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Image# 201512239004413911

**FEC** FORM 3X

### **REPORT OF RECEIPTS AND DISBURSEMENTS**

	or Other Than An A	Authorized Commi	ttee		Office Use Only
1. NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If ty over the lines.		12FE4M5	
ACTRIGHT				1 1 1 1	
ADDRESS (number and street)	2029 K STREET NW SU	JITE 300			
Check if different					
than previously reported. (ACC)	WASHINGTON			DC	20006
2. FEC IDENTIFICATION NU	MBER ▼	CITY		STATE A	ZIP CODE ▲
C C00488478	3	. IS THIS REPORT X	NEW (N) <b>OR</b>	AMI (A)	ENDED
4. TYPE OF REPORT (Choose One)	Report Due On:	Feb 20 (M2)	May 20 (M5)		Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:		Mar 20 (M3)	Jun 20 (M6)	Sep 2	20 (M9) X Dec 20 (M12) (Non-Election Year Only)
April 15		Apr 20 (M4)	Jul 20 (M7)	Oct 2	0 (M10) Jan 31 (YE)
Quarterly Report (Q	(c) 12-Day	Primary (1	2P)	General (	12G) Runoff (12R)
Quarterly Report (Q2 October 15	Report for the	e: Convention	ı (12C)	Special (1	2S)
Quarterly Report (Q3		M = M	/ D D /	Y Y Y	in the
Year-End Report (YE  July 31 Mid-Year	-/	ection on			State of
Report (Non-election Year Only) (MY)	(d) 30-Day  POST-Electio  Report for the	· ·	0G)	Runoff (30	OR) Special (30S)
Termination Report (TER)	Ele	ection on	/ D D /	Y	in the State of
5. Covering Period 11	01 20	15 through	M M M	30	2015
I certify that I have examined this	s Report and to the bes	t of my knowledge and	d belief it is tru	e, correct and	complete.
Type or Print Name of Treasurer	Brown Brian				
Signature of Treasurer Brown	Brian	[Electronic	ully Filed] D	ate 12	/ 23 / 2015
NOTE: Submission of false, errone	ous, or incomplete inform	ation may subject the p	erson signing th	is Report to the	e penalties of 2 U.S.C. §437g.
Office Use Only					FEC FORM 3X Rev. 12/2004

### SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name **ACTRIGHT** 2015 30 2015 Report Covering the Period: 11 From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 10130.59 January 1, 2015 (b) Cash on Hand at 6689.25 Beginning of Reporting Period..... 5302.80 1000.00 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 7689.25 15433.39 6(a) and 6(c) for Column B)..... 84.84 7828.98 Total Disbursements (from Line 31)...... 8. Cash on Hand at Close of Reporting Period 7604.41 7604.41 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 200.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations Owed BY the Committee (Itemize all on 87590.47 Schedule C and/or Schedule D) ..... This committee has qualified as a multicandidate committee. (see FEC FORM 1M) For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-694-1100

#### **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

#### **ACTRIGHT**

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees	1000.00	4005.00
(i) Itemized (use Schedule A)	1000.00	4095.00
(ii) Unitemized	0.00	1035.00
(iii) TOTAL (add		
Lines 11(a)(i) and (ii)▶	1000.00	5130.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees		
(such as PACs)	0.00	0.00
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry	1000.00	5130.00
Totals to Line 33, page 5)	1000.00	3130.00
Transfers From Affiliated/Other Party Committees	0.00	0.00
Tarty Committees	0.00	3.00
All Loans Received	0.00	0.00
	, , , , , , , , , , , , , , , , , , , ,	
Loan Repayments Received	0.00	0.00
Offsets To Operating Expenditures	, , , , , , , , , , , , , , , , , , , ,	
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	172.80
Refunds of Contributions Made		
to Federal Candidates and Other	0.00	0.00
Political Committees  Other Federal Receipts	0.00	0.00
(Dividends, Interest, etc.)	0.00	0.00
Transfers from Non-Federal and Levin Funds	0.00	3.00
(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
Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c))▶	1000.00	5302.80
Total Federal Receipts		
(subtract Line 18(c) from Line 19)▶	1000.00	5302.80

