

# 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** C C00488478 **CITY** **STATE** **ZIP CODE**  
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 / 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 / D D / Y Y Y Y Y Y in the State of  

5. Covering Period M M / D D / Y Y Y Y Y Y 04 / 01 / 2013 through M M / D D / Y Y Y Y Y Y 04 / 30 / 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 M M / D D / Y Y Y Y Y Y 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)

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="2013"/>	<input type="text" value="3802.26"/>	<input type="text" value="3802.26"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="5423.48"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="878.86"/>	<input type="text" value="1908.86"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="6302.34"/>	<input type="text" value="5711.12"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="707.45"/>	<input type="text" value="116.23"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="5594.89"/>	<input type="text" value="5594.89"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="50233.93"/>	

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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

**ACTRIGHT**

Report Covering the Period: From: M M / D D / Y Y Y Y 04 / 01 / 2013 To: M M / D D / Y Y Y Y 04 / 30 / 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).....	678.33	678.33
(ii) Unitemized .....	0.00	1030.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	678.33	1708.33
(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) .....	678.33	1708.33
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).....	200.53	200.53
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))..... ▶	878.86	1908.86
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	878.86	1908.86

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	694.12	1847.08
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	694.12	1847.08
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	13.33	-1890.85
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	30.00
(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	30.00
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)) ..	707.45	116.23
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	707.45	116.23

**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) .....	678.33	1708.33
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	30.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	678.33	1678.33
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	694.12	1847.08
37. Offsets to Operating Expenditures (from Line 15, page 3).....	200.53	200.53
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	493.59	1646.55

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 26
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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) <b>A. edward anhalt</b>		Date of Receipt MM / DD / YYYY 04 / 30 / 2013 <b>Transaction ID : SA11AI.4364</b>
Mailing Address 236 sycamore ridge st		Amount of Each Receipt this Period 15.00
City simi valley	State Zip Code CA 93065	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 15.00
Name of Employer LOS ANGELES COUNTY	Occupation SENIOR PROBATION DIRECTOR-RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Kathy Arab</b>		Date of Receipt MM / DD / YYYY 04 / 13 / 2013 <b>Transaction ID : SA11AI.4354</b>
Mailing Address 103 Springhill Forest Place		Amount of Each Receipt this Period 15.00
City Chapel Hill	State Zip Code NC 27516	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 15.00
Name of Employer self	Occupation free-lance pianist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Les and Kathy Banwart</b>		Date of Receipt MM / DD / YYYY 04 / 30 / 2013 <b>Transaction ID : SA11AI.4371</b>
Mailing Address Box 147		Amount of Each Receipt this Period 100.00
City Arnolds Park	State Zip Code IA 51331	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 100.00
Name of Employer self	Occupation Homemaker/semi-retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	130.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 26
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**ACTRIGHT**

**A. Laurel Barchalk**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2023 Tallmadge Rd  
 City Kent State OH Zip Code 44240  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer none Occupation disabled nurse  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 10.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 01 / 2013  
**Transaction ID : SA11AI.4328**  
 Amount of Each Receipt this Period  
 10.00

**B. Julia Bauer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7711 Lippizan Drive  
 City Riverside State CA Zip Code 92509  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer County of Riverside Occupation Accounting  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 25.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 04 / 2013  
**Transaction ID : SA11AI.4332**  
 Amount of Each Receipt this Period  
 25.00

**C. Ronald Boggs**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 416 Ponderosa Trail  
 City Murphy State TX Zip Code 75094  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer none Occupation retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 15.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 13 / 2013  
**Transaction ID : SA11AI.4350**  
 Amount of Each Receipt this Period  
 15.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 50.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 8 OF 26
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**ACTRIGHT**

**A. Steven Boyle**  
Full Name (Last, First, Middle Initial)

Mailing Address 27 Harding Drive

City Novato State CA Zip Code 94947

FEC ID number of contributing federal political committee. **C**

Name of Employer US Coast Guard Occupation Foreign Port Security Specialist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
50.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 30 / 2013  
**Transaction ID : SA11AI.4369**

Amount of Each Receipt this Period  
 50.00

**B. Randy Bradford**  
Full Name (Last, First, Middle Initial)

Mailing Address 12918 Elmington%252BDrive

City Cypress State TX Zip Code 77429

FEC ID number of contributing federal political committee. **C**

Name of Employer Tammany Oil+ Occupation Engineer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
100.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 25 / 2013  
**Transaction ID : SA11AI.4356**

