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FEC

REPORT OF RECEIPTS AND DISBURSEMENTS

FURIN 3X F	For Other Than An	Authorized Committee	Offic	ce Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, ty over the lines.	pe 12FE4M5	
ACTRIGHT				
ADDRESS (number and street)	2029 K STREET NW	SUITE 300		
Check if different than previously reported. (ACC)	WASHINGTON		DC 20	0006
2. FEC IDENTIFICATION NU	JMBER ▼	CITY A	STATE ▲	ZIP CODE ▲
C C00488478		3. IS THIS REPORT X NEW (N)	OR AMEND (A)	ED
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15	(b) Monthly Report Due On:	Feb 20 (M2) May 2 Mar 20 (M3) Jun 20 Apr 20 (M4) X Jul 20		M9) Dec 20 (M12) (Non-Election Year Only)
Quarterly Report (C) July 15 Quarterly Report (C) October 15 Quarterly Report (C) January 31 Year-End Report (Y)	PRE-Electic Report for t	the: Convention (12C)	General (12G) Special (12S)	Runoff (12R) in the State of
July 31 Mid-Year Report (Non-electio Year Only) (MY) Termination Report (TER)	POST-Elect Report for t	the:	Runoff (30R)	Special (30S) in the State of
5. Covering Period 06		015 through	06 30 Y	2015
certify that I have examined th	•	est of my knowledge and belief	it is true, correct and com	nplete.
Type or Print Name of Treasure	r Brian S Brown			
Signature of Treasurer Brian	a S Brown	[Electronically Filed	Date 07	20 / 2015
NOTE: Submission of false, errone	eous, or incomplete infor	mation may subject the person si	gning this Report to the per	nalties of 2 U.S.C. §437g.
Office Use Only			F	EC FORM 3X Rev. 12/2004

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name **ACTRIGHT** 06 2015 06 30 2015 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 10130.59 January 1, 2015 (b) Cash on Hand at 5174.47 Beginning of Reporting Period..... 1470.00 150.00 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 5324.47 11600.59 6(a) and 6(c) for Column B)..... 484.33 6760.45 Total Disbursements (from Line 31)...... 8. Cash on Hand at Close of Reporting Period 4840.14 4840.14 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 86521.72 Schedule C and/or Schedule D) This committee has qualified as a multicandidate committee. (see FEC FORM 1M) For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

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А	C	lt	ヾ	U	П	П

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Contributions (other than loans) From:	Total Tills I cilou	Guichau Tear to Bate
(a) Individuals/Persons Other		
Than Political Committees		
(i) Itemized (use Schedule A)	0.00	595.00
(ii) Unitemized	, 150.00	710.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)▶	150.00	1305.00
ī		
(b) Political Party Committees	0.00	0.00
(such as PACs)	0.00	0.00
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry	450.00	1305.00
Totals to Line 33, page 5)	150.00	1305.00
2. Transfers From Affiliated/Other Party Committees	0.00	0.00
rarty committees		7
3. All Loans Received	0.00	0.00
I. Loan Repayments Received	0.00	0.00
5. Offsets To Operating Expenditures	7	
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	165.00
6. Refunds of Contributions Made	7	7
to Federal Candidates and Other		
Political Committees	0.00	0.00
7. Other Federal Receipts	7	
(Dividends, Interest, etc.)	0.00	0.00
3. 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
D. Total Receipts (add Lines 11(d),	150.00	4470.00
12, 13, 14, 15, 16, 17, and 18(c))▶	150.00	1470.00
. Total Federal Receipts		
(subtract Line 18(c) from Line 19)▶	150.00	1470.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date	
Operating Expenditures: —	Total Tills I criod	Calendar Tear-10-Date	
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share	0.00	0.00	
(ii) N 5 1 1 01	0.00	0.00	
(ii) Non-Federal Share(b) Other Federal Operating	0.00	0.00	
(b) Other Federal Operating Expenditures	484.33	6430.45	
(c) Total Operating Expenditures	7		
(add 21(a)(i), (a)(ii), and (b))▶	484.33	6430.45	
Transfers to Affiliated/Other Party			
CommitteesContributions to	0.00	0.00	
Federal Candidates/Committees and Other Political Committees	0.00	330.00	
Independent Expenditures			
(use Schedule E)	0.00	0.00	
Coordinated Party Expenditures (2 U.S.C. §441a(d))	200		
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00	
Loon Poncyments Made	0.00	0.00	
Loan Repayments Made	0.00	0.00	
Loans Made	0.00	0.00	
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	0.00	0.00	
(such as PACs)	0.00	0.00	
(d) Total Contribution Refunds			
(add Lines 28(a), (b), and (c))▶	0.00	0.00	
=			
Other Disbursements	0.00	0.00	
F			
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		0.00	
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	
Lines 30(a)(i), 30(a)(ii) and 30(b)) ▶	5.55	0.00	
Total Disbursements (add Lines 21(c), 22,			
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	484.33	6760.45	
	7	7	
Total Federal Disbursements			
(subtract Line 21(a)(ii) and Line 30(a)(ii)	404.00	0700 45	
from Line 31)	484.33	6760.45	

