

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
ACTRIGHT

ADDRESS (number and street) 2029 K STREET NW SUITE 300
Check if different than previously reported. (ACC) WASHINGTON DC 20006

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00488478 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) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on M M M / D D D / 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 in the State of

5. Covering Period 12 / 01 / 2015 through 12 / 31 / 2015

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

Type or Print Name of Treasurer Brown Brian

Signature of Treasurer Brown Brian [Electronically Filed] Date 02 / 24 / 2016

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

ACTRIGHT

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>		10130.59
(b) Cash on Hand at Beginning of Reporting Period.....	7604.41	
(c) Total Receipts (from Line 19)	0.00	5302.80
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	7604.41	15433.39
7. Total Disbursements (from Line 31).....	78.33	7907.31
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	7526.08	7526.08
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	200.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	87690.47	

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

Report Covering the Period: From: 12 / 01 / 2015 To: 12 / 31 / 2015

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0.00	4095.00
(ii) Unitemized	0.00	1035.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	0.00	5130.00
(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	5130.00
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	172.80
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
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))..... ▶	0.00	5302.80
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	0.00	5302.80

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	53.33	6997.31
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	53.33	6997.31
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	25.00	550.00
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	200.00
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	0.00	160.00
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)) ..	78.33	7907.31
32. 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

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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	5130.00
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	5130.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	53.33	6997.31
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	172.80
38. Net Operating Expenditures (subtract Line 37 from Line 36)	53.33	6824.51

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
ACTRIGHT

Full Name (Last, First, Middle Initial)

A. PNC Bank

Mailing Address 249 Fifth Ave
One PNC Plaza

City Pittsburgh State PA Zip Code 15222

Purpose of Disbursement
Corporate ACH monthly fee

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Transaction ID : SB21B.11140

Amount of Each Disbursement this Period

49.26

Full Name (Last, First, Middle Initial)

B. PNC Bank

Mailing Address 249 Fifth Ave
One PNC Plaza

City Pittsburgh State PA Zip Code 15222

Purpose of Disbursement
PNC Merchant Interchange fee

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Transaction ID : SB21B.11141

Amount of Each Disbursement this Period

23.14

Full Name (Last, First, Middle Initial)

C. PNC Bank

Mailing Address 249 Fifth Ave
One PNC Plaza

City Pittsburgh State PA Zip Code 15222

Purpose of Disbursement
PNC Merchant Fee

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Transaction ID : SB21B.11142

Amount of Each Disbursement this Period

16.12

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

49.26

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

49.26

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
ACTRIGHT

A. PNC Bank

Full Name (Last, First, Middle Initial)

Mailing Address 249 Fifth Ave
One PNC Plaza

City Pittsburgh State PA Zip Code 15222

Purpose of Disbursement PNC Merchant Discount

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY
12 / 02 / 2015

Transaction ID : SB21B.11143

Amount of Each Disbursement this Period: 4.07

Category/Type: 001

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY

Amount of Each Disbursement this Period

Category/Type

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY

Amount of Each Disbursement this Period

Category/Type

SUBTOTAL of Disbursements This Page (optional)..... ▶ 4.07

TOTAL This Period (last page this line number only)..... ▶ 53.33

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
ACTRIGHT

Full Name (Last, First, Middle Initial) A. Kevin Schoonmaker		Date of Disbursement MM / DD / YYYY 12 / 19 / 2015
Mailing Address 455 Sunnybrook Lane		Transaction ID : SB23.11147 Amount of Each Disbursement this Period 25.00
City Wheaton	State IL	
Purpose of Disbursement Contribution		
Candidate Name RAFAEL EDWARD TED CRUZ		
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: TX	District: 00	

Full Name (Last, First, Middle Initial) B.		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City	State	
Purpose of Disbursement		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C.		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City	State	
Purpose of Disbursement		
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:	

SUBTOTAL of Disbursements This Page (optional).....▶	25.00
TOTAL This Period (last page this line number only).....▶	25.00

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **ACTRIGHT** Transaction ID : **SC/9.11107**

LOAN SOURCE Full Name (Last, First, Middle Initial) ActRight Non Fed Fund	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 2029 K Street NW Suite 300	
City Washington State DC ZIP Code 20006	

Original Amount of Loan 200.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 200.00
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TERMS

Date Incurred: MM / DD / YYYY (09 / 25 / 2015) Date Due: MM / DD / YYYY (9/25/2016) Interest Rate: 0.00 % (apr) Secured: Yes No

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)..... ▶	200.00
TOTALS 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.

