |
| State Zii Gode | Outstanding: | | | |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer | | | |
| Mailing Address | Occupation | | | |
| | | | | |
| | Amount | | | |
| City State ZIP Code | Guaranteed Outstanding: | | | |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer | | | |
| | | | | |
| Mailing Address | Occupation | | | |
| | Amount | | | |
| City State ZIP Code | Guaranteed | | | |
| | Outstanding: | | | |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer | | | |
| Mailing Address | Occupation | | | |
| Maning / Idai 000 | - Cooupaiion | | | |
| | Amount | | | |
| City State ZIP Code | Guaranteed | | | |
| 5.00 | Outstanding: | | | |
| • | | | | |
| | | | | |
| SUBTOTALS This Period This Page (optional) | SUBTOTALS This Period This Page (optional) | | | |
| | | | | |
| OTALS This Period (last page in this line only) ▶ 200.00 | | | | |
| Carry outstanding balance only to LINE 3, Schedule D, for this line. If | no Schedule D, carry forward to appropriate line of Summary. | | | |

Excluding Loans

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

PAGE FOR LINE NUMBER: (check only one)

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10 OF

NAME OF COMMITTEE (In Full) ACTRIGHT A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): August use of mailing address, phone, office ActRight Action Mailing Address 2029 K Street NW Suite 300 City State Zip Code Washington 20006 Transaction ID: SD10.4148 Outstanding Balance Beginning This Period 250.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 250.00 0.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): September use of address, phone, office ActRight Action Mailing Address 2029 K Street NW Suite 300 City State Zip Code Washington DC 20006 Outstanding Balance Beginning This Period Transaction ID: SD10.4176 250.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 250.00 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): October use of mailing address, phone, office ActRight Action Mailing Address 2029 K Street NW Suite 300 Zip Code City State Washington DC 20006 Transaction ID: SD10.4178 Outstanding Balance Beginning This Period 250.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 250.00 0.00 750.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 11 OF
FOR LINE NUMBER:
(check only one)

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|------|--|-----------------|--------------------|------------------|--|
| | OF COMMITTEE (In Full) TRIGHT | | | | |
| A. | A. Full Name (Last, First, Middle Initial) of Debtor or Creditor | | | | of Debt (Purpose): |
| | ActRight Action | | | | ber use of mailing address, phone, |
| Ma | ailing Address 2029 K Street NW | | | | |
| Ci | Suite 300 ty State | Zip Code | | | |
| | /ashington | DC | 20006 | | |
| | Outstanding Balance Beginning This Period | | | Trans | action ID : SD10.4179 |
| | 250.00 | | | | |
| | Amount Incurred This Period | Pay | ment This Period | Outsta | anding Balance at Close of This Period |
| | 0.00 | | | 0.00 | 250.00 |
| B. | Full Name (Last, First, Middle Initial) of Debtor | or Creditor | | Nature | of Debt (Purpose): |
| | ActRight Action | | | | ber use of mailing address, phone, |
| Ma | ailing Address 2029 K Street NW | | | | |
| Ci | Suite 300 ty State | Zip Code | | | |
| | ashington | DC DC | 20006 | | |
| | Outstanding Balance Beginning This Period | | | Tran | saction ID : SD10.4180 |
| | 100.00 | | | | |
| | | Pov | ment This Period | Outot | anding Palance at Class of This Pariod |
| | Amount Incurred This Period | ray | | | anding Balance at Close of This Period |
| | 0.00 | | | 0.00 | 100.00 |
| C. | Full Name (Last, First, Middle Initial) of Debtor | r or Creditor | | | of Debt (Purpose): |
| | ActRight Action | | | Congre | emails supporting Jorgensen for ess |
| Ma | ailing Address 2029 K Street NW | | | | |
| Ci | Suite 300 | State | Zip Code | | |
| | /ashington | DC | 20006 | | |
| | Outstanding Balance Beginning This Period | | | Tran | saction ID : SD10.5069 |
| | 4357.75 | | | | |
| | Amount Incurred This Period | Pay | ment This Period | Outsta | anding Balance at Close of This Period |
| | 0.00 | | | 0.00 | 4357.75 |
| 1) S | SUBTOTALS This Period This Page (optional) | | | | 4707.75 |
| | TOTALS This Period (last page this line number | | | | |
| 3) T | OTAL OUTSTANDING LOANS from Schedule C | C (last page or | ıly) | | , , , , , , , , , |
| 4) A | ADD 2) and 3) and carry forward to appropriate I | line of Summa | ry Page (last page | only) ▶ | 7 1 7 1 7 |

Excluding Loans

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

FOR LINE NUMBER: (check only one)

