

**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 type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" 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) <b>A. Jeffrey Maron</b>		Date of Disbursement MM / DD / YYYY 01 / 16 / 2012
Mailing Address 169 East Lane		<b>Transaction ID : SB28A.6543</b>
City Stamford	State CT	
Zip Code 06905	Purpose of Disbursement refunded to contributor due to 10 day rule	Amount of Each Disbursement this Period 500.00
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Seth Ruthen</b>		Date of Disbursement MM / DD / YYYY 01 / 16 / 2012
Mailing Address 24 Chieftans Road		<b>Transaction ID : SB28A.6537</b>
City Greenwich	State CT	
Zip Code 06931	Purpose of Disbursement contribution refunded due to 10 day rule	Amount of Each Disbursement this Period 2000.00
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Steven Sall</b>		Date of Disbursement MM / DD / YYYY 01 / 16 / 2012
Mailing Address 31 Turner Drive		<b>Transaction ID : SB28A.6539</b>
City Greenwich	State CT	
Zip Code 06831	Purpose of Disbursement refunded to contributor due to 10 day rule	Amount of Each Disbursement this Period 1000.00
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	3500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	6000.00