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 10 OF 30
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
ACTRIGHT

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor ActRight Action	Nature of Debt (Purpose): August use of mailing address, phone, office
Mailing Address 2029 K Street NW Suite 300	
City State Zip Code Washington DC 20006	

Outstanding Balance Beginning This Period <input type="text" value="250.00"/>	Transaction ID : SD10.4148	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="250.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor ActRight Action	Nature of Debt (Purpose): September use of address, phone, office
Mailing Address 2029 K Street NW Suite 300	
City State Zip Code Washington DC 20006	

Outstanding Balance Beginning This Period <input type="text" value="250.00"/>	Transaction ID : SD10.4176	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="250.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor ActRight Action	Nature of Debt (Purpose): October use of mailing address, phone, office
Mailing Address 2029 K Street NW Suite 300	
City State Zip Code Washington DC 20006	

Outstanding Balance Beginning This Period <input type="text" value="250.00"/>	Transaction ID : SD10.4178	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="250.00"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="750.00"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 11 OF 30
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
ACTRIGHT

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor ActRight Action	Nature of Debt (Purpose): November use of mailing address, phone, office
Mailing Address 2029 K Street NW Suite 300	
City State Washington DC Zip Code 20006	

Outstanding Balance Beginning This Period <input type="text" value="250.00"/>	Transaction ID : SD10.4179	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="250.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor ActRight Action	Nature of Debt (Purpose): December use of mailing address, phone, office
Mailing Address 2029 K Street NW Suite 300	
City State Washington DC Zip Code 20006	

Outstanding Balance Beginning This Period <input type="text" value="100.00"/>	Transaction ID : SD10.4180	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="100.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor ActRight Action	Nature of Debt (Purpose): Mass emails supporting Jorgensen for Congress
Mailing Address 2029 K Street NW Suite 300	
City State Washington DC Zip Code 20006	

Outstanding Balance Beginning This Period <input type="text" value="4357.75"/>	Transaction ID : SD10.5069	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="4357.75"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="4707.75"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 12 OF 30
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
ACTRIGHT

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor ActRight Action	Nature of Debt (Purpose): Fundraising emails in July
Mailing Address 2029 K Street NW Suite 300	
City State Zip Code Washington DC 20006	

Outstanding Balance Beginning This Period <input type="text" value="3606.78"/>	Transaction ID : SD10.5212	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="3606.78"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor ActRight Compliance Services	Nature of Debt (Purpose): February and March reporting and processing services retainer
Mailing Address 209 W Main St	
City State Zip Code Plainfield IN 46168	

Outstanding Balance Beginning This Period <input type="text" value="2000.00"/>	Transaction ID : SD10.4181	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="2000.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor ActRight Compliance Services	Nature of Debt (Purpose): April retainer for reporting and processing services
Mailing Address 209 W Main St	
City State Zip Code Plainfield IN 46168	

Outstanding Balance Beginning This Period <input type="text" value="1000.00"/>	Transaction ID : SD10.4190	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1000.00"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="6606.78"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 13 OF 30
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
ACTRIGHT

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor ActRight Compliance Services	Nature of Debt (Purpose): May reporting and processing services retainer
Mailing Address 209 W Main St	
City State Zip Code Plainfield IN 46168	

Outstanding Balance Beginning This Period <input type="text" value="1000.00"/>	Transaction ID : SD10.4191	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1000.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor ActRight Compliance Services	Nature of Debt (Purpose): May reporting and processing services and June retainer
Mailing Address 209 W Main St	
City State Zip Code Plainfield IN 46168	