PAGE

| | 9 |
|---|----|
| X | 10 |

OF

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NAME OF COMMITTEE (In Full) ACTRIGHT A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Fundraising emails in July ActRight Action Mailing Address 2029 K Street NW Suite 300 City State Zip Code Washington 20006 Transaction ID: SD10.5212 Outstanding Balance Beginning This Period 3606.78 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 3606.78 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): February and March reporting and processing ActRight Compliance Services services retainer Mailing Address 209 W Main St City State Zip Code Plainfield 46168 IN Outstanding Balance Beginning This Period Transaction ID: SD10.4181 2000.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 2000.00 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): April retainer for reporting and processing ActRight Compliance Services services Mailing Address 209 W Main St City State Zip Code Plainfield 46168 IN Transaction ID: SD10.4190 Outstanding Balance Beginning This Period 1000.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 1000.00 0.00 6606.78 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 13
FOR LINE NUMBER: (check only one)

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|---|----|
| X | 10 |

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OF

NAME OF COMMITTEE (In Full) ACTRIGHT A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): May reporting and processsing services ActRight Compliance Services retainer Mailing Address 209 W Main St City State Zip Code Plainfield 46168 Transaction ID: SD10.4191 Outstanding Balance Beginning This Period 1000.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 1000.00 0.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): May reporting and processing services and ActRight Compliance Services June retainer Mailing Address 209 W Main St City State Zip Code Plainfield 46168 IN Outstanding Balance Beginning This Period Transaction ID: SD10.4192 2748.93 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 2748.93 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): June reporting and processing services and ActRight Compliance Services July retainer Mailing Address 209 W Main St City State Zip Code Plainfield 46168 IN Transaction ID: SD10.4193 Outstanding Balance Beginning This Period 2767.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 2767.00 0.00 6515.93 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 14
FOR LINE NUMBER: (check only one)

| | 9 |
|---|----|
| X | 10 |

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NAME OF COMMITTEE (In Full) ACTRIGHT A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): November reporting and processing services ActRight Compliance Services and December retainer Mailing Address 209 W Main St City State Zip Code Plainfield 46168 Transaction ID: SD10.4185 Outstanding Balance Beginning This Period 895.56 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 895.56 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): December reporting and processing services ActRight Compliance Services and Jan retainer Mailing Address 209 W Main St City State Zip Code Plainfield 46168 IN Outstanding Balance Beginning This Period Transaction ID: SD10.4184 2465.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 2465.00 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): January reporting and processing services and ActRight Compliance Services Feb retainer Mailing Address 209 W Main St City State Zip Code Plainfield 46168 IN Transaction ID: SD10.4233 Outstanding Balance Beginning This Period 2255.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 2255.00 0.00 5615.56 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

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NAME OF COMMITTEE (In Full) ACTRIGHT A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Feb reporting and processing/Mar legal and ActRight Compliance Services reporting retainer Mailing Address 209 W Main St State Zip Code Plainfield 46168 Transaction ID: SD10.4319 Outstanding Balance Beginning This Period 2000.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 2000.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Mar reporting and processing/Apr legal and ActRight Compliance Services reporting retainer Mailing Address 209 W Main St City State Zip Code Plainfield 46168 IN Outstanding Balance Beginning This Period Transaction ID: SD10.4374 2000.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 2000.00 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Legal compliance, bookkeeping, and reporting ActRight Compliance Services services in April Mailing Address 209 W Main St City State Zip Code Plainfield 46168 IN Transaction ID: SD10.4702 Outstanding Balance Beginning This Period 3737.50 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 3737.50 0.00 7737.50 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

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NAME OF COMMITTEE (In Full) ACTRIGHT A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Legal compliance, bookkeeping, and reporting ActRight Compliance Services services in May Mailing Address 209 W Main St City State Zip Code Plainfield 46168 Transaction ID: SD10.5067 Outstanding Balance Beginning This Period 2907.50 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 2907.50 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): June administrative and legal services. ActRight Compliance Services Mailing Address 209 W Main St City State Zip Code Plainfield 46168 IN Outstanding Balance Beginning This Period Transaction ID: SD10.5569 2477.05 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 2477.05 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Bundling, administrative, legal, and office ActRight Compliance Services services Mailing Address 209 W Main St City State Zip Code Plainfield 46168 IN Transaction ID: SD10.5600 Outstanding Balance Beginning This Period 2077.60 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 2077.60 0.00 7462.15 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

