

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.

ADDRESS (number and street)
 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ 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 / / in the State of
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on / / in the State of

5. Covering Period / / through / /

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

Signature of Treasurer [Electronically Filed] Date / /

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

ACTRIGHT

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>		10746.43
(b) Cash on Hand at Beginning of Reporting Period.....	7423.14	
(c) Total Receipts (from Line 19)	4352.00	46689.60
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	11775.14	57436.03
7. Total Disbursements (from Line 31).....	912.60	46573.49
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	10862.54	10862.54
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	77613.16	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

ACTRIGHT

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

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).....	4316.00	39333.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	4316.00	39333.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	4316.00	39333.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	36.00	7356.60
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))..... ▶	4352.00	46689.60
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	4352.00	46689.60

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	77.60	7078.49
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	77.60	7078.49
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	835.00	39095.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	400.00
(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	400.00
29. Other Disbursements	0.00	0.00
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)) ..	912.60	46573.49
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	912.60	46573.49

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)	4316.00	39333.00
34. Total Contribution Refunds (from Line 28(d))	0.00	400.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	4316.00	38933.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	77.60	7078.49
37. Offsets to Operating Expenditures (from Line 15, page 3).....	36.00	7356.60
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	41.60	-278.11

**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 63
	<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. Ronald Albritton
Full Name (Last, First, Middle Initial)

Mailing Address 1414 Rosewood

City Odessa State TX Zip Code 79761

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

Name of Employer self Occupation consultant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2014

Transaction ID : SA11AI.9499

Amount of Each Receipt this Period
 50.00

JOE CARR FOR SENATE

B. Tyler Ament
Full Name (Last, First, Middle Initial)

Mailing Address 1700 Mojave View Cir

City Corona State CA Zip Code 92882

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

Name of Employer Self-Employed Occupation Web Developer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 30 / 2014

Transaction ID : SA11AI.9555

Amount of Each Receipt this Period
 15.00

STEVE DAINES FOR MONTANA

C. Paul Ardi
Full Name (Last, First, Middle Initial)

Mailing Address 3204 Rain Dance Cv

City Austin State TX Zip Code 78746

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 ▼

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 24 / 2014

Transaction ID : SA11AI.9453

Amount of Each Receipt this Period
 250.00

COTTON FOR SENATE

SUBTOTAL of Receipts This Page (optional)..... ▶ 315.00

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 7 OF 63
	(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

Full Name (Last, First, Middle Initial) A. Paul Ardi		Date of Receipt MM / DD / YYYY 07 / 24 / 2014
Mailing Address 3204 Rain Dance Cv		Transaction ID : SA11AI.9454
City Austin	State TX	Zip Code 78746
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Retired	Occupation Retired	National Republican Congressional Committee
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 850.00	

Full Name (Last, First, Middle Initial) B. Paul Ardi		Date of Receipt MM / DD / YYYY 07 / 24 / 2014
Mailing Address 3204 Rain Dance Cv		Transaction ID : SA11AI.9455
City Austin	State TX	Zip Code 78746
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Retired	Occupation Retired	TREADWELL AK INC
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	

Full Name (Last, First, Middle Initial) C. Paul Ardi		Date of Receipt MM / DD / YYYY 07 / 24 / 2014
Mailing Address 3204 Rain Dance Cv		Transaction ID : SA11AI.9456
City Austin	State TX	Zip Code 78746
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Retired	Occupation Retired	STEVE DAINES FOR MONTANA
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1350.00	

SUBTOTAL of Receipts This Page (optional).....▶	1000.00
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 63
	(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. Valerie Arledge
Full Name (Last, First, Middle Initial)

Mailing Address 7036 Balfour

City Portage State MI Zip Code 49024

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

Name of Employer Hom Occupation Retired

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
 07 / 23 / 2014

Transaction ID : SA11AI.9441

Amount of Each Receipt this Period
 25.00

TERRI LYNN LAND FOR SENATE

B. Colette Barton
Full Name (Last, First, Middle Initial)

Mailing Address 301 Lisa+Lane

City Gallatin State TN Zip Code 37066

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

Name of Employer St Thomas+West+Hospital+ Occupation Registered Nurse

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
 07 / 29 / 2014

Transaction ID : SA11AI.9532

Amount of Each Receipt this Period
 25.00

JOE CARR FOR SENATE

C. stephen blount
Full Name (Last, First, Middle Initial)

Mailing Address po box 6694

City san antonio State TX Zip Code 78209

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

Name of Employer Lake Livingston Telephone Company Occupation President

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
 07 / 26 / 2014

Transaction ID : SA11AI.9491

Amount of Each Receipt this Period
 50.00

STEVE DAINES FOR MONTANA

SUBTOTAL of Receipts This Page (optional).....▶	100.00
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 63
	<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

Full Name (Last, First, Middle Initial)
A. Dennis Brooks

Mailing Address 5755 Willowtree Dr.

City Agoura Hills State CA Zip Code 91301

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

Name of Employer Design Build Associates Occupation Construction Management

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **25.00**

Date of Receipt **07 / 30 / 2014**

Transaction ID : SA11AI.9536

Amount of Each Receipt this Period **25.00**

JOE CARR FOR SENATE

Full Name (Last, First, Middle Initial)
B. Audrey Burgher

Mailing Address 4524 Sid Drive

City Jackson State MI Zip Code 49201

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

Name of Employer MI Retirement System KEEPERS Occupation Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **15.00**

Date of Receipt **07 / 22 / 2014**

Transaction ID : SA11AI.9433

Amount of Each Receipt this Period **15.00**

TERRI LYNN LAND FOR SENATE

Full Name (Last, First, Middle Initial)
c. Marie Cardona

Mailing Address 726 Rocklyn Dr

City Windcrest State TX Zip Code 78239

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 ▼ **70.00**

Date of Receipt **07 / 10 / 2014**

Transaction ID : SA11AI.9409

Amount of Each Receipt this Period **10.00**

DAVID LARSEN FOR CONGRESS

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: (check only one)	PAGE 10 OF 63
	<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. Frederick Caswell
Full Name (Last, First, Middle Initial)

Mailing Address 10404 Bunker Hwy

City Eaton Rapids State MI Zip Code 48827

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

Name of Employer N/A 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
 07 / 23 / 2014

