

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 ACTRIGHT

ADDRESS (number and street) 17 D Street, #1, SE WASHINGTON DC 20003

2. FEC IDENTIFICATION NUMBER C C00488478 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day POST-Election Report for the: General, Runoff, Special

5. Covering Period 09 01 2021 through 09 30 2021

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Brian, Brown, , ,

Type or Print Name of Treasurer Signature of Treasurer Brian, Brown, , , [Electronically Filed] Date 10 21 2021

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

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Page 2

Write or Type Committee Name

**ACTRIGHT**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2021"/>	<input type="text" value="1315.65"/>	<input type="text" value="1315.65"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="1140.25"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="140.00"/>	<input type="text" value="1198.49"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="1280.25"/>	<input type="text" value="2514.14"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="150.35"/>	<input type="text" value="1384.24"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="1129.90"/>	<input type="text" value="1129.90"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="200.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="89265.47"/>	

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).....	0.00	0.00
(ii) Unitemized .....	0.00	238.49
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	0.00	238.49
(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) .....	0.00	238.49
12. Transfers From Affiliated/Other Party Committees.....	0.00	200.00
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).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	140.00	760.00
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)).....▶	140.00	1198.49
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	140.00	1198.49

**DETAILED SUMMARY PAGE**

of Disbursements

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 .....	150.35	1384.24
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	150.35	1384.24
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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	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
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(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)) ..	150.35	1384.24
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	150.35	1384.24

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	0.00	238.49
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	0.00	238.49
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	150.35	1384.24
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	150.35	1384.24

**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 36
<input 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 checked="" type="checkbox"/> 17

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**

**A. ACTRIGHT**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 17 D Street, #1, SE

City WASHINGTON	State DC	Zip Code 20003
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FEC ID number of contributing federal political committee. **C** C00488478

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
440.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
09		01		2021

**Transaction ID : SA17.11875**

Amount of Each Receipt this Period  
140.00

Memo Item  
Bank fees

**B.**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address

City	State	Zip Code
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  

M M	/	D D	/	Y Y Y Y

Amount of Each Receipt this Period

Memo Item

**C.**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  

M M	/	D D	/	Y Y Y Y

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	140.00
<b>TOTAL</b> This Period (last page this line number only).....	140.00

# 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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A. PNC Bank**

Full Name (Last, First, Middle Initial)

Mailing Address 249 Fifth Ave  
One PNC Plaza

City Pittsburgh State PA Zip Code 15222

Purpose of Disbursement Bank Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  
 Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
09 / 01 / 2021

FEC Identification Number: C

Transaction ID : SB21B.11873

Amount of Each Disbursement this Period: 150.35

Memo Item

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  
 Other (specify) ▼

Date of Disbursement: MM / DD / YYYY

FEC Identification Number: C

Amount of Each Disbursement this Period

Memo Item

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  
 Other (specify) ▼

Date of Disbursement: MM / DD / YYYY

FEC Identification Number: C

Amount of Each Disbursement this Period

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	150.35
<b>TOTAL</b> This Period (last page this line number only).....▶	150.35

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **ACTRIGHT** Transaction ID : **SC/9.11107**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) ActRight Non Fed Fund			<input checked="" type="checkbox"/> Memo Item	<b>Election:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 2029 K Street NW Suite 300				
City Washington	State DC	ZIP Code 20006		

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
200.00	0.00	200.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
MM / DD / YYYY 09 / 25 / 2015	MM / DD / YYYY 9/25/2016	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

<b>SUBTOTALS</b> This Period This Page (optional) .....	200.00
<b>TOTALS</b> This Period (last page in this line only) .....	200.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.



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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 9 OF 36
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

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

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

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

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

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

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

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

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

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 10 OF 36
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

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

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

Outstanding Balance Beginning This Period		<b>Transaction ID : SD10.4179</b>	
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 Debtor or Creditor <b>ActRight Action</b>			Nature of Debt (Purpose): December use of mailing address, phone, office		
Mailing Address 2029 K Street NW Suite 300					
City Washington	State DC	Zip Code 20006			

Outstanding Balance Beginning This Period		<b>Transaction ID : SD10.4180</b>	
100.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	100.00	

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

Outstanding Balance Beginning This Period		<b>Transaction ID : SD10.5069</b>	
4357.75			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	4357.75	

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

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 11 OF 36
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/>	9
<input checked="" type="checkbox"/>	10

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

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

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

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

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

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

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

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

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 12 OF 36
	FOR LINE NUMBER: (check only one)
	<input type="checkbox"/> 9
	<input checked="" type="checkbox"/> 10

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

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

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

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

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

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

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

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

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 13 OF 36
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

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

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

Outstanding Balance Beginning This Period 895.56	Transaction ID : SD10.4185	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 895.56

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

Outstanding Balance Beginning This Period 2465.00	Transaction ID : SD10.4184	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2465.00