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	150.00	1305.00
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	150.00	1305.00
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	484.33	6430.45
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	165.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	484.33	6265.45

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 6 OF 26			
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	one) 22 23 24 25 26 28a 28b 28c 29 30		
Any information copied from such Reports and State or for commercial purposes, other than using the na					
NAME OF COMMITTEE (In Full) ACTRIGHT	and address of any pointed				
Full Name (Last, First, Middle Initial)					
A. ActRight Engagement			Date of Disbursement		
Mailing Address 209 W Main St			06 05 2015		
City Plainfield	State Zip Code IN 46168		Transaction ID : SB21B.11012		
Purpose of Disbursement Fundraising		003	Amount of Each Disbursement this Period		
Candidate Name		Category/ Type	425.00		
Office Sought: House Disburse Senate President	ment For: Primary General Other (specify) ▼	.,,,,			
State: District:					
Full Name (Last, First, Middle Initial) B. PNC Bank			Date of Disbursement		
Mailing Address 249 Fifth Ave One PNC Plaza			06 01 2015		
City Pittsburgh	State Zip Code PA 15222		Transaction ID : SB21B.11014		
Purpose of Disbursement bank fees	001	Amount of Each Disbursement this Period			
Candidate Name	"	Category/ Type	33.00		
Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify)				
Full Name (Last, First, Middle Initial) C. PNC Bank			Date of Disbursement		
Mailing Address 249 Fifth Ave One PNC Plaza			06 02 2015		
City Pittsburgh	State Zip Code PA 15222		Transaction ID : SB21B.11013		
Purpose of Disbursement Bank fees		001			
Candidate Name		Category/ Type	Amount of Each Disbursement this Period 10.00		
Office Sought: House Senate President State: District:	ment For: Primary General Other (specify)	71			
SUBTOTAL of Disbursements This Page (optional).			468.00		
TOTAL This Period (last page this line number only					