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NAME OF COMMITTEE (In Full) ACTRIGHT A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Sept. bundling, administrative, legal, and office ActRight Compliance Services services Mailing Address 209 W Main St City State Zip Code Plainfield 46168 Transaction ID: SD10.5971 Outstanding Balance Beginning This Period 2067.50 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 2067.50 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Sept. reporting and processing services and ActRight Compliance Services Oct. retainer Mailing Address 209 W Main St City State Zip Code Plainfield 46168 IN Outstanding Balance Beginning This Period Transaction ID: SD10.6485 2097.50 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 2097.50 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Reporting, bundling, compliance, and admin ActRight Compliance Services services in October Mailing Address 209 W Main St City State Zip Code Plainfield 46168 IN Transaction ID: SD10.6817 Outstanding Balance Beginning This Period 1605.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 1605.00 0.00 5770.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

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NAME OF COMMITTEE (In Full) ACTRIGHT A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Compliance, reporting, and bundling services ActRight Compliance Services in November Mailing Address 209 W Main St State Zip Code Plainfield 46168 Transaction ID: SD10.7051 Outstanding Balance Beginning This Period 1130.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 1130.00 0.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Compliance, reporting, bunlding, and ActRight Compliance Services administrative services in Dec 2013 Mailing Address 209 W Main St City State Zip Code Plainfield 46168 IN Outstanding Balance Beginning This Period Transaction ID: SD10.7356 1235.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 1235.00 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Compliance and administrative services in ActRight Compliance Services January Mailing Address 209 W Main St City State Zip Code Plainfield 46168 IN Transaction ID: SD10.7717 Outstanding Balance Beginning This Period 854.20 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 854.20 0.00 3219.20 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

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NAME OF COMMITTEE (In Full) ACTRIGHT A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Legal, processing, reporting, and admin ActRight Compliance Services services in February Mailing Address 209 W Main St City State Zip Code Plainfield 46168 Transaction ID: SD10.8465 Outstanding Balance Beginning This Period 1238.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 1238.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Legal, bundling, and administrative services ActRight Compliance Services Mailing Address 209 W Main St City State Zip Code Plainfield 46168 IN Outstanding Balance Beginning This Period Transaction ID: SD10.8513 1038.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 1038.00 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Bundling, administrative, compliance services ActRight Compliance Services for May 2014 Mailing Address 209 W Main St City State Zip Code Plainfield 46168 IN Transaction ID: SD10.9028 Outstanding Balance Beginning This Period 1228.50 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 1228 50 0.00 3504.50 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

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NAME OF COMMITTEE (In Full) ACTRIGHT A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Bundling, administrative, compliance services ActRight Compliance Services for June 2014 Mailing Address 209 W Main St State Zip Code Plainfield 46168 Transaction ID: SD10.9248 Outstanding Balance Beginning This Period 1305.25 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 1305.25 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Bundling, administrative, compliance services ActRight Compliance Services in July 2014 Mailing Address 209 W Main St City State Zip Code Plainfield 46168 IN Outstanding Balance Beginning This Period Transaction ID: SD10.9401 925.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 925.00 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Compliance and administrative services for ActRight Compliance Services July 2014 Mailing Address 209 W Main St City State Zip Code Plainfield 46168 IN Transaction ID: SD10.9615 Outstanding Balance Beginning This Period 925.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 925 00 0.00 3155.25 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