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

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	5615.56
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 14 OF 36
	FOR LINE NUMBER: (check only one)
	<input type="checkbox"/> 9
	<input checked="" type="checkbox"/> 10

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

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

Outstanding Balance Beginning This Period <input type="text" value="2000.00"/>	<b>Transaction ID : SD10.4319</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="2000.00"/>

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

Outstanding Balance Beginning This Period <input type="text" value="2000.00"/>	<b>Transaction ID : SD10.4374</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="2000.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>ActRight Compliance Services</b>			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"/>	<b>Transaction ID : SD10.4702</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="3737.50"/>

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="7737.50"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 15 OF 36
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>ActRight Compliance Services</b>			Nature of Debt (Purpose): 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"/>	<b>Transaction ID : SD10.5067</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="2907.50"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>ActRight Compliance Services</b>			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"/>	<b>Transaction ID : SD10.5569</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="2477.05"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>ActRight Compliance Services</b>			Nature of Debt (Purpose): Bundling, 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"/>	<b>Transaction ID : SD10.5600</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="2077.60"/>

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="7462.15"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 16 OF 36
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>ActRight Compliance Services</b>			Nature of Debt (Purpose): Sept. bundling, 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"/>	<b>Transaction ID : SD10.5971</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="2067.50"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>ActRight Compliance Services</b>			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"/>	<b>Transaction ID : SD10.6485</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="2097.50"/>

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

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

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="5770.00"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>



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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 17 OF 36
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

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

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

Outstanding Balance Beginning This Period 1130.00	Transaction ID : SD10.7051	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1130.00

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

Outstanding Balance Beginning This Period 1235.00	Transaction ID : SD10.7356	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1235.00

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

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	3219.20
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 18 OF 36
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

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

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

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

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

Outstanding Balance Beginning This Period 1228.50	Transaction ID : SD10.9028	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1228.50

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	3504.50
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 19 OF 36
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

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

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

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

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

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

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

Outstanding Balance Beginning This Period <input type="text" value="925.00"/>	<b>Transaction ID : SD10.9615</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="925.00"/>

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="3155.25"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 20 OF 36
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

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

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

Outstanding Balance Beginning This Period <input type="text" value="1677.50"/>	<b>Transaction ID : SD10.9911</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1677.50"/>

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

Outstanding Balance Beginning This Period <input type="text" value="1845.50"/>	<b>Transaction ID : SD10.10393</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1845.50"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>ActRight Compliance Services</b>			Nature of Debt (Purpose): Compliance and administrative services for October 2014
Mailing Address 209 W Main St			
City Plainfield	State IN	Zip Code 46168	

Outstanding Balance Beginning This Period <input type="text" value="3210.00"/>	<b>Transaction ID : SD10.10392</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="3210.00"/>

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="6733.00"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 21 OF 36
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

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

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

Outstanding Balance Beginning This Period 840.00	Transaction ID : SD10.10866	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 840.00

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

Outstanding Balance Beginning This Period 1387.00	Transaction ID : SD10.10917	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1387.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>ActRight Compliance Services</b>			Nature of Debt (Purpose): Legal, administrative, bundling services in Jan 2015
Mailing Address 209 W Main St			
City Plainfield	State IN	Zip Code 46168	

Outstanding Balance Beginning This Period 785.00	Transaction ID : SD10.10919	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 785.00

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	3012.00
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 22 OF 36
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

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

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

Outstanding Balance Beginning This Period <input type="text" value="582.50"/>	<b>Transaction ID : SD10.10938</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="582.50"/>

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

Outstanding Balance Beginning This Period <input type="text" value="243.00"/>	<b>Transaction ID : SD10.10954</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="243.00"/>

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

Outstanding Balance Beginning This Period <input type="text" value="212.00"/>	<b>Transaction ID : SD10.11007</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="212.00"/>

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="1037.50"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 23 OF 36
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

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

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

Outstanding Balance Beginning This Period 4024.60	<b>Transaction ID : SD10.5208</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 4024.60

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

Outstanding Balance Beginning This Period 1000.00	<b>Transaction ID : SD10.4198</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1000.00

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

Outstanding Balance Beginning This Period 1000.00	<b>Transaction ID : SD10.4199</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1000.00

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	6024.60
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 24 OF 36
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

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

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

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

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

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

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

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

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



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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 25 OF 36
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

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

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

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

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

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

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

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

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

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 26 OF 36
	FOR LINE NUMBER: (check only one)
	<input type="checkbox"/> 9
	<input checked="" type="checkbox"/> 10

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

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

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

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

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

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

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

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

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 27 OF 36
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/>	9
<input checked="" type="checkbox"/>	10

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

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

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

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Bothwell, Paul, , ,</b>			Nature of Debt (Purpose): Filing prep fees
Mailing Address 606 S. Taylor St.			
City Arlington	State VA	Zip Code 22204	