Transaction ID : SA11AI.9446

Amount of Each Receipt this Period
50.00

TERRI LYNN LAND FOR SENATE

B. Sherman Chan
Full Name (Last, First, Middle Initial)

Mailing Address 490 Norwood Cir

City Santa Clara State CA Zip Code 95051

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

Name of Employer Experis Occupation Analyst

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
 07 / 24 / 2014

Transaction ID : SA11AI.9452

Amount of Each Receipt this Period
15.00

C. JOHN CHUNKA
Full Name (Last, First, Middle Initial)

Mailing Address 17N GARDEN+TERR

City NORTH ARLINGTON State NJ Zip Code 07031

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 ▼ **10.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2014

Transaction ID : SA11AI.9497

Amount of Each Receipt this Period
10.00

BELL FOR SENATE

SUBTOTAL of Receipts This Page (optional)..... **75.00**

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 11 OF 63
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
ACTRIGHT

A. JOSEPH CONSIGLIO
Full Name (Last, First, Middle Initial)
Mailing Address 8298 PENINSULAR DR.
City FENTON State MI Zip Code 48430
FEC ID number of contributing federal political committee. **C**
Name of Employer CENTURY 21 Occupation SALES
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **15.00**

Date of Receipt **07 / 22 / 2014**
Transaction ID : SA11AI.9431
Amount of Each Receipt this Period **15.00**
TERRI LYNN LAND FOR SENATE

B. clifford crane
Full Name (Last, First, Middle Initial)
Mailing Address 3610 birch street
City newport beach State CA Zip Code 92660
FEC ID number of contributing federal political committee. **C**
Name of Employer self Occupation engineer
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **200.00**

Date of Receipt **07 / 18 / 2014**
Transaction ID : SA11AI.9410
Amount of Each Receipt this Period **100.00**
JOE CARR FOR SENATE

C. Dick DAMico
Full Name (Last, First, Middle Initial)
Mailing Address 741 Hawthorne Lane
City Libertyville State IL Zip Code 60048
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 **07 / 25 / 2014**
Transaction ID : SA11AI.9469
Amount of Each Receipt this Period **15.00**
JOE CARR FOR SENATE

SUBTOTAL of Receipts This Page (optional)..... **130.00**
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 63
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
ACTRIGHT

Full Name (Last, First, Middle Initial)
A. Lawrence Davidson

Mailing Address 559 Vista Flora

City Newport Beach State CA Zip Code 92660

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

Name of Employer Davidson Law Services Occupation Lawyer

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
07 / 29 / 2014

Transaction ID : SA11AI.9515

Amount of Each Receipt this Period
25.00

JOE CARR FOR SENATE

Full Name (Last, First, Middle Initial)
B. Raymond Davis

Mailing Address 37141 Southwind Court

City Farmington Hills State MI Zip Code 48331

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

Name of Employer Retired Occupation Accountant

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
07 / 23 / 2014

Transaction ID : SA11AI.9448

Amount of Each Receipt this Period
25.00

TERRI LYNN LAND FOR SENATE

Full Name (Last, First, Middle Initial)
C. Susan Davis-Duarte

Mailing Address 256 E Corporate Drive

City Lewisville State TX Zip Code 75067

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

Name of Employer First American Title Insurance Company Occupation On-Site Title Officer

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
07 / 30 / 2014

Transaction ID : SA11AI.9534

Amount of Each Receipt this Period
10.00

MILTON WOLF FOR US SENATE

SUBTOTAL of Receipts This Page (optional)..... **60.00**

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 63
	<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. Nancy Domino
Full Name (Last, First, Middle Initial)
Mailing Address 5132 Bayonne Circle

City Irvine	State CA	Zip Code 92612
----------------	-------------	-------------------

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

Name of Employer Pacific Sterling Properties	Occupation Real Estate Broker
---	----------------------------------

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
07	/	29	/	2014

Transaction ID : SA11AI.9507

Amount of Each Receipt this Period

100.00

JOE CARR FOR SENATE

B. karen duddlesten
Full Name (Last, First, Middle Initial)
Mailing Address 3711 San%2BFelipe

City Houston	State TX	Zip Code 77027
-----------------	-------------	-------------------

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

Name of Employer N.A.	Occupation Retired
--------------------------	-----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	29	/	2014

Transaction ID : SA11AI.9523

Amount of Each Receipt this Period

100.00

JOE CARR FOR SENATE

C. Drew Dutton
Full Name (Last, First, Middle Initial)
Mailing Address 13401 Galleria Circle Apt 237

City Austin	State TX	Zip Code 78738
----------------	-------------	-------------------

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

Name of Employer Siemens	Occupation Research and Development
-----------------------------	--

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
07	/	25	/	2014

Transaction ID : SA11AI.9484

Amount of Each Receipt this Period

15.00

JONI ERNST FOR US SENATE INC

SUBTOTAL of Receipts This Page (optional).....▶	140.00
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 14 OF 63
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)
ACTRIGHT

Full Name (Last, First, Middle Initial)
A. Thomas Earhart

Mailing Address 10571 Gun Lake Rd.

City Middleville State MI Zip Code 49333

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

Name of Employer Exergy Engineering Occupation Engr.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **75.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 30 / 2014

Transaction ID : **SA11AI.9545**

Amount of Each Receipt this Period
25.00

TERRI LYNN LAND FOR SENATE

Full Name (Last, First, Middle Initial)
B. Kenneth Fisher

Mailing Address 1415 W. Cerritos Ave., #51

City Anaheim State CA Zip Code 92802

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

Name of Employer Ret. Occupation Ret.