Outstanding Balance Beginning This Period <input type="text" value="2748.93"/>	Transaction ID : SD10.4192	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="2748.93"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor ActRight Compliance Services	Nature of Debt (Purpose): June reporting and processing services and July retainer
Mailing Address 209 W Main St	
City State Zip Code Plainfield IN 46168	

Outstanding Balance Beginning This Period <input type="text" value="2767.00"/>	Transaction ID : SD10.4193	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="2767.00"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="6515.93"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 14 OF 30
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
ACTRIGHT

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor ActRight Compliance Services	Nature of Debt (Purpose): November reporting and processing services and December retainer
Mailing Address 209 W Main St	
City State Zip Code Plainfield IN 46168	

Outstanding Balance Beginning This Period <input type="text" value="895.56"/>	Transaction ID : SD10.4185	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="895.56"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor ActRight Compliance Services	Nature of Debt (Purpose): December reporting and processing services and Jan retainer
Mailing Address 209 W Main St	
City State Zip Code Plainfield IN 46168	

Outstanding Balance Beginning This Period <input type="text" value="2465.00"/>	Transaction ID : SD10.4184	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="2465.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor ActRight Compliance Services	Nature of Debt (Purpose): January reporting and processing services and Feb retainer
Mailing Address 209 W Main St	
City State Zip Code Plainfield IN 46168	

Outstanding Balance Beginning This Period <input type="text" value="2255.00"/>	Transaction ID : SD10.4233	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="2255.00"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="5615.56"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 15 OF 30
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
ACTRIGHT

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor ActRight Compliance Services	Nature of Debt (Purpose): Feb reporting and processing/Mar legal and reporting retainer
Mailing Address 209 W Main St	
City State Zip Code Plainfield IN 46168	

Outstanding Balance Beginning This Period 2000.00	Transaction ID : SD10.4319	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor ActRight Compliance Services	Nature of Debt (Purpose): Mar reporting and processing/Apr legal and reporting retainer
Mailing Address 209 W Main St	
City State Zip Code Plainfield IN 46168	

Outstanding Balance Beginning This Period 2000.00	Transaction ID : SD10.4374	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor ActRight Compliance Services	Nature of Debt (Purpose): Legal compliance, bookkeeping, and reporting services in April
Mailing Address 209 W Main St	
City State Zip Code Plainfield IN 46168	

Outstanding Balance Beginning This Period 3737.50	Transaction ID : SD10.4702	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 3737.50

1) SUBTOTALS This Period This Page (optional)..... ▶	7737.50
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) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 16 OF 30
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
ACTRIGHT

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor ActRight Compliance Services	Nature of Debt (Purpose): Legal compliance, bookkeeping, and reporting services in May
Mailing Address 209 W Main St	
City State Zip Code Plainfield IN 46168	

Outstanding Balance Beginning This Period <input type="text" value="2907.50"/>	Transaction ID : SD10.5067	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="2907.50"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor ActRight Compliance Services	Nature of Debt (Purpose): June administrative and legal services.
Mailing Address 209 W Main St	
City State Zip Code Plainfield IN 46168	

Outstanding Balance Beginning This Period <input type="text" value="2477.05"/>	Transaction ID : SD10.5569	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="2477.05"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor ActRight Compliance Services	Nature of Debt (Purpose): Bundling, administrative, legal, and office services
Mailing Address 209 W Main St	
City State Zip Code Plainfield IN 46168	

Outstanding Balance Beginning This Period <input type="text" value="2077.60"/>	Transaction ID : SD10.5600	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="2077.60"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="7462.15"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 17 OF 30
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
ACTRIGHT

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor ActRight Compliance Services	Nature of Debt (Purpose): Sept. bundling, administrative, legal, and office services
Mailing Address 209 W Main St	
City State Zip Code Plainfield IN 46168	

Outstanding Balance Beginning This Period <input type="text" value="2067.50"/>	Transaction ID : SD10.5971	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="2067.50"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor ActRight Compliance Services	Nature of Debt (Purpose): Sept. reporting and processing services and Oct. retainer
Mailing Address 209 W Main St	
City State Zip Code Plainfield IN 46168	

