

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) 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 02 / 01 / 2013 through 02 / 28 / 2013

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 Brian S Brown

Signature of Treasurer Brian S Brown [Electronically Filed] Date 06 / 20 / 2013

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)

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="2013"/>		3802.26
(b) Cash on Hand at Beginning of Reporting Period.....	4078.26	
(c) Total Receipts (from Line 19)	260.00	965.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	4338.26	4767.26
7. Total Disbursements (from Line 31).....	266.62	695.62
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	4071.64	4071.64
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	45233.93	

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

Write or Type Committee Name

ACTRIGHT

Report Covering the Period: From: 02 / 01 / 2013 To: 02 / 28 / 2013

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0.00	0.00
(ii) Unitemized	260.00	965.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	260.00	965.00
(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)	260.00	965.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	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))..... ▶	260.00	965.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	260.00	965.00

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	266.62	565.62
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	266.62	565.62
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	130.00
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)) ..	266.62	695.62
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	266.62	695.62

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	260.00	965.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	260.00	965.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	266.62	565.62
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	266.62	565.62

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

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

FOR LINE NUMBER:
(check only one)

<input 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. First Data

Mailing Address 5565 Glenridge Connector NE
Suite 2000

City Atlanta State GA Zip Code 30342

Purpose of Disbursement
Merchant account fee

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
02 / 04 / 2013

Transaction ID : SB21B.4209

Amount of Each Disbursement this Period

39.95

Full Name (Last, First, Middle Initial)

B. First Data

Mailing Address 5565 Glenridge Connector NE
Suite 2000

City Atlanta State GA Zip Code 30342

Purpose of Disbursement
Merchant account fee

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
02 / 04 / 2013

Transaction ID : SB21B.4210

Amount of Each Disbursement this Period

39.95

Full Name (Last, First, Middle Initial)

C. First Data

Mailing Address 5565 Glenridge Connector NE
Suite 2000

City Atlanta State GA Zip Code 30342

Purpose of Disbursement
Processing fees

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
02 / 04 / 2013

Transaction ID : SB21B.4212

Amount of Each Disbursement this Period

48.94

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

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

128.84

128.84

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 7 OF 16
	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 Washington DC Zip Code 20006	

Outstanding Balance Beginning This Period 250.00	Transaction ID : SD10.4148	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 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 Washington DC Zip Code 20006	

Outstanding Balance Beginning This Period 250.00	Transaction ID : SD10.4176	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 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 Washington DC Zip Code 20006	

Outstanding Balance Beginning This Period 250.00	Transaction ID : SD10.4178	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 250.00

1) SUBTOTALS This Period This Page (optional)..... ▶	750.00
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 8 OF 16
	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 Zip Code Washington DC 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 Zip Code Washington DC 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 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"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="2350.00"/>
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 9 OF 16
	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): April retainer for reporting and processing services
Mailing Address 209 W Main St		
City Plainfield	State IN	Zip Code 46168

Outstanding Balance Beginning This Period 1000.00	Transaction ID : SD10.4190	
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 Compliance Services		Nature of Debt (Purpose): May reporting and processing services retainer
Mailing Address 209 W Main St		
City Plainfield	State IN	Zip Code 46168

Outstanding Balance Beginning This Period 1000.00	Transaction ID : SD10.4191	
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 Compliance Services		Nature of Debt (Purpose): May reporting and processing services and June retainer
Mailing Address 209 W Main St		
City Plainfield	State IN	Zip Code 46168

Outstanding Balance Beginning This Period 2748.93	Transaction ID : SD10.4192	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2748.93

1) SUBTOTALS This Period This Page (optional)..... ▶	4748.93
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 10 OF 16
	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): June reporting and processing services and July retainer
Mailing Address 209 W Main St		
City Plainfield	State IN	Zip Code 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"/>

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

Outstanding Balance Beginning This Period <input type="text" value="2402.50"/>	Transaction ID : SD10.4189	
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="2402.50"/>

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

Outstanding Balance Beginning This Period <input type="text" value="2631.00"/>	Transaction ID : SD10.4188	
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="2631.00"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="7800.50"/>
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 11 OF 16
	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): September reporting and processing services and October retainer
Mailing Address 209 W Main St	
City State Zip Code Plainfield IN 46168	

Outstanding Balance Beginning This Period 2566.00	Transaction ID : SD10.4187	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2566.00

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

Outstanding Balance Beginning This Period 4241.50	Transaction ID : SD10.4186	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 4241.50

C. 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 2657.00	Transaction ID : SD10.4185	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2657.00

1) SUBTOTALS This Period This Page (optional)..... ▶	9464.50
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 12 OF 16
	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): 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"/>

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

C. 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 Zip Code Plainfield IN 46168	

Outstanding Balance Beginning This Period <input type="text" value="1000.00"/>	Transaction ID : SD10.4198	
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="5720.00"/>
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 13 OF 16
	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): May 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 : SD10.4199	
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): June 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 : SD10.4200	
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): July 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 : SD10.4201	
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 14 OF 16
	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): August 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 : SD10.4202	
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): September 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 : SD10.4203	
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): October 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 : SD10.4204	
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 15 OF 16
	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): 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"/>

B. 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 <input type="text" value="1000.00"/>	Transaction ID : SD10.4206	
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 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 <input type="text" value="0.00"/>	Transaction ID : SD10.4194	
Amount Incurred This Period <input type="text" value="1000.00"/>	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 16 OF 16
	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 Arlington	State VA	Zip Code 22204

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	Transaction ID : SD10.4230	
Amount Incurred This Period <input type="text" value="5400.00"/>	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		Nature of Debt (Purpose):
Mailing Address		
City	State	Zip Code

Outstanding Balance Beginning This Period <input type="text"/>		
Amount Incurred This Period <input type="text"/>	Payment This Period <input type="text"/>	Outstanding Balance at Close of This Period <input type="text"/>

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 <input type="text"/>		
Amount Incurred This Period <input type="text"/>	Payment This Period <input type="text"/>	Outstanding Balance at Close of This Period <input type="text"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="5400.00"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text" value="45233.93"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text" value="0.00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="45233.93"/>