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
07 / 29 / 2014

Transaction ID : **SA11AI.9502**

Amount of Each Receipt this Period
10.00

MILTON WOLF FOR US SENATE

Full Name (Last, First, Middle Initial)
C. Larrilee Frazier

Mailing Address 161 Brokenwood Lane

City Crossville State TN Zip Code 38558

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

Name of Employer Hilltoppers, Inc. Occupation p.r. coordinator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **100.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 19 / 2014

Transaction ID : **SA11AI.9419**

Amount of Each Receipt this Period
75.00

JOE CARR FOR SENATE

SUBTOTAL of Receipts This Page (optional)..... ▶ **110.00**

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 15 OF 63
	<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. April Gallart
Full Name (Last, First, Middle Initial)

Mailing Address 27292 Via Amistoso

City Mission Viejo State CA Zip Code 92692

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

Name of Employer Self Occupation Homemaker

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
 07 / 22 / 2014

Transaction ID : SA11AI.9428

Amount of Each Receipt this Period
 15.00

B. Eddie Gertner
Full Name (Last, First, Middle Initial)

Mailing Address 12335 Kingside Ln., #340

City Houston State TX Zip Code 77024

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

Name of Employer Mill Travel Occupation travel agent

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
 07 / 19 / 2014

Transaction ID : SA11AI.9421

Amount of Each Receipt this Period
 10.00

JOE CARR FOR SENATE

C. Marcilio Gonzalez
Full Name (Last, First, Middle Initial)

Mailing Address 753 Westchester Drive

City Corpus Christi State TX Zip Code 78408

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

Name of Employer Air Liquide Occupation Pipeline Technician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 22 / 2014

Transaction ID : SA11AI.9429

Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.00

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 16 OF 63
	<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. Richard Gould
 Full Name (Last, First, Middle Initial)
 Mailing Address 2071 Heidelberg Ct
 City Livermore State CA Zip Code 94550
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Contractor
 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
 07 / 23 / 2014
Transaction ID : SA11AI.9444
 Amount of Each Receipt this Period
50.00

B. Reba Graham
 Full Name (Last, First, Middle Initial)
 Mailing Address 2950 Oak+Top Ct.
 City KODAK State TN Zip Code 37764
 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 Y
 07 / 19 / 2014
Transaction ID : SA11AI.9415
 Amount of Each Receipt this Period
25.00
 JOE CARR FOR SENATE

C. Patricia Hemsley
 Full Name (Last, First, Middle Initial)
 Mailing Address 10114 Via Verona
 City Reno State NV Zip Code 89511
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self Occupation journalist
 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
 07 / 23 / 2014
Transaction ID : SA11AI.9443
 Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional).....▶	125.00
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 17 OF 63
	<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. Elizabeth Hicks
Full Name (Last, First, Middle Initial)
Mailing Address 8839 Valjean Ave

City North Hills	State CA	Zip Code 91343
---------------------	-------------	-------------------

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

Name of Employer Los Angeles Cascade.com	Occupation Administrative Assistant
---	--

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
07	/	18	/	2014

Transaction ID : SA11AI.9411

Amount of Each Receipt this Period

15.00

JOE CARR FOR SENATE

B. Elizabeth Hicks
Full Name (Last, First, Middle Initial)
Mailing Address 8839 Valjean Ave

City North Hills	State CA	Zip Code 91343
---------------------	-------------	-------------------

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

Name of Employer Los Angeles Cascade.com	Occupation Administrative Assistant
---	--

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
07	/	29	/	2014

Transaction ID : SA11AI.9526

Amount of Each Receipt this Period

10.00

MILTON WOLF FOR US SENATE

C. Monty Hoffsommer
Full Name (Last, First, Middle Initial)
Mailing Address 902 Jackson Dr

City Liberty	State MS	Zip Code 64068
-----------------	-------------	-------------------

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

Name of Employer Tributes Software, Inc	Occupation Programmer
--	--------------------------

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
07	/	25	/	2014

Transaction ID : SA11AI.9477

Amount of Each Receipt this Period

25.00

MILTON WOLF FOR US SENATE

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: (check only one)	PAGE 18 OF 63
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<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. Sharon Holly
Full Name (Last, First, Middle Initial)

Mailing Address 11503 3/4 Chandler Boulevard

City North Hollywood State CA Zip Code 91601

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

Name of Employer Los Angeles Community College District Occupation library/media tech.

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
07 / 29 / 2014

Transaction ID : SA11AI.9530

Amount of Each Receipt this Period
50.00

JOE CARR FOR SENATE

B. Milton Horst
Full Name (Last, First, Middle Initial)

Mailing Address 10118 44th Ave. SW

City Seattle State WA Zip Code 98146

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

Name of Employer The Boeing Company Occupation Software Engineer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **85.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 22 / 2014

Transaction ID : SA11AI.9426

Amount of Each Receipt this Period
10.00

C. jason hunt
Full Name (Last, First, Middle Initial)

Mailing Address 4007 circle view dr

City williamsburg State MI Zip Code 49690

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

Name of Employer SSP Occupation salesman

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
07 / 30 / 2014

Transaction ID : SA11AI.9559

Amount of Each Receipt this Period
10.00

TERRI LYNN LAND FOR SENATE

SUBTOTAL of Receipts This Page (optional)..... **70.00**

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 19 OF 63
	<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. Lisa Ingari
Full Name (Last, First, Middle Initial)

Mailing Address 3025 Kingfisher Point

City Chuluota State FL Zip Code 32766

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

Name of Employer Homemaker Occupation Homemaker

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
 07 / 29 / 2014

Transaction ID : SA11AI.9501

Amount of Each Receipt this Period
 25.00

JOE CARR FOR SENATE

B. Jon Jefferies
Full Name (Last, First, Middle Initial)

Mailing Address 1689 Hampshire Dr.

City Elk Grove Village State IL Zip Code 60007

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 ▼ 25.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 24 / 2014

Transaction ID : SA11AI.9461

Amount of Each Receipt this Period
 25.00

JOE CARR FOR SENATE

C. lee johns
Full Name (Last, First, Middle Initial)

Mailing Address 169 braxton craig ln.

City gadsden State TN Zip Code 38337

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

Name of Employer crockett fabricating co. Occupation small business owner

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
 07 / 24 / 2014

Transaction ID : SA11AI.9458

Amount of Each Receipt this Period
 50.00

JOE CARR FOR SENATE

SUBTOTAL of Receipts This Page (optional)..... ▶ 100.00

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 20 OF 63
	<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. Jeffrey Keenan
 Full Name (Last, First, Middle Initial)
 Mailing Address 11126 Kingston Pike
 City Knoxville State TN Zip Code 37934
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **100.00**

Date of Receipt **07 / 30 / 2014**
Transaction ID : SA11AI.9544
 Amount of Each Receipt this Period **100.00**
 JOE CARR FOR SENATE

B. Cheryl Kelly
 Full Name (Last, First, Middle Initial)
 Mailing Address 55 Colusa Dr
 City Goleta State CA Zip Code 93117
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UC Santa Barbara Occupation Payroll Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **25.00**

Date of Receipt **07 / 18 / 2014**
Transaction ID : SA11AI.9413
 Amount of Each Receipt this Period **25.00**
 JOE CARR FOR SENATE