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date	
Operating Expenditures:	Iotal IIIIs Fellou	Galeiluai Tear-10-Date	
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share	0.00	0.00	
(") N 5 1 101	0.00	0.00	
(ii) Non-Federal Share(b) Other Federal Operating	0.00	0.00	
(b) Other Federal Operating  Expenditures	84.84	6943.98	
(c) Total Operating Expenditures			
(add 21(a)(i), (a)(ii), and (b))▶	84.84	6943.98	
Transfers to Affiliated/Other Party			
Committees Contributions to	0.00	0.00	
Federal Candidates/Committees and Other Political Committees	0.00	525.00	
Independent Expenditures			
(use Schedule E)	0.00	0.00	
Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)	0.00		
(use Schedule F)	0.00	0.00	
Loan Repayments Made	0.00	0.00	
Loans MadeRefunds of Contributions To:	0.00	200.00	
(a) Individuals/Persons Other	0.00	0.00	
Than Political Committees	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees			
(such as PACs)	0.00	0.00	
(d) Total Contribution Refunds			
(add Lines 28(a), (b), and (c))▶	0.00	0.00	
Other Disbursements	0.00	160.00	
Foderal Floation Activity (0.11.5.C. \$401(00))			
Federal Election Activity (2 U.S.C. §431(20)) (a) Allocated Federal Election Activity			
(from Schedule H6)			
(i) Federal Share	0.00	0.00	
	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	
	,		
Total Disbursements (add Lines 21(c), 22,			
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	84.84	7828.98	
Total Federal Disbursements			
(subtract Line 21(a)(ii) and Line 30(a)(ii)			
from Line 31)	84.84	7828.98	

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	1000.00	5130.00
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1000.00	5130.00
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	84.84	6943.98
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	172.80
3. Net Operating Expenditures (subtract Line 37 from Line 36)	84.84	6771.18

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

FOR LINE NUMBER: **PAGE** 6 OF 30 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) ACTRIGHT Full Name (Last, First, Middle Initial) Ken Reeder Date of Receipt Mailing Address 3810 Monets Ln 2015 11 23 City Zip Code State Transaction ID: SA11AI.11134 OH Cincinnati 45241 Amount of Each Receipt this Period FEC ID number of contributing C 1000.00 federal political committee. Donation Name of Employer Occupation PAR Excellence Systems software developer Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) B Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 1000.00 SUBTOTAL of Receipts This Page (optional)..... 1000.00 TOTAL This Period (last page this line number only).....

### ľ

SCHEDULE B (FEC Form 3X)	Llea caparata cabadula(s)	FOR LINE NUMBER: PAGE 7 OF 30		
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only 21b	one) 22 23 24 25 26	
	Detailed Summary Page	27	28a 28b 28c 29 30b	
Any information copied from such Reports and Stat or for commercial purposes, other than using the na				
NAME OF COMMITTEE (In Full)	and address of any politica		South Contribution from Such Committee.	
ACTRIGHT				
Full Name (Last, First, Middle Initial)			Data of Dishursament	
A. PNC Bank			Date of Disbursement	
Mailing Address 249 Fifth Ave One PNC Plaza			11 02 2015	
City	State Zip Code		Transaction ID : SB21B.11129	
Pittsburgh Purpose of Disbursement	PA 15222			
PNC Merchant Interchange		001	Amount of Each Disbursement this Period	
Candidate Name		Category/	50.60	
Office Sought: House Disburs	ement For:	Type	30.00	
Senate	Primary General			
President	Other (specify)			
State: District:				
Full Name (Last, First, Middle Initial)			Data of Diahuraamant	
B. PNC Bank			Date of Disbursement	
Mailing Address 249 Fifth Ave One PNC Plaza			11 02 2015	
City Pittsburgh	State Zip Code PA 15222		Transaction ID : SB21B.11130	
Purpose of Disbursement PNC Merechant Fee		001	Amount of Each Disbursement this Period	
Candidate Name		Category/		
		Type	15.36	
Senate	ement For: Primary General			
President State: District:	Other (specify) ▼			
Full Name (Last, First, Middle Initial)				
C. PNC Bank			Date of Disbursement	
Mailing Address 249 Fifth Ave One PNC Plaza			11 02 2015	
City Pittsburgh	State Zip Code PA 15222		Transaction ID : SB21B.11131	
Purpose of Disbursement PNC Merchant Discount				
Candidate Name		001 Category/	Amount of Each Disbursement this Period 8.88	
Office Sought: House Disburs	ement For:	Туре		
Senate	Primary General			
President	Other (specify) ▼			
State: District:				
SUBTOTAL of Disbursements This Page (optional)  TOTAL This Period (last page this line number on			74.84	