Amount of Each Receipt this Period  
 100.00

**C. joy Buettgenbach**  
Full Name (Last, First, Middle Initial)

Mailing Address 1530 Manatt Street

City Lincoln State NE Zip Code 68521

FEC ID number of contributing federal political committee. **C**

Name of Employer Shopko Occupation Customer service agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 05 / 2013  
**Transaction ID : SA11AI.4340**

Amount of Each Receipt this Period  
 10.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 160.00

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 26
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**ACTRIGHT**

**A. Leroy Chavez**  
Full Name (Last, First, Middle Initial)

Mailing Address 7631 Pomelo Drive

City West Hills State CA Zip Code 91304

FEC ID number of contributing federal political committee. **C**

Name of Employer Valley Vineyard Occupation Administrator

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **8.33**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**04 / 08 / 2013**

**Transaction ID : SA11AI.4373**

Amount of Each Receipt this Period  
**8.33**

ROUNDS FOR SENATE

**B. Candace Giles**  
Full Name (Last, First, Middle Initial)

Mailing Address 166 Harwick Rd.

City Rochester State NY Zip Code 14609

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **15.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**04 / 05 / 2013**

**Transaction ID : SA11AI.4338**

Amount of Each Receipt this Period  
**15.00**

**C. Dan Heckrman**  
Full Name (Last, First, Middle Initial)

Mailing Address 1074 Reed Ave apt 69

City Sunnyvale State CA Zip Code 94086

FEC ID number of contributing federal political committee. **C**

Name of Employer self Occupation retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **50.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**04 / 13 / 2013**

**Transaction ID : SA11AI.4352**

Amount of Each Receipt this Period  
**50.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **73.33**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 26
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**ACTRIGHT**

**A. Stephen Kelly**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 15203 Dos Palmas Rd  
 City Victorville State CA Zip Code 92392  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Retired Occupation USAF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 05 / 2013  
**Transaction ID : SA11AI.4342**  
 Amount of Each Receipt this Period  
 5.00

**B. Emily Kent**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4168 Seven Lakes West  
 City Seven Lakes State NC Zip Code 27376  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer retired Occupation retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 35.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 30 / 2013  
**Transaction ID : SA11AI.4360**  
 Amount of Each Receipt this Period  
 35.00

**C. JoAnn Long**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 516 Ruins Road Unit 60  
 City Aztec State NM Zip Code 87410  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Tricon group Ltd3728 Occupation consultant  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 30 / 2013  
**Transaction ID : SA11AI.4358**  
 Amount of Each Receipt this Period  
 5.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	45.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 26
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**ACTRIGHT**

**A. Joneen Mackenzie**  
Full Name (Last, First, Middle Initial)

Mailing Address 10427 East Dorado Place

City Greenwood Village State CO Zip Code 80237

FEC ID number of contributing federal political committee. **C**

Name of Employer The Center for Relationship Education Occupation RN / Educator

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 50.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 04 / 30 / 2013  
**Transaction ID : SA11AI.4366**

Amount of Each Receipt this Period  
 50.00

**B. Thomas McAtee**  
Full Name (Last, First, Middle Initial)

Mailing Address 716 E+Tazewells+Way

City Williamsburg State VA Zip Code 23185

FEC ID number of contributing federal political committee. **C**

Name of Employer None Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 25.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 04 / 04 / 2013  
**Transaction ID : SA11AI.4334**

Amount of Each Receipt this Period  
 25.00

**C. Edilberto Montiel**  
Full Name (Last, First, Middle Initial)

Mailing Address 313 3rd st

City Union City State NJ Zip Code 07087

FEC ID number of contributing federal political committee. **C**

Name of Employer happy taxi+llc Occupation driver

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 10.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 04 / 05 / 2013  
**Transaction ID : SA11AI.4336**

Amount of Each Receipt this Period  
 10.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 85.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 26
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**ACTRIGHT**

**A. James Murray**  
Full Name (Last, First, Middle Initial)

Mailing Address 22 walnut+circle

City Merrimack State NH Zip Code 03054

FEC ID number of contributing federal political committee. **C**

Name of Employer ENT Physicians and surgeons Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 50.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 07 / 2013

**Transaction ID : SA11AI.4344**

Amount of Each Receipt this Period  
 50.00

**B. Richard Peairs**  
Full Name (Last, First, Middle Initial)

Mailing Address 370 Loyola Drive

City Millbrae State CA Zip Code 94030

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Corporate psychologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 35.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2013