C. Anne Kerian
 Full Name (Last, First, Middle Initial)
 Mailing Address 621 Surfside Dr. #214
 City Lincoln State NE Zip Code 68528
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of NE Occupation student
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **15.00**

Date of Receipt **07 / 29 / 2014**
Transaction ID : SA11AI.9517
 Amount of Each Receipt this Period **15.00**
 JOE CARR FOR SENATE

SUBTOTAL of Receipts This Page (optional).....	140.00
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 21 OF 63
	<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. Claudia Kilgore-Gusarson
 Full Name (Last, First, Middle Initial)
 Mailing Address 18265 Southview Avenue
 City Los Gatos State CA Zip Code 95033
 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 ▼ 25.00

Date of Receipt 07 / 30 / 2014
Transaction ID : SA11AI.9542
 Amount of Each Receipt this Period 25.00
 JOE CARR FOR SENATE

B. Mary Kirby
 Full Name (Last, First, Middle Initial)
 Mailing Address 4443 Parker%2BStreet
 City Dearborn Heights State MI Zip Code 48125
 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 ▼ 50.00

Date of Receipt 07 / 30 / 2014
Transaction ID : SA11AI.9551
 Amount of Each Receipt this Period 50.00
 TERRI LYNN LAND FOR SENATE

C. Richard Kramer
 Full Name (Last, First, Middle Initial)
 Mailing Address 14610 W%2B55th%2BPlace
 City Shawnee State KS Zip Code 66216
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Financial Systems Occupation Chairman
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 10.00

Date of Receipt 07 / 25 / 2014
Transaction ID : SA11AI.9475
 Amount of Each Receipt this Period 10.00
 MILTON WOLF FOR US SENATE

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 22 OF 63
	<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. Edward Kriewaldt
Full Name (Last, First, Middle Initial)

Mailing Address 1065 Bonnymede Dr

City Titusville State FL Zip Code 32796

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

Name of Employer Keep Brevard Beautiful Occupation program mgr

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
 07 / 30 / 2014

Transaction ID : SA11AI.9557

Amount of Each Receipt this Period
 25.00

JOE CARR FOR SENATE

B. peter lahti
Full Name (Last, First, Middle Initial)

Mailing Address 5205 Hunt Circle

City Omaha State NE Zip Code 68152

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

Name of Employer self Occupation consultant

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
 07 / 29 / 2014

Transaction ID : SA11AI.9519

Amount of Each Receipt this Period
 50.00

JOE CARR FOR SENATE

C. Randall Lair
Full Name (Last, First, Middle Initial)

Mailing Address 250 S Fountain

City Wichita State KS Zip Code 67218

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 ▼ 10.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 26 / 2014

Transaction ID : SA11AI.9489

Amount of Each Receipt this Period
 10.00

MILTON WOLF FOR US SENATE

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 23 OF 63
	<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. Helen Magill
Full Name (Last, First, Middle Initial)

Mailing Address 805 Compassion Dr

City Windsor State CO Zip Code 80550

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 ▼ 25.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 07 / 2014

Transaction ID : SA11AI.9564

Amount of Each Receipt this Period
 25.00

TERRI LYNN LAND FOR SENATE

B. J. Kathleen McCurry
Full Name (Last, First, Middle Initial)

Mailing Address 691 Senda

City Irving State TX Zip Code 75039

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

Name of Employer Fruit of the Earth Occupation Vice President of New Product Developm

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 26 / 2014

Transaction ID : SA11AI.9493

Amount of Each Receipt this Period
 250.00

MILTON WOLF FOR US SENATE

C. Gene Meuli
Full Name (Last, First, Middle Initial)

Mailing Address 1202 Hartford St.

City Salina State KS Zip Code 67401

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 M / D D D / Y Y Y Y Y Y
 07 / 25 / 2014

Transaction ID : SA11AI.9483

Amount of Each Receipt this Period
 25.00

MILTON WOLF FOR US SENATE

SUBTOTAL of Receipts This Page (optional).....▶	300.00
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 24 OF 63
	<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. Derek Michalski
 Full Name (Last, First, Middle Initial)
 Mailing Address 200 Regent Drive
 City Arlington State TN Zip Code 38002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Tencarva Machinery Company Occupation Sales Engineer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 50.00

Date of Receipt 07 / 25 / 2014
Transaction ID : SA11AI.9467
 Amount of Each Receipt this Period 50.00
 JOE CARR FOR SENATE

B. Carolyn Mitchell
 Full Name (Last, First, Middle Initial)
 Mailing Address 4300 Hickman Road
 City Hickman State NE Zip Code 68372
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Retired Occupation Retired RN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 25.00

Date of Receipt 07 / 29 / 2014
Transaction ID : SA11AI.9511
 Amount of Each Receipt this Period 25.00
 MILTON WOLF FOR US SENATE

C. Alton Moore
 Full Name (Last, First, Middle Initial)
 Mailing Address 5407 Phillips Circle
 City Austin State TX Zip Code 78734
 FEC ID number of contributing federal political committee. **C**
 Name of Employer contract Occupation programmer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 10.00

Date of Receipt 07 / 29 / 2014
Transaction ID : SA11AI.9504
 Amount of Each Receipt this Period 10.00
 STEVE DAINES FOR MONTANA

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 25 OF 63
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
ACTRIGHT

A. Liam O'Brien
Full Name (Last, First, Middle Initial)

Mailing Address 45 Ellison+Avenue

City State Zip Code
Bronxville NY 10708

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

Name of Employer Occupation
McCormick andO'Brien LLP attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
50.00

Date of Receipt
07 / 29 / 2014
Transaction ID : SA11AI.9513

Amount of Each Receipt this Period
50.00

BELL FOR SENATE

B. Larry Palm
Full Name (Last, First, Middle Initial)

Mailing Address 5105 Woodsman loop

City State Zip Code
Placerville CA 95667

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

Name of Employer Occupation
retired none

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
35.00

Date of Receipt
07 / 23 / 2014
Transaction ID : SA11AI.9450

Amount of Each Receipt this Period
25.00

C. Thomas Patterson
Full Name (Last, First, Middle Initial)

Mailing Address 65 N. North Shore Dr

City State Zip Code
Lake Orion MI 48362

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

Name of Employer Occupation
Retired Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
15.00