#### S ľ

SCHEDULE B (FEC Form 3X)	11	FOR LINE NUMBER: PAGE 8 OF 30		
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only		
	Detailed Summary Page	X 21b 27	22 28a	23 24 25 26 28b 28c 29 30
Any information copied from such Reports and State				
or for commercial purposes, other than using the nar				
NAME OF COMMITTEE (In Full)				
ACTRIGHT				
Full Name (Last, First, Middle Initial)				
A. PNC Bank				sbursement
Mailing Address 249 Fifth Ave			11	03 2015
One PNC Plaza				
City Pittsburgh	State Zip Code PA 15222		Transact	ion ID : SB21B.11128
Purpose of Disbursement	.0222			
Corp ACH Monthly fee		001	Amount of	Each Disbursement this Period
Candidate Name		Category/ Type		10.00
Office Sought: House Disburse	ment For:	.,,,,		
Senate President	Primary General			
State: District:	Other (specify) ▼			
Full Name (Last, First, Middle Initial)				
В.			Date of Dis	sbursement
Mailing Address			M = M /	D D / Y Y Y Y Y
City	State Zip Code			
Purpose of Disbursement	Purpose of Disbursement			-
			Amount of	Each Disbursement this Period
Candidate Name		Category/ Type		
Office Sought: House Disburse	ment For:	Турс		, , , , , , , , , , , , , , , , , , , ,
Senate	Primary General			
President State: District:	Other (specify) ▼			
Full Name (Last, First, Middle Initial)				
C.			Date of Dis	sbursement
Mailing Address			M = M /	D D / Y Y Y Y Y
-				
City	State Zip Code			
Purpose of Disbursement				
			Amount of	Each Disbursement this Period
Candidate Name	Candidate Name			
Office Sought: House Disburse	ment For:	Туре		
Senate	Primary General			
State: District:	Other (specify) ▼			
Side. Diamot.				
SUBTOTAL of Disbursements This Page (optional)		·····		10.00
		·		84.84
TOTAL This Period (last page this line number only	)			04.04

### SCHEDULE C (FEC Form 3X)

**LOANS** 

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

OF 30 PAGE 9 FOR LINE 13 OF FORM 3X

			9
AME OF COMMITTEE (In Full)		Tra	ansaction ID : SC/9.11107
CTRIGHT			
LOAN SOURCE Full Name (Last, First, M	liddle Initial)		Election:
ActRight Non Fed Fund	,		Primary
			General
Mailing Address 2029 K Street NW			Other (specify)
Suite 300			
City Washington	State DC ZIP Co	ode 20006	
Original Amount of Loan	Cumulative Payment To	Date Ba	alance Outstanding at Close of This Period
200.00		0.00	200.00
TERMS			
Date Incurred	Date Due		
09 25 2015		9/25/2016 0.	.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any)	to Loan Source		
1. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		Amount	
City State	ZIP Code	Guaranteed Outstanding:	. , ,
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		Amount	
City State	ZIP Code	Guaranteed Outstanding:	
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		Amount	
City State	ZIP Code	Guaranteed Outstanding:	
4. Full Name (Last, First, Middle Initial)		Name of Employer	
		Traine or Employe.	
Mailing Address		Occupation	
		Amount	
City State	ZIP Code	Guaranteed	
		Outstanding:	
JBTOTALS This Period This Page (optional)	)		200.00
TALS This Period (last page in this line on	·		200.00
arry outstanding balance only to LINE 3, So	chedule D, for this line. If	no Schedule D, carry for	orward to appropriate line of Summary.