Outstanding Balance Beginning This Period <input type="text" value="2097.50"/>	Transaction ID : SD10.6485	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="2097.50"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor ActRight Compliance Services	Nature of Debt (Purpose): Reporting, bundling, compliance, and admin services in October
Mailing Address 209 W Main St	
City State Zip Code Plainfield IN 46168	

Outstanding Balance Beginning This Period <input type="text" value="1605.00"/>	Transaction ID : SD10.6817	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1605.00"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="5770.00"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 18 OF 30
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
ACTRIGHT

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor ActRight Compliance Services		Nature of Debt (Purpose): Compliance, reporting, and bundling services in November
Mailing Address 209 W Main St		
City Plainfield	State IN	Zip Code 46168

Outstanding Balance Beginning This Period <input type="text" value="1130.00"/>	Transaction ID : SD10.7051	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1130.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor ActRight Compliance Services		Nature of Debt (Purpose): Compliance, reporting, bundling, and administrative services in Dec 2013
Mailing Address 209 W Main St		
City Plainfield	State IN	Zip Code 46168

Outstanding Balance Beginning This Period <input type="text" value="1235.00"/>	Transaction ID : SD10.7356	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1235.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor ActRight Compliance Services		Nature of Debt (Purpose): Compliance and administrative services in January
Mailing Address 209 W Main St		
City Plainfield	State IN	Zip Code 46168

Outstanding Balance Beginning This Period <input type="text" value="854.20"/>	Transaction ID : SD10.7717	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="854.20"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="3219.20"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 19 OF 30
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
ACTRIGHT

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor ActRight Compliance Services	Nature of Debt (Purpose): Legal, processing, reporting, and admin services in February
Mailing Address 209 W Main St	
City State Zip Code Plainfield IN 46168	

Outstanding Balance Beginning This Period <input type="text" value="1238.00"/>	Transaction ID : SD10.8465	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1238.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor ActRight Compliance Services	Nature of Debt (Purpose): Legal, bundling, and administrative services
Mailing Address 209 W Main St	
City State Zip Code Plainfield IN 46168	

Outstanding Balance Beginning This Period <input type="text" value="1038.00"/>	Transaction ID : SD10.8513	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1038.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor ActRight Compliance Services	Nature of Debt (Purpose): Bundling, administrative, compliance services for May 2014
Mailing Address 209 W Main St	
City State Zip Code Plainfield IN 46168	

Outstanding Balance Beginning This Period <input type="text" value="1228.50"/>	Transaction ID : SD10.9028	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1228.50"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="3504.50"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 20 OF 30
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
ACTRIGHT

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor ActRight Compliance Services	Nature of Debt (Purpose): Bundling, administrative, compliance services for June 2014
Mailing Address 209 W Main St	
City State Zip Code Plainfield IN 46168	

Outstanding Balance Beginning This Period <input type="text" value="1305.25"/>	Transaction ID : SD10.9248	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1305.25"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor ActRight Compliance Services	Nature of Debt (Purpose): Bundling, administrative, compliance services in July 2014
Mailing Address 209 W Main St	
City State Zip Code Plainfield IN 46168	

Outstanding Balance Beginning This Period <input type="text" value="925.00"/>	Transaction ID : SD10.9401	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="925.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor ActRight Compliance Services	Nature of Debt (Purpose): Compliance and administrative services for July 2014
Mailing Address 209 W Main St	
City State Zip Code Plainfield IN 46168	

Outstanding Balance Beginning This Period <input type="text" value="925.00"/>	Transaction ID : SD10.9615	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="925.00"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="3155.25"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 21 OF 30
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
ACTRIGHT

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor ActRight Compliance Services	Nature of Debt (Purpose): 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 <input type="text" value="1677.50"/>	Transaction ID : SD10.9911	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1677.50"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor ActRight Compliance Services	Nature of Debt (Purpose): 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 <input type="text" value="1845.50"/>	Transaction ID : SD10.10393	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1845.50"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor 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 <input type="text" value="3210.00"/>	Transaction ID : SD10.10392	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="3210.00"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="6733.00"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 22 OF 30
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
ACTRIGHT