Date of Receipt
07 / 22 / 2014
Transaction ID : SA11AI.9439

Amount of Each Receipt this Period
15.00

TERRI LYNN LAND FOR SENATE

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 26 OF 63
	<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. Richard Phillips
Full Name (Last, First, Middle Initial)

Mailing Address 2027 Ridgefield Road

City Johnson City State TN Zip Code 37601

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
 07 / 25 / 2014
Transaction ID : SA11AI.9471

Amount of Each Receipt this Period
 15.00

JOE CARR FOR SENATE

B. Robert Piehl
Full Name (Last, First, Middle Initial)

Mailing Address 625 Tuttle Rd

City Baroda State MI Zip Code 49101

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 ▼ 100.00

Date of Receipt
 07 / 31 / 2014
Transaction ID : SA11AI.9562

Amount of Each Receipt this Period
 50.00

TERRI LYNN LAND FOR SENATE

C. Marguerite Potter
Full Name (Last, First, Middle Initial)

Mailing Address 3581 Shore Lane-2007

City Boca Grande State FL Zip Code 33921

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 ▼ 100.00

Date of Receipt
 07 / 25 / 2014
Transaction ID : SA11AI.9481

Amount of Each Receipt this Period
 100.00

JONI ERNST FOR US SENATE INC

SUBTOTAL of Receipts This Page (optional)..... ▶ 165.00

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 27 OF 63
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
ACTRIGHT

Full Name (Last, First, Middle Initial)
A. Gerald Potts
 Mailing Address 102 Trombay Dr
 City State Zip Code
 Wilmington NC 28412
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Retired Engineer
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 45.00

Date of Receipt
 07 / 23 / 2014
Transaction ID : SA11AI.9449
 Amount of Each Receipt this Period
 20.00
 JOE CARR FOR SENATE

Full Name (Last, First, Middle Initial)
B. Richard Powers
 Mailing Address 5623 J Riley West Rd
 City State Zip Code
 Greenback TN 37742
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 unemployed retired
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 25.00

Date of Receipt
 07 / 29 / 2014
Transaction ID : SA11AI.9509
 Amount of Each Receipt this Period
 25.00
 JOE CARR FOR SENATE

Full Name (Last, First, Middle Initial)
C. John Price
 Mailing Address 1301 S. County Rd. 217
 City State Zip Code
 Deer Trail CO 80105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Price Ranch Rancher
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 100.00

Date of Receipt
 07 / 22 / 2014
Transaction ID : SA11AI.9423
 Amount of Each Receipt this Period
 100.00
 FRIENDS OF CHRIS MCDANIEL

SUBTOTAL of Receipts This Page (optional)..... ▶ 145.00
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 28 OF 63
	(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. Mark Quinn
Full Name (Last, First, Middle Initial)

Mailing Address 6762 Calle Altamira

City Pleasanton State CA Zip Code 94566

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

Name of Employer Self Occupation Teacher

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
 07 / 25 / 2014

Transaction ID : SA11AI.9485

Amount of Each Receipt this Period
35.00

COTTON FOR SENATE

B. Mark Quinn
Full Name (Last, First, Middle Initial)

Mailing Address 6762 Calle Altamira

City Pleasanton State CA Zip Code 94566

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

Name of Employer Self Occupation Teacher

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
 07 / 25 / 2014

Transaction ID : SA11AI.9486

Amount of Each Receipt this Period
15.00

TERRI LYNN LAND FOR SENATE

C. Mark Quinn
Full Name (Last, First, Middle Initial)

Mailing Address 6762 Calle Altamira

City Pleasanton State CA Zip Code 94566

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

Name of Employer Self Occupation Teacher

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **75.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2014

Transaction ID : SA11AI.9487

Amount of Each Receipt this Period
25.00

CAPITO FOR WEST VIRGINIA

SUBTOTAL of Receipts This Page (optional)..... ▶ **75.00**

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 29 OF 63
	<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. janice rafe
Full Name (Last, First, Middle Initial)

Mailing Address 28w525 diversey

City west chicago State IL Zip Code 60185

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 ▼ 10.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 30 / 2014

Transaction ID : SA11AI.9538

Amount of Each Receipt this Period
 10.00

JOE CARR FOR SENATE

B. judi richard
Full Name (Last, First, Middle Initial)

Mailing Address p.o. box 196

City LIBERAL State KS Zip Code 67905

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 ▼ 25.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2014

Transaction ID : SA11AI.9479

Amount of Each Receipt this Period
 25.00

STEVE DAINES FOR MONTANA

C. Lynne Richards
Full Name (Last, First, Middle Initial)

Mailing Address 1350 Primm Rd

City Ashland City State TN Zip Code 37015

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

Name of Employer HCA Occupation Systems Manager

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
 07 / 24 / 2014

Transaction ID : SA11AI.9460

Amount of Each Receipt this Period
 15.00

JOE CARR FOR SENATE

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: (check only one)	PAGE 30 OF 63
	<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

Full Name (Last, First, Middle Initial) A. peter roblejo		Date of Receipt 07 / 28 / 2014 Transaction ID : SA11AI.9495
Mailing Address 68 mountain ave		Amount of Each Receipt this Period 25.00
City warren	State NJ	Zip Code 07059
FEC ID number of contributing federal political committee. C		BELL FOR SENATE
Name of Employer self	Occupation physician	
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. William Ryan		Date of Receipt 07 / 25 / 2014 Transaction ID : SA11AI.9473
Mailing Address 3111 Middlewood Road		Amount of Each Receipt this Period 15.00
City Midlothian	State VA	Zip Code 23113
FEC ID number of contributing federal political committee. C		JONI ERNST FOR US SENATE INC
Name of Employer Retired	Occupation Retired	
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) C. Diane Schulte		Date of Receipt 07 / 24 / 2014 Transaction ID : SA11AI.9451
Mailing Address 4555 Barbara Ave E		Amount of Each Receipt this Period 50.00
City Inver Grove Heights	State MN	Zip Code 55077
FEC ID number of contributing federal political committee. C		
Name of Employer retired	Occupation retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

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 31 OF 63
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ACTRIGHT

A. Lawrence Schultz
 Full Name (Last, First, Middle Initial)
 Mailing Address 45118 Turtlehead Dr.
 City Plymouth State MI Zip Code 48170
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ford Occupation retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 25.00