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| AME OF COMMITTEE (In Full) ACTRIGHT | | |
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| A. Full Name (Last, First, Middle Initial) of Debt | or or Creditor | Nature of Debt (Purpose): |
| ActRight Compliance Services | Compliance and administrative services for August 2014 | |
| Mailing Address 209 W Main St | _ | |
| City State | Zip Code | _ |
| Plainfield | IN 46168 | |
| Outstanding Balance Beginning This Period | | Transaction ID : SD10.9911 |
| 1677.50 | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period |
| 0.00 | 0.00 | 1677.50 |
| B. Full Name (Last, First, Middle Initial) of Debto | or or Creditor | Nature of Debt (Purpose): |
| ActRight Compliance Services | | Compliance and administrative services for September 2014 |
| Mailing Address 209 W Main St | | |
| City State | Zip Code | |
| Plainfield | IN 46168 | |
| Outstanding Balance Beginning This Period | | Transaction ID : SD10.10393 |
| 1845.50 | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period |
| 0.00 | 0.00 | 1845.50 |
| C. Full Name (Last, First, Middle Initial) of Debt ActRight Compliance Services | | Nature of Debt (Purpose): Compliance and administrative services for October 2014 |
| Mailing Address 209 W Main St | | |
| City | State Zip Code | _ |
| Plainfield | IN 46168 | |
| Outstanding Balance Beginning This Period | | Transaction ID : SD10.10392 |
| 3210.00 | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period |
| 0.00 | 0.00 | 3210.00 |
|) SUBTOTALS This Period This Page (optional) | | 6733.00 |
| TOTALS This Period (last page this line number | | |
|) TOTAL OUTSTANDING LOANS from Schedule | | |
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| NAME OF COMMITTEE (In Full) ACTRIGHT | | | | |
| A. Full Name (Last, First, Middle Initial) of Debtor | or Creditor | | Nature of | Debt (Purpose): |
| ActRight Compliance Services | | | | ministrative, bundling services in Dec. |
| Mailing Address 209 W Main St | | | | |
| City State | Zip Code | | | |
| Plainfield | · IN | 46168 | | |
| Outstanding Balance Beginning This Period | | | Transac | tion ID : SD10.10866 |
| 840.00 | | | | |
| Amount Incurred This Period | Pay | ment This Period | Outstand | ding Balance at Close of This Period |
| 0.00 | | , , | 0.00 | 840.00 |
| B. Full Name (Last, First, Middle Initial) of Debtor | or Creditor | | Nature of | Debt (Purpose): |
| ActRight Compliance Services | | | | ministrative, bundling services in Jan. |
| Mailing Address 209 W Main St | | | | |
| City State | Zip Code | | | |
| Plainfield | IN | 46168 | | |
| Outstanding Balance Beginning This Period | | | Transa | ction ID : SD10.10917 |
| | | | Trunsu | 0.00112 . 0210.10017 |
| 1387.00 | | | | |
| Amount Incurred This Period | Pay | ment This Period | Outstand | ding Balance at Close of This Period |
| 0.00 | | | 0.00 | 1387.00 |
| 0.00 | 7 | 7 | | 7 7 7 |
| C. Full Name (Last, First, Middle Initial) of Debtor ActRight Compliance Services | r or Creditor | | | Debt (Purpose): ministrative, bundling services in Jan |
| Mailing Address 209 W Main St | | | | |
| City | State | Zip Code | | |
| Plainfield | IN | 46168 | | |
| Outstanding Balance Beginning This Period | | | Transa | ction ID : SD10.10919 |
| 785.00 | | | | |
| Amount Incurred This Period | Pay | ment This Period | Outstand | ding Balance at Close of This Period |
| 0.00 | | | 0.00 | 785.00 |
| 0.00 | 7 | | 0.00 | 700.00 |
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| 3) TOTAL OUTSTANDING LOANS from Schedule C | C (last page or | nly) | | , |
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NAME OF COMMITTEE (In Full) ACTRIGHT A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Compliance and administrative services in ActRight Compliance Services Feb. Mailing Address 209 W Main St City State Zip Code Plainfield 46168 Transaction ID: SD10.10938 Outstanding Balance Beginning This Period 582.50 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 582.50 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Compliance and administrative services in ActRight Compliance Services March Mailing Address 209 W Main St City State Zip Code Plainfield 46168 IN Outstanding Balance Beginning This Period Transaction ID: SD10.10954 243.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 243.00 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Administrative and Reporting Svcs ActRight Compliance Services Mailing Address 209 W Main St City State Zip Code Plainfield 46168 IN Transaction ID: SD10.11007 Outstanding Balance Beginning This Period 212.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 212.00 0.00 1037.50 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

Excluding Loans

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NAME OF COMMITTEE (In Full) ACTRIGHT A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Fundraising emails in July 2013 ActRight Fund Mailing Address 2029 K St NW Suite 300 City State Zip Code Washington 20006 Transaction ID: SD10.5208 Outstanding Balance Beginning This Period 4024.60 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 4024.60 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): April legal services retainer ActRight Legal Foundation Mailing Address 209 W Main St City State Zip Code Plainfield 46168 IN Outstanding Balance Beginning This Period Transaction ID: SD10.4198 1000.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 1000.00 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): May legal services retainer ActRight Legal Foundation Mailing Address 209 W Main St Zip Code City State Plainfield 46168 IN Transaction ID: SD10.4199 Outstanding Balance Beginning This Period 1000.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 1000.00 0.00 6024.60 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

Excluding Loans

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NAME OF COMMITTEE (In Full) ACTRIGHT A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): June legal services retainer ActRight Legal Foundation Mailing Address 209 W Main St State Zip Code Plainfield 46168 Transaction ID: SD10.4200 Outstanding Balance Beginning This Period 1000.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 1000.00 0.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): July legal services retainer ActRight Legal Foundation Mailing Address 209 W Main St City State Zip Code Plainfield 46168 IN Outstanding Balance Beginning This Period Transaction ID: SD10.4201 1000.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 1000.00 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): August legal services retainer ActRight Legal Foundation Mailing Address 209 W Main St Zip Code City State Plainfield 46168 IN Transaction ID: SD10.4202 Outstanding Balance Beginning This Period 1000.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 1000.00 0.00 3000.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