**Excluding Loans** 

(Use separate schedule(s) for each numbered line) PAGE 10 OF
FOR LINE NUMBER:
(check only one)

	9
X	10

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

**Excluding Loans** 

(Use separate schedule(s) for each numbered line) PAGE 11
FOR LINE NUMBER: (check only one)

	9
X	10

OF

30

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

**Excluding Loans** 

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

	9
X	10

OF

30

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

**Excluding Loans** 

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

9 **X** 10

	ME OF COMMITTEE (In Full) CTRIGHT			
	A. Full Name (Last, First, Middle Initial) of Debtor	Nature of Debt (Purpose):		
	ActRight Compliance Services	May reporting and processsing services retainer		
ŀ	Mailing Address 209 W Main St			
f	City State	Zip Code		
	Plainfield	IN	46168	
	Outstanding Balance Beginning This Period			Transaction ID : SD10.4191
	1000.00			
	Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period
	0.00		0.0	1000.00
ı	B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of Debt (Purpose):
	ActRight Compliance Services			May reporting and processing services and June retainer
	Mailing Address 209 W Main St			
ı	City State	Zip Code		
	Plainfield	IN	46168	
	Outstanding Balance Beginning This Period			Transaction ID : SD10.4192
	2748.93			
	Amount Incurred This Period	Pav	ment This Period	Outstanding Balance at Close of This Period
	0.00		0.0	
	0.00	7	0.0	2140.33
	C. Full Name (Last, First, Middle Initial) of Debtor ActRight Compliance Services	or Creditor		Nature of Debt (Purpose):  June reporting and processing services and July retainer
	Mailing Address 209 W Main St			
f	City	State	Zip Code	
	Plainfield	IN	46168	
	Outstanding Balance Beginning This Period			Transaction ID : SD10.4193
	2767.00			
	Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period
	0.00		0.0	2767.00
		7		
1)	SUBTOTALS This Period This Page (optional)			▶ 6515.93
2)	TOTALS This Period (last page this line number of	only)		P
3)	TOTAL OUTSTANDING LOANS from Schedule C	<b>)</b>		
4)	ADD 2) and 3) and carry forward to appropriate li	y) <b>&gt;</b>		

**Excluding Loans** 

(Use separate schedule(s) for each numbered line) PAGE 14
FOR LINE NUMBER: (check only one)

	9
X	10

OF

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

**Excluding Loans** 

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

FOR LINE NUMBER: (check only one)

PAGE

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	9
X	10

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

**Excluding Loans** 

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

FOR LINE NUMBER: (check only one)

PAGE

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	9
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NAME OF COMMITTEE (In Full) ACTRIGHT A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Legal compliance, bookkeeping, and reporting ActRight Compliance Services services in May Mailing Address 209 W Main St City State Zip Code Plainfield 46168 Transaction ID: SD10.5067 Outstanding Balance Beginning This Period 2907.50 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 2907.50 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): June administrative and legal services. ActRight Compliance Services Mailing Address 209 W Main St City State Zip Code Plainfield 46168 IN Outstanding Balance Beginning This Period Transaction ID: SD10.5569 2477.05 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 2477.05 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Bundling, administrative, legal, and office ActRight Compliance Services services Mailing Address 209 W Main St City State Zip Code Plainfield 46168 IN Transaction ID: SD10.5600 Outstanding Balance Beginning This Period 2077.60 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 2077.60 0.00 7462.15 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