Date of Receipt
 07 / 22 / 2014
Transaction ID : SA11AI.9435
 Amount of Each Receipt this Period 25.00
 TERRI LYNN LAND FOR SENATE

B. Montserrat Semenchuk
 Full Name (Last, First, Middle Initial)
 Mailing Address 2011 W Coachlight Drive
 City Jackson State MI Zip Code 49201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer n/a Occupation retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5.00

Date of Receipt
 07 / 22 / 2014
Transaction ID : SA11AI.9437
 Amount of Each Receipt this Period 5.00
 TERRI LYNN LAND FOR SENATE

C. Brenda Sinkvoitz
 Full Name (Last, First, Middle Initial)
 Mailing Address 7082 N 30th
 City Richland State MI Zip Code 49083
 FEC ID number of contributing federal political committee. **C**
 Name of Employer none Occupation homemaker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 25.00

Date of Receipt
 07 / 30 / 2014
Transaction ID : SA11AI.9549
 Amount of Each Receipt this Period 25.00
 TERRI LYNN LAND FOR SENATE

SUBTOTAL of Receipts This Page (optional)..... ▶ 55.00
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 33 OF 63
	<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. Frank Swart
Full Name (Last, First, Middle Initial)

Mailing Address 28 Vesta Sue Court

City Jonesborough State TN Zip Code 37659

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

Name of Employer Occupation
SELF RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
25.00

Date of Receipt
07 / 25 / 2014
Transaction ID : SA11AI.9465

Amount of Each Receipt this Period
25.00

JOE CARR FOR SENATE

B. Christopher Taylor
Full Name (Last, First, Middle Initial)

Mailing Address 313 Saddle+Ridge+Dr.

City Knoxville State TN Zip Code 37934

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

Name of Employer Occupation
Self Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
07 / 19 / 2014
Transaction ID : SA11AI.9417

Amount of Each Receipt this Period
250.00

JOE CARR FOR SENATE

C. Michael Van Blaricum
Full Name (Last, First, Middle Initial)

Mailing Address 807 CLearview Dr

City San Jose State CA Zip Code 95133

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

Name of Employer Occupation
tires Unlimited self employed

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
25.00

Date of Receipt
07 / 29 / 2014
Transaction ID : SA11AI.9525

Amount of Each Receipt this Period
25.00

JOE CARR FOR SENATE

SUBTOTAL of Receipts This Page (optional)..... ▶ 300.00

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 34 OF 63
	<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. Debera Wagner
Full Name (Last, First, Middle Initial)
Mailing Address 916 N Laurel Dr

City Orange	State CA	Zip Code 92867
----------------	-------------	-------------------

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

Name of Employer None	Occupation Retired/disabled
--------------------------	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
20.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	22	/	2014

Transaction ID : SA11AI.9425

Amount of Each Receipt this Period
20.00

B. jennifer wilde
Full Name (Last, First, Middle Initial)
Mailing Address 1815 sabrina terr

City cdm	State CA	Zip Code 92625
-------------	-------------	-------------------

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 ▼
50.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	29	/	2014

Transaction ID : SA11AI.9528

Amount of Each Receipt this Period
50.00

JOE CARR FOR SENATE

C. Naomi Wilder
Full Name (Last, First, Middle Initial)
Mailing Address 2197 Melvin St SW

City Wyoming	State MI	Zip Code 49519
-----------------	-------------	-------------------

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 M	/	D D D	/	Y Y Y Y Y Y
07	/	30	/	2014

Transaction ID : SA11AI.9553

Amount of Each Receipt this Period
25.00

TERRI LYNN LAND FOR SENATE

SUBTOTAL of Receipts This Page (optional).....▶	95.00
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 35 OF 63
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
ACTRIGHT

A. Christopher Willis
 Full Name (Last, First, Middle Initial)
 Mailing Address 3311 Santa Monica Dr.
 City Denton State TX Zip Code 76205
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self Occupation roboticist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 50.00

Date of Receipt
 07 / 30 / 2014
Transaction ID : SA11AI.9547
 Amount of Each Receipt this Period
 50.00
 JOE CARR FOR SENATE

B. Edward Wolf
 Full Name (Last, First, Middle Initial)
 Mailing Address 4906 Stoneleigh Dr
 City Midland State TX Zip Code 79705
 FEC ID number of contributing federal political committee. **C**
 Name of Employer retd Occupation retd
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 25.00

Date of Receipt
 07 / 25 / 2014
Transaction ID : SA11AI.9463
 Amount of Each Receipt this Period
 25.00
 JOE CARR FOR SENATE

C. Lester Wynn
 Full Name (Last, First, Middle Initial)
 Mailing Address 1345 Hwy 368
 City Grand Junction State TN Zip Code 38039
 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 ▼ 25.00

Date of Receipt
 07 / 30 / 2014
Transaction ID : SA11AI.9540
 Amount of Each Receipt this Period
 25.00
 JOE CARR FOR SENATE

SUBTOTAL of Receipts This Page (optional)..... ▶ 100.00
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 36 OF 63
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
ACTRIGHT

A. Luciane Zanella
Full Name (Last, First, Middle Initial)
Mailing Address P O Box 1951
City Rocklin State CA Zip Code 95765
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 ▼ 10.00

Date of Receipt 07 / 19 / 2014
Transaction ID : SA11AI.9418
Amount of Each Receipt this Period 5.00
JOE CARR FOR SENATE

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

Date of Receipt
Amount of Each Receipt this Period

C.
Full Name (Last, First, Middle Initial)
Mailing Address
City State Zip Code
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼

Date of Receipt
Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	5.00
TOTAL This Period (last page this line number only).....▶	4316.00

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

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

FOR LINE NUMBER: PAGE 37 OF 63
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
ACTRIGHT

A. DAVID LARSEN FOR CONGRESS
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 214
 City State Zip Code
 OLDWICK NJ 08858
 FEC ID number of contributing federal political committee. **C** C00510750
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 231.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 21 / 2014
Transaction ID : SA15.9399
 Amount of Each Receipt this Period
 3.00
 Card processing and fundraising fees

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

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

C.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	3.00
TOTAL This Period (last page this line number only).....▶	3.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
ACTRIGHT

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address 200 Vesey St

City Manhattan State NY Zip Code 10080

Purpose of Disbursement
Merchant fee

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 28 / 2014

Transaction ID : SB21B.9405

Amount of Each Disbursement this Period

0.44

Full Name (Last, First, Middle Initial)