ľ

EDULE B (FEC Form 3X)	Llea caparata cabadula(c)		FOR LINE NUMBER: PAGE 7 OF 26					
IIZED DISBURSEMENTS	Use separate schedule(s) for each category of the		(check only 21b				26	
	Detailed Summa	ry Page	27	28a	28b	28c	29	30
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ME OF COMMITTEE (In Full)	- and address 01 6	arry politica	i committee to	SUNCIL COI	154110115	nom such	COMMIN	
CTRIGHT								
Name (Last, First, Middle Initial)				D	D: 1			
NC Bank					Disburse			
iling Address 249 Fifth Ave One PNC Plaza				06	0		2015	Y
	State Zip Co			Trans	action ID	: SB21B.1	1015	
sburgh pose of Disbursement	PA 15222	2		ITAIIS	action ib	. 30210.1	1013	
ink fees			001	Amount	of Each	Disbursem	ent this	Period
ndidate Name			Category/				1	6.18
Dishara Dishara	and Fan		Type		- 7	7		0.10
ice Sought: House Disbursem		General						
	Other (specify) ▼							
te: District:								
l Name (Last, First, Middle Initial)								
NC Bank					Disburse			
iling Address 249 Fifth Ave One PNC Plaza				06	0	2	2015	Y
sburgh	State Zip Co PA 15222			Trans	action ID	: SB21B.1	1016	
pose of Disbursement			001	Amount	of Each	Disburseme	ent this	Period
ndidate Name			Category/				-	-
			Type			- 7		0.13
		General						
te: District:	Curior (opcorry)							
Name (Last, First, Middle Initial)								
NC Bank					Disburse			
iling Address 249 Fifth Ave One PNC Plaza				06	0		2015	Y
	State Zip Co PA 15222			Trans	action ID	: SB21B.1	1017	
pose of Disbursement ink fees	10222							
ndidate Name			001 Category/	Amount	of Each	Disbursem		Period 0.02
ice Sought: House Disbursem	nent For:		Туре		- 7	7		
		General						
	Other (specify)							
te: District:								
TOTAL of Disbursements This Page (optional) AL This Period (last page this line number only).				Ë	7	7	1	

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 8
FOR LINE NUMBER: (check only one)

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OF

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

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 9
FOR LINE NUMBER: (check only one)

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OF

NAME OF COMMITTEE (In Full) ACTRIGHT A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): November use of mailing address, phone, ActRight Action office Mailing Address 2029 K Street NW Suite 300 City State Zip Code Washington 20006 Transaction ID: SD10.4179 Outstanding Balance Beginning This Period 250.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 250.00 0.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): December use of mailing address, phone, ActRight Action office Mailing Address 2029 K Street NW Suite 300 City State Zip Code Washington DC 20006 Outstanding Balance Beginning This Period Transaction ID: SD10.4180 100.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 100.00 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Mass emails supporting Jorgensen for ActRight Action Congress Mailing Address 2029 K Street NW Suite 300 Zip Code City State Washington DC 20006 Transaction ID: SD10.5069 Outstanding Balance Beginning This Period 4357.75 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 4357.75 0.00 4707.75 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

Excluding Loans

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

FOR LINE NUMBER: (check only one)

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

Excluding Loans

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

FOR LINE NUMBER: (check only one)

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OF

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

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 12 (FOR LINE NUMBER: (check only one)

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

Excluding Loans

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

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OF

26

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

Excluding Loans

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

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14 OF

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

Excluding Loans

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

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15 OF

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

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 16
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NAME OF COMMITTEE (In Full) ACTRIGHT A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Compliance, reporting, and bundling services ActRight Compliance Services in November Mailing Address 209 W Main St State Zip Code Plainfield 46168 Transaction ID: SD10.7051 Outstanding Balance Beginning This Period 1130.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 1130.00 0.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Compliance, reporting, bunlding, and ActRight Compliance Services administrative services in Dec 2013 Mailing Address 209 W Main St City State Zip Code Plainfield 46168 IN Outstanding Balance Beginning This Period Transaction ID: SD10.7356 1235.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 1235.00 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Compliance and administrative services in ActRight Compliance Services January Mailing Address 209 W Main St City State Zip Code Plainfield 46168 IN Transaction ID: SD10.7717 Outstanding Balance Beginning This Period 854.20 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 854.20 0.00 3219.20 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 17 OF
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NAME OF COMMITTEE (In Full) ACTRIGHT A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Legal, processing, reporting, and admin ActRight Compliance Services services in February Mailing Address 209 W Main St City State Zip Code Plainfield 46168 Transaction ID: SD10.8465 Outstanding Balance Beginning This Period 1238.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 1238.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Legal, bundling, and administrative services ActRight Compliance Services Mailing Address 209 W Main St City State Zip Code Plainfield 46168 IN Outstanding Balance Beginning This Period Transaction ID: SD10.8513 1038.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 1038.00 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Bundling, administrative, compliance services ActRight Compliance Services for May 2014 Mailing Address 209 W Main St City State Zip Code Plainfield 46168 IN Transaction ID: SD10.9028 Outstanding Balance Beginning This Period 1228.50 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 1228 50 0.00 3504.50 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