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor ActRight Compliance Services	Nature of Debt (Purpose): Legal, administrative, bundling services in Dec.
Mailing Address 209 W Main St	
City State Zip Code Plainfield IN 46168	

Outstanding Balance Beginning This Period <input type="text" value="840.00"/>	Transaction ID : SD10.10866	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="840.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor ActRight Compliance Services	Nature of Debt (Purpose): Legal, administrative, bundling services in Jan.
Mailing Address 209 W Main St	
City State Zip Code Plainfield IN 46168	

Outstanding Balance Beginning This Period <input type="text" value="1387.00"/>	Transaction ID : SD10.10917	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1387.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor ActRight Compliance Services	Nature of Debt (Purpose): Legal, administrative, bundling services in Jan 2015
Mailing Address 209 W Main St	
City State Zip Code Plainfield IN 46168	

Outstanding Balance Beginning This Period <input type="text" value="785.00"/>	Transaction ID : SD10.10919	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="785.00"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="3012.00"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 23 OF 30
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
ACTRIGHT

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor ActRight Compliance Services	Nature of Debt (Purpose): Compliance and administrative services in Feb.
Mailing Address 209 W Main St	
City State Zip Code Plainfield IN 46168	

Outstanding Balance Beginning This Period 582.50	Transaction ID : SD10.10938	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 582.50

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor ActRight Compliance Services	Nature of Debt (Purpose): Compliance and administrative services in March
Mailing Address 209 W Main St	
City State Zip Code Plainfield IN 46168	

Outstanding Balance Beginning This Period 243.00	Transaction ID : SD10.10954	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 243.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor ActRight Compliance Services	Nature of Debt (Purpose): Administrative and Reporting Svcs
Mailing Address 209 W Main St	
City State Zip Code Plainfield IN 46168	

Outstanding Balance Beginning This Period 212.00	Transaction ID : SD10.11007	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 212.00

1) SUBTOTALS This Period This Page (optional)..... ▶	1037.50
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) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 24 OF 30
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
ACTRIGHT

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor ActRight Fund	Nature of Debt (Purpose): Fundraising emails in July 2013
Mailing Address 2029 K St NW Suite 300	
City State Washington DC Zip Code 20006	

Outstanding Balance Beginning This Period 4024.60	Transaction ID : SD10.5208	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 4024.60

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor ActRight Legal Foundation	Nature of Debt (Purpose): April legal services retainer
Mailing Address 209 W Main St	
City State Plainfield IN Zip Code 46168	

Outstanding Balance Beginning This Period 1000.00	Transaction ID : SD10.4198	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor ActRight Legal Foundation	Nature of Debt (Purpose): May legal services retainer
Mailing Address 209 W Main St	
City State Plainfield IN Zip Code 46168	

Outstanding Balance Beginning This Period 1000.00	Transaction ID : SD10.4199	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1000.00

1) SUBTOTALS This Period This Page (optional)..... ▶	6024.60
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) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 25 OF 30
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
ACTRIGHT

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor ActRight Legal Foundation	Nature of Debt (Purpose): June legal services retainer
Mailing Address 209 W Main St	
City State Zip Code Plainfield IN 46168	

Outstanding Balance Beginning This Period <input type="text" value="1000.00"/>	Transaction ID : SD10.4200	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1000.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor ActRight Legal Foundation	Nature of Debt (Purpose): July legal services retainer
Mailing Address 209 W Main St	
City State Zip Code Plainfield IN 46168	

Outstanding Balance Beginning This Period <input type="text" value="1000.00"/>	Transaction ID : SD10.4201	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1000.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor ActRight Legal Foundation	Nature of Debt (Purpose): August legal services retainer
Mailing Address 209 W Main St	
City State Zip Code Plainfield IN 46168	

Outstanding Balance Beginning This Period <input type="text" value="1000.00"/>	Transaction ID : SD10.4202	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1000.00"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="3000.00"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 26 OF 30
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
ACTRIGHT

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor ActRight Legal Foundation	Nature of Debt (Purpose): September legal services retainer
Mailing Address 209 W Main St	
City State Zip Code Plainfield IN 46168	