B. American Express

Mailing Address 200 Vesey St

City Manhattan State NY Zip Code 10080

Purpose of Disbursement
Merchant fee

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 28 / 2014

Transaction ID : SB21B.9406

Amount of Each Disbursement this Period

22.56

Full Name (Last, First, Middle Initial)

C. American Express

Mailing Address 200 Vesey St

City Manhattan State NY Zip Code 10080

Purpose of Disbursement
Merchant fee

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 29 / 2014

Transaction ID : SB21B.9407

Amount of Each Disbursement this Period

6.24

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

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

29.24

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
ACTRIGHT

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address 200 Vesey St

City Manhattan State NY Zip Code 10080

Purpose of Disbursement
Merchant fee

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.9408

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. PNC Bank

Mailing Address 249 Fifth Ave
One PNC Plaza

City Pittsburgh State PA Zip Code 15222

Purpose of Disbursement
Merchant fee

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.9402

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. PNC Bank

Mailing Address 249 Fifth Ave
One PNC Plaza

City Pittsburgh State PA Zip Code 15222

Purpose of Disbursement
Merchant Interchng

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.9403

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

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NAME OF COMMITTEE (In Full)
ACTRIGHT

Full Name (Last, First, Middle Initial)

A. PNC Bank

Mailing Address 249 Fifth Ave
One PNC Plaza

City Pittsburgh State PA Zip Code 15222

Purpose of Disbursement
Merchant discount

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.9404

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B.

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

/ /

Amount of Each Disbursement this Period

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

/ /

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

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NAME OF COMMITTEE (In Full)
ACTRIGHT

Full Name (Last, First, Middle Initial)

A. DAVID LARSEN FOR CONGRESS

Mailing Address PO Box 214

City OLDWICK State NJ Zip Code 08858

Purpose of Disbursement
Cardona, Marie

Candidate Name

Office Sought: House
 Senate
 President
State: NJ District: 07

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 11 / 2014

Transaction ID : SB23.9566

Amount of Each Disbursement this Period

10.00

Full Name (Last, First, Middle Initial)

B. FRIENDS OF CHRIS MCDANIEL

Mailing Address POST OFFICE BOX 125

City LAUREL State MS Zip Code 39441

Purpose of Disbursement
Price, John

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 25 / 2014

Transaction ID : SB23.9567

Amount of Each Disbursement this Period

100.00

Full Name (Last, First, Middle Initial)

C. JOE CARR FOR SENATE

Mailing Address PO BOX 192

City LASCASSAS State TN Zip Code 37085

Purpose of Disbursement
crane, clifford

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 25 / 2014

Transaction ID : SB23.9568

Amount of Each Disbursement this Period

100.00

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

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

210.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
ACTRIGHT

Full Name (Last, First, Middle Initial)

A. JOE CARR FOR SENATE

Mailing Address PO BOX 192

City LASCASSAS State TN Zip Code 37085

Purpose of Disbursement
Hicks, Elizabeth

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 25 / 2014

Transaction ID : SB23.9569

Amount of Each Disbursement this Period

15.00

Full Name (Last, First, Middle Initial)

B. JOE CARR FOR SENATE

Mailing Address PO BOX 192

City LASCASSAS State TN Zip Code 37085

Purpose of Disbursement
Kelly, Cheryl

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 25 / 2014

Transaction ID : SB23.9570

Amount of Each Disbursement this Period

25.00

Full Name (Last, First, Middle Initial)

C. JOE CARR FOR SENATE

Mailing Address PO BOX 192

City LASCASSAS State TN Zip Code 37085

Purpose of Disbursement
Graham, Reba

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 25 / 2014

Transaction ID : SB23.9571

Amount of Each Disbursement this Period

25.00

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

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

65.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
ACTRIGHT

Full Name (Last, First, Middle Initial) A. JOE CARR FOR SENATE		Date of Disbursement MM / DD / YYYY 07 / 25 / 2014
Mailing Address PO BOX 192		Transaction ID : SB23.9572
City LASCASSAS	State TN	
Purpose of Disbursement Taylor, Christopher		Amount of Each Disbursement this Period 250.00
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. JOE CARR FOR SENATE		Date of Disbursement MM / DD / YYYY 07 / 25 / 2014
Mailing Address PO BOX 192		Transaction ID : SB23.9573
City LASCASSAS	State TN	
Purpose of Disbursement Zanella, Luciane		Amount of Each Disbursement this Period 5.00
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. JOE CARR FOR SENATE		Date of Disbursement MM / DD / YYYY 07 / 25 / 2014
Mailing Address PO BOX 192		Transaction ID : SB23.9574
City LASCASSAS	State TN	
Purpose of Disbursement Frazier, Larrilee		Amount of Each Disbursement this Period 75.00
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....▶	330.00
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

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NAME OF COMMITTEE (In Full)
ACTRIGHT

Full Name (Last, First, Middle Initial) A. JOE CARR FOR SENATE		Date of Disbursement MM / DD / YYYY 07 / 25 / 2014
Mailing Address PO BOX 192		Transaction ID : SB23.9575
City LASCASSAS	State TN	
Purpose of Disbursement Gertner, Eddie	Candidate Name	Amount of Each Disbursement this Period 10.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) B. JOE CARR FOR SENATE		Date of Disbursement MM / DD / YYYY 07 / 25 / 2014
Mailing Address PO BOX 192		Transaction ID : SB23.9576
City LASCASSAS	State TN	
Purpose of Disbursement Potts, Gerald	Candidate Name	Amount of Each Disbursement this Period 20.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) C. TERRI LYNN LAND FOR SENATE		Date of Disbursement MM / DD / YYYY 07 / 11 / 2014
Mailing Address PO BOX 308		Transaction ID : SB23.9565
City GRANDVILLE	State MI	
Purpose of Disbursement Magill, Helen	Candidate Name	Amount of Each Disbursement this Period 25.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

SUBTOTAL of Disbursements This Page (optional)..... ▶	55.00
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

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NAME OF COMMITTEE (In Full)
ACTRIGHT

Full Name (Last, First, Middle Initial)