**Transaction ID : SA11AI.4362**

Amount of Each Receipt this Period  
 35.00

**C. Darian Rafie**  
Full Name (Last, First, Middle Initial)

Mailing Address 28W525 Diversey Parkway

City West Chicago State IL Zip Code 60185

FEC ID number of contributing federal political committee. **C**

Name of Employer self Occupation self

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 10.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2013

**Transaction ID : SA11AI.4367**

Amount of Each Receipt this Period  
 5.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 90.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 26
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**ACTRIGHT**

Full Name (Last, First, Middle Initial) <b>A. Laurence Ritter</b>		Date of Receipt MM / DD / YYYY 04 / 08 / 2013 <b>Transaction ID : SA11AI.4348</b>
Mailing Address 3128 Michigan Ave		Amount of Each Receipt this Period 15.00
City Metairie	State LA	Zip Code 70003
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 15.00
Name of Employer Self	Occupation Sales and Training	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 15.00	

Full Name (Last, First, Middle Initial) <b>B. Vicki Waters</b>		Date of Receipt MM / DD / YYYY 04 / 07 / 2013 <b>Transaction ID : SA11AI.4346</b>
Mailing Address 10420 Eatonville Hwy		Amount of Each Receipt this Period 25.00
City Eatonville	State WA	Zip Code 98328
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer none	Occupation retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 25.00	

Full Name (Last, First, Middle Initial) <b>C. VICTOR YOVZHIY</b>		Date of Receipt MM / DD / YYYY 04 / 03 / 2013 <b>Transaction ID : SA11AI.4330</b>
Mailing Address 4968 Buffwood way		Amount of Each Receipt this Period 5.00
City SACRAMENTO	State CA	Zip Code 95841
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5.00
Name of Employer AMP Real Estate	Occupation Real Estate	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	45.00
<b>TOTAL</b> This Period (last page this line number only).....▶	678.33

**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 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. Citibank**

Mailing Address 1776 F St., NW

City Washington State DC Zip Code 20593

Purpose of Disbursement  
Bank fee

**001**  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.4380**

Amount of Each Disbursement this Period

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 and processing fees

**001**  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.4379**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Morton's of Connecticut**

Mailing Address 1050 Connecticut Ave

City Washington State DC Zip Code 20036

Purpose of Disbursement  
Travel and meals

**002**  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.4383**

Amount of Each Disbursement this Period

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

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

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

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

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. ROUNDS FOR SENATE**

Mailing Address PO BOX 250  
223 E CAPITOL AVENUE

City PIERRE State SD Zip Code 57501

Purpose of Disbursement  
Scott, Kathleen

011

Candidate Name

**MARION MICHAEL ROUNDS**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: SD District: 00

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 05 / 2013

Transaction ID : SB23.4321

Amount of Each Disbursement this Period

5.00

Full Name (Last, First, Middle Initial)

**B. ROUNDS FOR SENATE**

Mailing Address PO BOX 250  
223 E CAPITOL AVENUE

City PIERRE State SD Zip Code 57501

Purpose of Disbursement  
Chavez, Leroy

011

Candidate Name

**MARION MICHAEL ROUNDS**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: SD District: 00

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 12 / 2013

Transaction ID : SB23.4325

Amount of Each Disbursement this Period

8.33

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

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

13.33

13.33

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 16 OF 26
	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 <b>ActRight Action</b>	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 <input type="text" value="250.00"/>	<b>Transaction ID : SD10.4148</b>	
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 <b>ActRight Action</b>	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 <input type="text" value="250.00"/>	<b>Transaction ID : SD10.4176</b>	
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 <b>ActRight Action</b>	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 <input type="text" value="250.00"/>	<b>Transaction ID : SD10.4178</b>	
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) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="750.00"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text"/>
4) <b>ADD 2) and 3)</b> 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 26
	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 <b>ActRight Action</b>	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"/>	<b>Transaction ID : SD10.4179</b>	
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 <b>ActRight Action</b>	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"/>	<b>Transaction ID : SD10.4180</b>	
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 <b>ActRight Compliance Services</b>	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"/>	<b>Transaction ID : SD10.4181</b>	
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) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="2350.00"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text"/>
4) <b>ADD 2) and 3)</b> 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 26
	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 <b>ActRight Compliance Services</b>		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 <input type="text" value="1000.00"/>	<b>Transaction ID : SD10.4190</b>	
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 <b>ActRight Compliance Services</b>		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 <input type="text" value="1000.00"/>	<b>Transaction ID : SD10.4191</b>	
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 <b>ActRight Compliance Services</b>		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 <input type="text" value="2748.93"/>	<b>Transaction ID : SD10.4192</b>	
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"/>