Outstanding Balance Beginning This Period <input type="text" value="1000.00"/>	Transaction ID : SD10.4203	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1000.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor ActRight Legal Foundation	Nature of Debt (Purpose): October legal services retainer
Mailing Address 209 W Main St	
City State Zip Code Plainfield IN 46168	

Outstanding Balance Beginning This Period <input type="text" value="1000.00"/>	Transaction ID : SD10.4204	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="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 State Zip Code Plainfield IN 46168	

Outstanding Balance Beginning This Period <input type="text" value="1000.00"/>	Transaction ID : SD10.4205	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1000.00"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="3000.00"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 27 OF 30
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
ACTRIGHT

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor ActRight Legal Foundation	Nature of Debt (Purpose): December legal services retainer
Mailing Address 209 W Main St	
City State Zip Code Plainfield IN 46168	

Outstanding Balance Beginning This Period 1000.00	Transaction ID : SD10.4206	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor ActRight Legal Foundation	Nature of Debt (Purpose): March legal services retainer
Mailing Address 209 W Main St	
City State Zip Code Plainfield IN 46168	

Outstanding Balance Beginning This Period 1000.00	Transaction ID : SD10.4196	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Barry A Bostrom	Nature of Debt (Purpose): Legal services in January
Mailing Address 2524 N 8th Street	
City State Zip Code Terre Haute IN 47804	

Outstanding Balance Beginning This Period 1000.00	Transaction ID : SD10.4194	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1000.00

1) SUBTOTALS This Period This Page (optional)..... ▶	3000.00
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) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 28 OF 30
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
ACTRIGHT

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Paul Bothwell	Nature of Debt (Purpose): Administrative services July 2011 - March 2012
Mailing Address 606 S. Taylor St.	
City State Zip Code Arlington VA 22204	

Outstanding Balance Beginning This Period <input type="text" value="5400.00"/>	Transaction ID : SD10.4230	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="5400.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Paul Bothwell	Nature of Debt (Purpose): Filing prep fees
Mailing Address 606 S. Taylor St.	
City State Zip Code Arlington VA 22204	

Outstanding Balance Beginning This Period <input type="text" value="60.00"/>	Transaction ID : SD10.11103	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="60.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Paul Bothwell	Nature of Debt (Purpose): Prepare and file fees
Mailing Address 606 S. Taylor St.	
City State Zip Code Arlington VA 22204	

Outstanding Balance Beginning This Period <input type="text" value="60.00"/>	Transaction ID : SD10.11125	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="60.00"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="5520.00"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 29 OF 30
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
ACTRIGHT

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Paul Bothwell	Nature of Debt (Purpose): Prep and file report
Mailing Address 606 S. Taylor St.	
City State Zip Code Arlington VA 22204	

Outstanding Balance Beginning This Period 60.00	Transaction ID : SD10.11138	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 60.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Paul Bothwell	Nature of Debt (Purpose): Filing work
Mailing Address 606 S. Taylor St.	
City State Zip Code Arlington VA 22204	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.11157	
Amount Incurred This Period 100.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 100.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Omni Compliance Services	Nature of Debt (Purpose): Reporting and bookkeeping services
Mailing Address 207 Main Street	
City State Zip Code Plainfield IN 46168	

Outstanding Balance Beginning This Period 270.00	Transaction ID : SD10.11009	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 270.00

1) SUBTOTALS This Period This Page (optional)..... ▶	430.00
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) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 30 OF 30
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
ACTRIGHT

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Omni Compliance Services	Nature of Debt (Purpose): Administration and Reporting
Mailing Address 207 Main Street	
City State Zip Code Plainfield IN 46168	

Outstanding Balance Beginning This Period 459.00	Transaction ID : SD10.11041	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 459.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Omni Compliance Services	Nature of Debt (Purpose): Administrative services
Mailing Address 207 Main Street	
City State Zip Code Plainfield IN 46168	

Outstanding Balance Beginning This Period 429.75	Transaction ID : SD10.11061	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 429.75

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)..... ▶	888.75
2) TOTALS This Period (last page this line number only)..... ▶	87690.47
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	87690.47