**Excluding Loans** 

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

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17 OF

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

**Excluding Loans** 

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

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18 OF

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

**Excluding Loans** 

(Use separate schedule(s) for each numbered line) PAGE 19 OF
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AME OF COMMITTEE (In Full) ACTRIGHT		
A. Full Name (Last, First, Middle Initial) of Debto	or or Creditor	Nature of Debt (Purpose):
ActRight Compliance Services	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		Transaction ID : SD10.8465
1238.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	1238.00
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor	Nature of Debt (Purpose):
ActRight Compliance Services		Legal, bundling, and administrative services
Mailing Address 209 W Main St		
City State	Zip Code	
Plainfield	IN 46168	
Outstanding Balance Beginning This Period		Transaction ID : SD10.8513
1038.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	1038.00
C. Full Name (Last, First, Middle Initial) of Debto ActRight Compliance Services	or or Creditor	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		Transaction ID : SD10.9028
1228.50		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	1228.50
0.00	0.00	1220.00
) SUBTOTALS This Period This Page (optional)	<b>&gt;</b>	3504.50
) TOTALS This Period (last page this line number		
) TOTAL OUTSTANDING LOANS from Schedule	7 7 7	
) ADD 2) and 3) and carry forward to appropriate	line of Summary Page (last page only) ▶	

**Excluding Loans** 

(Use separate schedule(s) for each numbered line) PAGE 20
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NAME OF COMMITTEE (In Full) ACTRIGHT A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Bundling, administrative, compliance services ActRight Compliance Services for June 2014 Mailing Address 209 W Main St State Zip Code Plainfield 46168 Transaction ID: SD10.9248 Outstanding Balance Beginning This Period 1305.25 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 1305.25 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Bundling, administrative, compliance services ActRight Compliance Services in July 2014 Mailing Address 209 W Main St City State Zip Code Plainfield 46168 IN Outstanding Balance Beginning This Period Transaction ID: SD10.9401 925.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 925.00 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Compliance and administrative services for ActRight Compliance Services July 2014 Mailing Address 209 W Main St City State Zip Code Plainfield 46168 IN Transaction ID: SD10.9615 Outstanding Balance Beginning This Period 925.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 925 00 0.00 3155.25 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

**Excluding Loans** 

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	ME OF COMMITTEE (In Full) CTRIGHT					
$\neg$	A. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of	Debt (Purpose):	
	ActRight Compliance Services			Complian	Compliance and administrative services for August 2014	
f	Mailing Address 209 W Main St					
I	City State	Zip Code				
- 1	Plainfield	IN	46168			
	Outstanding Balance Beginning This Period			Transac	tion ID : SD10.9911	
	1677.50					
	Amount Incurred This Period	Pay	ment This Period	Outstand	ding Balance at Close of This Period	
	0.00	1 1 7	7	0.00	1677.50	
ŀ	B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of	Debt (Purpose):	
	ActRight Compliance Services				ce and administrative services for	
Ī	Mailing Address 209 W Main St					
Ī	City State	Zip Code				
	Plainfield	IN	46168			
	Outstanding Balance Beginning This Period			Transa	ction ID : SD10.10393	
	1845.50					
	Amount Incurred This Period	Pav	ment This Period	Outstand	ding Balance at Close of This Period	
	0.00			0.00	1845.50	
	0.00	7		5.00	, , , ,	
	C. Full Name (Last, First, Middle Initial) of Debtor ActRight Compliance Services	or Creditor			Debt (Purpose): nce and administrative services for 2014	
f	Mailing Address 209 W Main St					
l	City	State	Zip Code			
	Plainfield	IN	46168			
	Outstanding Balance Beginning This Period			Transa	ction ID : SD10.10392	
	3210.00					
	Amount Incurred This Period	Pay	ment This Period	Outstand	ding Balance at Close of This Period	
	0.00			0.00	3210.00	
1)	SUBTOTALS This Period This Page (optional)				6733.00	
-,					7 7 7 7	
2)	TOTALS This Period (last page this line number of	only)		<b>&gt;</b>	, , , , , , , ,	
3)	TOTAL OUTSTANDING LOANS from Schedule C	(last page o	nly)	>		
4)	ADD 2) and 3) and carry forward to appropriate li	ne of Summa	ry Page (last page o	only) ►		