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="4748.93"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text"/>
4) <b>ADD 2) and 3)</b> 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 26
	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 <b>ActRight Compliance Services</b>	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 2767.00	<b>Transaction ID : SD10.4193</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2767.00

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

Outstanding Balance Beginning This Period 2402.50	<b>Transaction ID : SD10.4189</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2402.50

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

Outstanding Balance Beginning This Period 2631.00	<b>Transaction ID : SD10.4188</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2631.00

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	7800.50
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> 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 20 OF 26
	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 <b>ActRight Compliance Services</b>	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 <input type="text" value="2566.00"/>	<b>Transaction ID : SD10.4187</b>	
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="2566.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>ActRight Compliance Services</b>	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 <input type="text" value="4241.50"/>	<b>Transaction ID : SD10.4186</b>	
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="4241.50"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>ActRight Compliance Services</b>	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="2657.00"/>	<b>Transaction ID : SD10.4185</b>	
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="2657.00"/>

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="9464.50"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text"/>
4) <b>ADD 2) and 3)</b> 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 26
	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 <b>ActRight Compliance Services</b>	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"/>	<b>Transaction ID : SD10.4184</b>	
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 <b>ActRight Compliance Services</b>	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"/>	<b>Transaction ID : SD10.4233</b>	
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"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>ActRight Compliance Services</b>	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 <input type="text" value="2000.00"/>	<b>Transaction ID : SD10.4319</b>	
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) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="6720.00"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text"/>
4) <b>ADD 2) and 3)</b> 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 26
	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 <b>ActRight Compliance Services</b>	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 0.00	<b>Transaction ID : SD10.4374</b>	
Amount Incurred This Period 2000.00	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 <b>ActRight Legal Foundation</b>	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 1000.00	<b>Transaction ID : SD10.4198</b>	
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 <b>ActRight Legal Foundation</b>	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	<b>Transaction ID : SD10.4199</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1000.00

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	4000.00
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> 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 23 OF 26
	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 <b>ActRight Legal Foundation</b>		Nature of Debt (Purpose): June legal services retainer
Mailing Address 209 W Main St		
City Plainfield	State IN	Zip Code 46168

Outstanding Balance Beginning This Period <input type="text" value="1000.00"/>	<b>Transaction ID : SD10.4200</b>	
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 <b>ActRight Legal Foundation</b>		Nature of Debt (Purpose): July legal services retainer
Mailing Address 209 W Main St		
City Plainfield	State IN	Zip Code 46168

Outstanding Balance Beginning This Period <input type="text" value="1000.00"/>	<b>Transaction ID : SD10.4201</b>	
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 <b>ActRight Legal Foundation</b>		Nature of Debt (Purpose): August legal services retainer
Mailing Address 209 W Main St		
City Plainfield	State IN	Zip Code 46168

Outstanding Balance Beginning This Period <input type="text" value="1000.00"/>	<b>Transaction ID : SD10.4202</b>	
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) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="3000.00"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text"/>
4) <b>ADD 2) and 3)</b> 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 24 OF 26
	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 <b>ActRight Legal Foundation</b>	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	<b>Transaction ID : SD10.4203</b>	
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 <b>ActRight Legal Foundation</b>	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	<b>Transaction ID : SD10.4204</b>	
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 <b>ActRight Legal Foundation</b>	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 1000.00	<b>Transaction ID : SD10.4205</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1000.00

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	3000.00
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> 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 26
	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 <b>ActRight Legal Foundation</b>	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"/>	<b>Transaction ID : SD10.4206</b>	
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 <b>ActRight Legal Foundation</b>	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 <input type="text" value="1000.00"/>	<b>Transaction ID : SD10.4196</b>	
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 <b>Barry A Bostrom</b>	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="1000.00"/>	<b>Transaction ID : SD10.4194</b>	
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) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="3000.00"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text"/>
4) <b>ADD 2) and 3)</b> 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 26
	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 <b>Paul Bothwell</b>	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"/>	<b>Transaction ID : SD10.4230</b>	
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	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) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="5400.00"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text" value="50233.93"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text" value="0.00"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="50233.93"/>