A. TERRI LYNN LAND FOR SENATE

Mailing Address PO BOX 308

City GRANDVILLE State MI Zip Code 49418

Purpose of Disbursement
CONSIGLIO, JOSEPH

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
07 / 25 / 2014

Transaction ID : SB23.9577

Amount of Each Disbursement this Period

15.00

Full Name (Last, First, Middle Initial)

B. TERRI LYNN LAND FOR SENATE

Mailing Address PO BOX 308

City GRANDVILLE State MI Zip Code 49418

Purpose of Disbursement
Burgher, Audrey

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
07 / 25 / 2014

Transaction ID : SB23.9578

Amount of Each Disbursement this Period

15.00

Full Name (Last, First, Middle Initial)

C. TERRI LYNN LAND FOR SENATE

Mailing Address PO BOX 308

City GRANDVILLE State MI Zip Code 49418

Purpose of Disbursement
Schultz, Lawrence

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
07 / 25 / 2014

Transaction ID : SB23.9579

Amount of Each Disbursement this Period

25.00

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

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

55.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
ACTRIGHT

Full Name (Last, First, Middle Initial)

A. TERRI LYNN LAND FOR SENATE

Mailing Address PO BOX 308

City GRANDVILLE State MI Zip Code 49418

Purpose of Disbursement
Semenchuk, Montserrat

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
07 / 25 / 2014

Transaction ID : SB23.9580

Amount of Each Disbursement this Period

5.00

Full Name (Last, First, Middle Initial)

B. TERRI LYNN LAND FOR SENATE

Mailing Address PO BOX 308

City GRANDVILLE State MI Zip Code 49418

Purpose of Disbursement
Patterson, Thomas

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
07 / 25 / 2014

Transaction ID : SB23.9581

Amount of Each Disbursement this Period

15.00

Full Name (Last, First, Middle Initial)

C. TERRI LYNN LAND FOR SENATE

Mailing Address PO BOX 308

City GRANDVILLE State MI Zip Code 49418

Purpose of Disbursement
Arledge, Valerie

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
07 / 25 / 2014

Transaction ID : SB23.9582

Amount of Each Disbursement this Period

25.00

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

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

45.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
ACTRIGHT

Full Name (Last, First, Middle Initial)

A. TERRI LYNN LAND FOR SENATE

Mailing Address PO BOX 308

City GRANDVILLE State MI Zip Code 49418

Purpose of Disbursement
Caswell, Frederick

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 25 / 2014

Transaction ID : SB23.9583

Amount of Each Disbursement this Period

50.00

Full Name (Last, First, Middle Initial)

B. TERRI LYNN LAND FOR SENATE

Mailing Address PO BOX 308

City GRANDVILLE State MI Zip Code 49418

Purpose of Disbursement
Davis, Raymond

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 25 / 2014

Transaction ID : SB23.9584

Amount of Each Disbursement this Period

25.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

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)..... ▶

75.00

835.00

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 48 OF 63
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
ACTRIGHT

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

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

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

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

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

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

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

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 49 OF 63
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
ACTRIGHT

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

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

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

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

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

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

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

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 50 OF 63
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
ACTRIGHT

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

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

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

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

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

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

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

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 51 OF 63
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
ACTRIGHT

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

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

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

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

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

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

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

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 52 OF 63
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
ACTRIGHT

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor ActRight Compliance Services	Nature of Debt (Purpose): 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="307.50"/>	Transaction ID : SD10.4186	
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="307.50"/>

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

Outstanding Balance Beginning This Period <input type="text" value="2657.00"/>	Transaction ID : SD10.4185	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="2657.00"/>

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

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

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="5429.50"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 53 OF 63
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
ACTRIGHT

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor ActRight Compliance Services	Nature of Debt (Purpose): 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 2255.00	Transaction ID : SD10.4233	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2255.00

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

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

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

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

1) SUBTOTALS This Period This Page (optional)..... ▶	6255.00
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 54 OF 63
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
ACTRIGHT

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

Outstanding Balance Beginning This Period <input type="text" value="3737.50"/>	Transaction ID : SD10.4702	
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="3737.50"/>

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

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

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

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

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="9122.05"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 55 OF 63
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
ACTRIGHT

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

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

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

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

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

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

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="6242.60"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 56 OF 63
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
ACTRIGHT

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

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

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

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

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

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

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="3970.00"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 57 OF 63
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
ACTRIGHT

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

Outstanding Balance Beginning This Period 854.20	Transaction ID : SD10.7717	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 854.20

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

Outstanding Balance Beginning This Period 1238.00	Transaction ID : SD10.8465	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1238.00

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

Outstanding Balance Beginning This Period 1038.00	Transaction ID : SD10.8513	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1038.00

1) SUBTOTALS This Period This Page (optional)..... ▶	3130.20
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 58 OF 63
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
ACTRIGHT

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

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

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

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

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

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

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="3458.75"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 59 OF 63
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
ACTRIGHT

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

Outstanding Balance Beginning This Period <input type="text" value="5024.60"/>	Transaction ID : SD10.5208	
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="5024.60"/>

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

Outstanding Balance Beginning This Period <input type="text" value="1000.00"/>	Transaction ID : SD10.4198	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1000.00"/>

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

Outstanding Balance Beginning This Period <input type="text" value="1000.00"/>	Transaction ID : SD10.4199	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1000.00"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="7024.60"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 60 OF 63
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
ACTRIGHT

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

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

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

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

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

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

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

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 61 OF 63
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
ACTRIGHT

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

Outstanding Balance Beginning This Period 1000.00	Transaction ID : SD10.4203	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1000.00

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

Outstanding Balance Beginning This Period 1000.00	Transaction ID : SD10.4204	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1000.00

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

Outstanding Balance Beginning This Period 1000.00	Transaction ID : SD10.4205	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1000.00

1) SUBTOTALS This Period This Page (optional)..... ▶	3000.00
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 62 OF 63
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
ACTRIGHT

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

Outstanding Balance Beginning This Period <input type="text" value="1000.00"/>	Transaction ID : SD10.4206	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1000.00"/>

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

Outstanding Balance Beginning This Period <input type="text" value="1000.00"/>	Transaction ID : SD10.4196	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1000.00"/>

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

Outstanding Balance Beginning This Period <input type="text" value="1000.00"/>	Transaction ID : SD10.4194	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1000.00"/>

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

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 63 OF 63
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
ACTRIGHT

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

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

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

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

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

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

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="5400.00"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text" value="77613.16"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text" value="0.00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="77613.16"/>