**Excluding Loans** 

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	ME OF COMMITTEE (In Full) CTRIGHT				
	A. Full Name (Last, First, Middle Initial) of Debtor or Creditor				Debt (Purpose): ministrative, bundling services in Dec.
	ActRight Compliance Services				g co. 1.000 ii. 2001
	Mailing Address 209 W Main St				
	City State	Zip Code			
	Plainfield  Outstanding Release Registring This Registre	IN	46168	Transact	tion ID : SD10.10866
	Outstanding Balance Beginning This Period 840.00			Transas	
	Amount Incurred This Period	Pay	ment This Period	Outstand	ling Balance at Close of This Period
	0.00	,		0.00	840.00
	B. Full Name (Last, First, Middle Initial) of Debtor of	or Creditor			Debt (Purpose):
	ActRight Compliance Services			Legal, adr	ministrative, bundling services in Jan.
	Mailing Address 209 W Main St				
	City State	Zip Code	40400		
	Plainfield  Outstanding Release Registring This Register	IN	46168		ID OD40 40047
	Outstanding Balance Beginning This Period  1387.00			Transac	ction ID : SD10.10917
	Amount Incurred This Period	Pay	ment This Period	Outstand	ling Balance at Close of This Period
	0.00	1 ay		0.00	1387.00
	0.00	7		5.00	, , , , , , , , , , , , , , , , , , , ,
	C. Full Name (Last, First, Middle Initial) of Debtor ActRight Compliance Services	or Creditor			Debt (Purpose): ministrative, bundling services in Jan
	Mailing Address 209 W Main St				
	City Plainfield	State IN	Zip Code 46168		
	Outstanding Balance Beginning This Period			Transac	etion ID : SD10.10919
	785.00				
	Amount Incurred This Period	Pay	ment This Period	Outstand	ling Balance at Close of This Period
	0.00			0.00	785.00
1)	SUBTOTALS This Period This Page (optional)			}	3012.00
2)	TOTALS This Period (last page this line number of	only)		<b>&gt;</b>	7
3)	TOTAL OUTSTANDING LOANS from Schedule C	(last page or	nly)	>	7
4)	ADD 2) and 3) and carry forward to appropriate li	ine of Summa	ry Page (last page o	only) 🕨	

**Excluding Loans** 

(Use separate schedule(s) for each numbered line) PAGE 23 OF
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NAME OF COMMITTEE (In Full) ACTRIGHT A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Compliance and administrative services in ActRight Compliance Services Feb. Mailing Address 209 W Main St State Zip Code Plainfield 46168 Transaction ID: SD10.10938 Outstanding Balance Beginning This Period 582.50 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 582.50 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Compliance and administrative services in ActRight Compliance Services March Mailing Address 209 W Main St City State Zip Code Plainfield 46168 IN Outstanding Balance Beginning This Period Transaction ID: SD10.10954 243.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 243.00 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Administrative and Reporting Svcs ActRight Compliance Services Mailing Address 209 W Main St City State Zip Code Plainfield 46168 IN Transaction ID: SD10.11007 Outstanding Balance Beginning This Period 212.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 212.00 0.00 1037.50 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

**Excluding Loans** 

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

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AME OF COMMITTEE (In Full) ACTRIGHT		
A. Full Name (Last, First, Middle Initial) of Debt	Nature of Debt (Purpose): Fundraising emails in July 2013	
ActRight Fund	T undulating amount 2019 2010	
Mailing Address 2029 K St NW Suite 300		
City State	Zip Code	
Washington	DC 20006	
Outstanding Balance Beginning This Period		Transaction ID : SD10.5208
4024.60		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	4024.60
B. Full Name (Last, First, Middle Initial) of Debto	or or Creditor	Nature of Debt (Purpose):
ActRight Legal Foundation		April legal services retainer
Mailing Address 209 W Main St		
City State	Zip Code	
Plainfield	IN 46168	
Outstanding Balance Beginning This Period		Transaction ID : SD10.4198
1000.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	1000.00
C. Full Name (Last, First, Middle Initial) of Deb	tor or Creditor	Nature of Debt (Purpose):
ActRight Legal Foundation		May legal services retainer
Mailing Address 209 W Main St		
City	State Zip Code	
Plainfield	IN 46168	
Outstanding Balance Beginning This Period		Transaction ID : SD10.4199
1000.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	1000.00
) SUBTOTALS This Period This Page (optional).	<b>&gt;</b>	6024.60
) TOTALS This Period (last page this line number		
) TOTAL OUTSTANDING LOANS from Schedule		
) ADD 2) and 3) and carry forward to appropriate	e line of Summary Page (last page only)	