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

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

Excluding Loans

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NAME OF COMMITTEE (In Full) ACTRIGHT A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Compliance and administrative services for ActRight Compliance Services August 2014 Mailing Address 209 W Main St State Zip Code Plainfield 46168 Transaction ID: SD10.9911 Outstanding Balance Beginning This Period 1677.50 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 1677.50 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Compliance and administrative services for ActRight Compliance Services September 2014 Mailing Address 209 W Main St City State Zip Code Plainfield 46168 IN Outstanding Balance Beginning This Period Transaction ID: SD10.10393 1845.50 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 1845.50 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Compliance and administrative services for ActRight Compliance Services October 2014 Mailing Address 209 W Main St City State Zip Code Plainfield 46168 IN Transaction ID: SD10.10392 Outstanding Balance Beginning This Period 3210.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 3210.00 0.00 6733.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

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

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20 OF

NAME OF COMMITTEE (In Full) ACTRIGHT A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Legal, administrative, bundling services in Dec. ActRight Compliance Services Mailing Address 209 W Main St City State Zip Code Plainfield 46168 Transaction ID: SD10.10866 Outstanding Balance Beginning This Period 840.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 840.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Legal, administrative, bundling services in Jan. ActRight Compliance Services Mailing Address 209 W Main St City State Zip Code Plainfield 46168 IN Outstanding Balance Beginning This Period Transaction ID: SD10.10917 1387.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 1387.00 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Legal, administrative, bundling services in Jan ActRight Compliance Services 2015 Mailing Address 209 W Main St City State Zip Code Plainfield 46168 IN Transaction ID: SD10.10919 Outstanding Balance Beginning This Period 785.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 785.00 0.00 3012.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

Excluding Loans

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AME OF COMMITTEE (In Full) ACTRIGHT		
A. Full Name (Last, First, Middle Initial) of Debto ActRight Compliance Services	Nature of Debt (Purpose): Compliance and administrative services in Feb.	
Mailing Address 209 W Main St		_
City State Plainfield	Zip Code IN 46168	_
Outstanding Balance Beginning This Period		Transaction ID : SD10.10938
582.50		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	582.50
B. Full Name (Last, First, Middle Initial) of Debtor ActRight Compliance Services	or Creditor	Nature of Debt (Purpose): Compliance and administrative services in March
Mailing Address 209 W Main St		
City State Plainfield	Zip Code IN 46168	
Outstanding Balance Beginning This Period		Transaction ID: SD10.10954
243.00	Payment This Period	Outstanding Polones at Class of This Pariod
Amount Incurred This Period 0.00	0.00	Outstanding Balance at Close of This Period 243.00
C. Full Name (Last, First, Middle Initial) of Debto ActRight Compliance Services	Nature of Debt (Purpose): Administrative and Reporting Svcs	
Mailing Address 209 W Main St		
City Plainfield	State Zip Code IN 46168	
Outstanding Balance Beginning This Period		Transaction ID : SD10.11007
212.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	212.00
) SUBTOTALS This Period This Page (optional)		1037.50
) TOTALS This Period (last page this line number only)		
) TOTAL OUTSTANDING LOANS from Schedule	C (last page only)	
) ADD 2) and 3) and carry forward to appropriate	line of Summary Page (last page only) ▶	