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| AME OF COMMITTEE (In Full) ACTRIGHT | | |
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| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor | | Nature of Debt (Purpose): September legal services retainer |
| ActRight Legal Foundation | | September regal services retainer |
| Mailing Address 209 W Main St | | _ |
| City State | Zip Code | - |
| Plainfield | IN 46168 | |
| Outstanding Balance Beginning This Period | | Transaction ID : SD10.4203 |
| 1000.00 | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period |
| | | |
| 0.00 | 0.00 | 1000.00 |
| B. Full Name (Last, First, Middle Initial) of Debto | or or Creditor | Nature of Debt (Purpose): |
| ActRight Legal Foundation | | October legal services retainer |
| Mailing Address 209 W Main St | | _ |
| City State | Zip Code | |
| Plainfield | IN 46168 | |
| Outstanding Balance Beginning This Period | | Transaction ID: SD10.4204 |
| 1000.00 | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period |
| 0.00 | 0.00 | 1000.00 |
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor ActRight Legal Foundation | | Nature of Debt (Purpose): November legal services retainer |
| Mailing Address 209 W Main St | | |
| City Plainfield | State Zip Code IN 46168 | |
| Outstanding Balance Beginning This Period | | Transaction ID : SD10.4205 |
| 1000.00 | | |
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| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period |
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Excluding Loans

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NAME OF COMMITTEE (In Full) ACTRIGHT A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): December legal services retainer ActRight Legal Foundation Mailing Address 209 W Main St State Zip Code Plainfield 46168 Transaction ID: SD10.4206 Outstanding Balance Beginning This Period 1000.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 1000.00 0.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): March legal services retainer ActRight Legal Foundation Mailing Address 209 W Main St City State Zip Code Plainfield 46168 IN Outstanding Balance Beginning This Period Transaction ID: SD10.4196 1000.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 1000.00 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Legal services in January Barry A Bostrom Mailing Address 2524 N 8th Street City State Zip Code 47804 Terre Haute IN Transaction ID: SD10.4194 Outstanding Balance Beginning This Period 1000.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 1000.00 0.00 3000.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

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NAME OF COMMITTEE (In Full) ACTRIGHT A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Administrative services July 2011 - March Paul Bothwell 2012 Mailing Address 606 S. Taylor St. State Zip Code Arlington 22204 Transaction ID: SD10.4230 Outstanding Balance Beginning This Period 5400.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 5400.00 0.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Filing prep fees Paul Bothwell Mailing Address 606 S. Taylor St. City State Zip Code Arlington VA 22204 Outstanding Balance Beginning This Period Transaction ID: SD10.11103 60.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 60.00 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Prepare and file fees Paul Bothwell Mailing Address 606 S. Taylor St. City State Zip Code Arlington 22204 VA Transaction ID: SD10.11125 Outstanding Balance Beginning This Period 60.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 60.00 5520.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

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NAME OF COMMITTEE (In Full) ACTRIGHT A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Prep and file report Paul Bothwell Mailing Address 606 S. Taylor St. State Zip Code Arlington 22204 Transaction ID: SD10.11138 Outstanding Balance Beginning This Period 60.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 60.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Filing work Paul Bothwell Mailing Address 606 S. Taylor St. City State Zip Code Arlington VA 22204 Outstanding Balance Beginning This Period Transaction ID: SD10.11157 0.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 100.00 0.00 100.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Reporting and bookkeeping services **Omni Compliance Services** Mailing Address 207 Main Street Zip Code City State Plainfield 46168 IN Transaction ID: SD10.11009 Outstanding Balance Beginning This Period 270.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 270.00 0.00 430.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

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NAME OF COMMITTEE (In Full) ACTRIGHT A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Administration and Reporting Omni Compliance Services Mailing Address 207 Main Street State Zip Code Plainfield 46168 Transaction ID: SD10.11041 Outstanding Balance Beginning This Period 459.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 459.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Administrative services Omni Compliance Services Mailing Address 207 Main Street City State Zip Code Plainfield 46168 IN Outstanding Balance Beginning This Period Transaction ID: SD10.11061 429.75 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 429.75 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Mailing Address City State Zip Code Outstanding Balance Beginning This Period Payment This Period Amount Incurred This Period Outstanding Balance at Close of This Period 888.75 1) SUBTOTALS This Period This Page (optional)..... 87690.47 2) TOTALS This Period (last page this line number only)..... 0.00 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 87690.47 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)