**Excluding Loans** 

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

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AME OF COMMITTEE (In Full) ACTRIGHT	
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  ActRight Legal Foundation	Nature of Debt (Purpose): June legal services retainer
Mailing Address 209 W Main St	
City State Zip Code Plainfield IN	46168
Outstanding Balance Beginning This Period	Transaction ID : SD10.4200
1000.00	
Amount Incurred This Period Payr	ment This Period Outstanding Balance at Close of This Period
0.00	0.00 1000.00
B. Full Name (Last, First, Middle Initial) of Debtor or Creditor ActRight Legal Foundation	Nature of Debt (Purpose): July legal services retainer
Mailing Address 209 W Main St	
City State Zip Code	10.100
Plainfield IN	46168
Outstanding Balance Beginning This Period  1000.00	Transaction ID : SD10.4201
	nent This Period Outstanding Balance at Close of This Period
0.00	0.00
C. Full Name (Last, First, Middle Initial) of Debtor or Creditor ActRight Legal Foundation	Nature of Debt (Purpose): August legal services retainer
Mailing Address 209 W Main St	
City State Plainfield IN	Zip Code 46168
Outstanding Balance Beginning This Period	Transaction ID: SD10.4202
1000.00	
Amount Incurred This Period Payr	ment This Period Outstanding Balance at Close of This Period
0.00	0.00 1000.00
) SUBTOTALS This Period This Page (optional)	3000.00
) TOTALS This Period (last page this line number only)	
) TOTAL OUTSTANDING LOANS from Schedule C (last page onl	iy)
) ADD 2) and 3) and carry forward to appropriate line of Summar	y Page (last page only) ▶

**Excluding Loans** 

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

**Excluding Loans** 

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

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AME 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 Arlington	Zip Code VA 22204	
Outstanding Balance Beginning This Period	22204	Transaction ID : SD10.4230
5400.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	5400.00
B. Full Name (Last, First, Middle Initial) of Debto	or or Creditor	Nature of Debt (Purpose):
Paul Bothwell		Filing prep fees
Mailing Address 606 S. Taylor St.		
City State Arlington	Zip Code VA 22204	
Outstanding Balance Beginning This Period		Transaction ID : SD10.11103
60.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	60.00
C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Paul Bothwell		Nature of Debt (Purpose): Prepare and file fees
Mailing Address 606 S. Taylor St.		
City Arlington	State Zip Code VA 22204	
Outstanding Balance Beginning This Period		Transaction ID : SD10.11125
60.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	60.00
) SUBTOTALS This Period This Page (optional)		5520.00
) TOTALS This Period (last page this line number only)		7
) TOTAL OUTSTANDING LOANS from Schedule	C (last page only)	
) ADD 2) and 3) and carry forward to appropriate		

**Excluding Loans** 

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NAME OF COMMITTEE (In Full) ACTRIGHT A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Prep and file report Paul Bothwell Mailing Address 606 S. Taylor St. State Zip Code Arlington 22204 Transaction ID: SD10.11138 Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 60.00 60.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Reporting and bookkeeping services Omni Compliance Services Mailing Address 207 Main Street City State Zip Code Plainfield 46168 IN Outstanding Balance Beginning This Period Transaction ID: SD10.11009 270.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 270.00 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Administration and Reporting Omni Compliance Services Mailing Address 207 Main Street City State Zip Code Plainfield 46168 IN Transaction ID: SD10.11041 Outstanding Balance Beginning This Period 459.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 459.00 789.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

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NAME OF COMMITTEE (In Full) ACTRIGHT A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Administrative services Omni Compliance Services Mailing Address 207 Main Street State Zip Code Plainfield 46168 Transaction ID: SD10.11061 Outstanding Balance Beginning This Period 429.75 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 429.75 0.00 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 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Mailing Address City State Zip Code Outstanding Balance Beginning This Period Payment This Period Outstanding Balance at Close of This Period Amount Incurred This Period 429.75 1) SUBTOTALS This Period This Page (optional)..... 87590.47 2) TOTALS This Period (last page this line number only)..... 0.00 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)...... 87590.47 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)