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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	7: 0.1	
City State	Zip Code DC 20006	
Washington	DC 20006	
Outstanding Balance Beginning This Period		Transaction ID : SD10.5208
4024.60		
A STATE OF S		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	4024.60
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor	Nature of Debt (Purpose):
ActRight Legal Foundation		April legal services retainer
Mailing Address 209 W Main St		
City State	Zip Code	
Plainfield	IN 46168	
Outstanding Balance Beginning This Period		Transaction ID : SD10.4198
1000.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	1000.00
C. Full Name (Last, First, Middle Initial) of Debto ActRight Legal Foundation	or or Creditor	Nature of Debt (Purpose): May legal services retainer
Mailing Address 209 W Main St		
City Plainfield	State Zip Code IN 46168	
Outstanding Balance Beginning This Period		Transaction ID : SD10.4199
1000.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	1000.00
) SUBTOTALS This Period This Page (optional)	>	6024.60
TOTALS This Period (last page this line number only)		
) TOTAL OUTSTANDING LOANS from Schedule	C (last page only)	
) ADD 2) and 3) and carry forward to appropriate	line of Summary Page (last page only) ▶	

Excluding Loans

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

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

Excluding Loans

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

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NAME OF COMMITTEE (In Full) ACTRIGHT A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): September legal services retainer ActRight Legal Foundation Mailing Address 209 W Main St State Zip Code Plainfield 46168 Transaction ID: SD10.4203 Outstanding Balance Beginning This Period 1000.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 1000.00 0.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): October legal services retainer ActRight Legal Foundation Mailing Address 209 W Main St City State Zip Code Plainfield 46168 IN Outstanding Balance Beginning This Period Transaction ID: SD10.4204 1000.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 1000.00 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): November legal services retainer ActRight Legal Foundation Mailing Address 209 W Main St Zip Code City State Plainfield 46168 IN Transaction ID: SD10.4205 Outstanding Balance Beginning This Period 1000.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 1000.00 0.00 3000.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

Excluding Loans

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

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AME OF COMMITTEE (In Full) ACTRIGHT		
A. Full Name (Last, First, Middle Initial) of Deb ActRight Legal Foundation	Nature of Debt (Purpose): December legal services retainer	
Mailing Address 209 W Main St		
City State Plainfield	Zip Code IN 46168	
Outstanding Balance Beginning This Period	Transaction ID : SD10.4206	
1000.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	1000.00
B. Full Name (Last, First, Middle Initial) of Debte ActRight Legal Foundation	Nature of Debt (Purpose): March legal services retainer	
Mailing Address 209 W Main St		
City State Plainfield	Zip Code IN 46168	
Outstanding Balance Beginning This Period		Transaction ID : SD10.4196
1000.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	1000.00
C. Full Name (Last, First, Middle Initial) of Deb Barry A Bostrom	Nature of Debt (Purpose): Legal services in January	
Mailing Address 2524 N 8th Street		_
City Terre Haute	State Zip Code IN 47804	
Outstanding Balance Beginning This Period		Transaction ID : SD10.4194
1000.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	1000.00
) SUBTOTALS This Period This Page (optional).		3000.00
) TOTALS This Period (last page this line number		
) TOTAL OUTSTANDING LOANS from Schedule	7	
) ADD 2) and 3) and carry forward to appropriate		

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 26
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NAME OF COMMITTEE (In Full) ACTRIGHT A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Administrative services July 2011 - March Paul Bothwell 2012 Mailing Address 606 S. Taylor St. State Zip Code Arlington 22204 Transaction ID: SD10.4230 Outstanding Balance Beginning This Period 5400.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 5400.00 0.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Reporting and bookkeeping services Omni Compliance Services Mailing Address 207 Main Street City State Zip Code Plainfield 46168 IN Outstanding Balance Beginning This Period Transaction ID: SD10.11009 0.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 270.00 0.00 270.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Mailing Address City State Zip Code Outstanding Balance Beginning This Period Payment This Period Amount Incurred This Period Outstanding Balance at Close of This Period 5670.00 1) SUBTOTALS This Period This Page (optional)..... 86521.72 2) TOTALS This Period (last page this line number only)..... 0.00 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 86521.72 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)