Outstanding Balance Beginning This Period <input type="text" value="60.00"/>	<b>Transaction ID : SD10.11103</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="60.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Bothwell, Paul, , ,</b>			Nature of Debt (Purpose): Prepare and file fees
Mailing Address 606 S. Taylor St.			
City Arlington	State VA	Zip Code 22204	

Outstanding Balance Beginning This Period <input type="text" value="60.00"/>	<b>Transaction ID : SD10.11125</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="60.00"/>

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="5520.00"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 28 OF 36
	FOR LINE NUMBER: (check only one)
	<input type="checkbox"/> 9
	<input checked="" type="checkbox"/> 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Bothwell, Paul, , ,</b>			Nature of Debt (Purpose): Prep and file report
Mailing Address 606 S. Taylor St.			
City Arlington	State VA	Zip Code 22204	

Outstanding Balance Beginning This Period <input type="text" value="60.00"/>	<b>Transaction ID : SD10.11138</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="60.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Bothwell, Paul, , ,</b>			Nature of Debt (Purpose): Filing work
Mailing Address 606 S. Taylor St.			
City Arlington	State VA	Zip Code 22204	

Outstanding Balance Beginning This Period <input type="text" value="100.00"/>	<b>Transaction ID : SD10.11157</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="100.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Bothwell, Paul, , ,</b>			Nature of Debt (Purpose): Reporting
Mailing Address 606 S. Taylor St.			
City Arlington	State VA	Zip Code 22204	

Outstanding Balance Beginning This Period <input type="text" value="100.00"/>	<b>Transaction ID : SD10.11181</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="100.00"/>

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="260.00"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 29 OF 36
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Bothwell, Paul, , ,</b>			Nature of Debt (Purpose): Filing
Mailing Address 606 S. Taylor St.			
City Arlington	State VA	Zip Code 22204	

Outstanding Balance Beginning This Period <input type="text" value="50.00"/>	<b>Transaction ID : SD10.11213</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="50.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Bothwell, Paul, , ,</b>			Nature of Debt (Purpose): Fee for filing prep
Mailing Address 606 S. Taylor St.			
City Arlington	State VA	Zip Code 22204	

Outstanding Balance Beginning This Period <input type="text" value="75.00"/>	<b>Transaction ID : SD10.11301</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="75.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Bothwell, Paul, , ,</b>			Nature of Debt (Purpose): Filing prep fee
Mailing Address 606 S. Taylor St.			
City Arlington	State VA	Zip Code 22204	

Outstanding Balance Beginning This Period <input type="text" value="75.00"/>	<b>Transaction ID : SD10.11305</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="75.00"/>

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="200.00"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 30 OF 36
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Bothwell, Paul, , ,</b>			Nature of Debt (Purpose): Filing prep fee
Mailing Address 606 S. Taylor St.			
City Arlington	State VA	Zip Code 22204	

Outstanding Balance Beginning This Period <input type="text" value="75.00"/>	<b>Transaction ID : SD10.11312</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="75.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Bothwell, Paul, , ,</b>			Nature of Debt (Purpose): Filing prep fee
Mailing Address 606 S. Taylor St.			
City Arlington	State VA	Zip Code 22204	

Outstanding Balance Beginning This Period <input type="text" value="75.00"/>	<b>Transaction ID : SD10.11315</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="75.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Bothwell, Paul, , ,</b>			Nature of Debt (Purpose): Filing prep fee
Mailing Address 606 S. Taylor St.			
City Arlington	State VA	Zip Code 22204	

Outstanding Balance Beginning This Period <input type="text" value="75.00"/>	<b>Transaction ID : SD10.11318</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="75.00"/>

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="225.00"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 31 OF 36
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Bothwell, Paul, , ,</b>			Nature of Debt (Purpose): Filing prep fee
Mailing Address 606 S. Taylor St.			
City Arlington	State VA	Zip Code 22204	

Outstanding Balance Beginning This Period <input type="text" value="75.00"/>	<b>Transaction ID : SD10.11321</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="75.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Bothwell, Paul, , ,</b>			Nature of Debt (Purpose): Filing prep fee
Mailing Address 606 S. Taylor St.			
City Arlington	State VA	Zip Code 22204	

Outstanding Balance Beginning This Period <input type="text" value="75.00"/>	<b>Transaction ID : SD10.11324</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="75.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Bothwell, Paul, , ,</b>			Nature of Debt (Purpose): FEC Filing prep fee
Mailing Address 606 S. Taylor St.			
City Arlington	State VA	Zip Code 22204	

Outstanding Balance Beginning This Period <input type="text" value="75.00"/>	<b>Transaction ID : SD10.11361</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="75.00"/>

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="225.00"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 32 OF 36
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Bothwell, Paul, , ,</b>			Nature of Debt (Purpose): FEC filing prep
Mailing Address 606 S. Taylor St.			
City Arlington	State VA	Zip Code 22204	

Outstanding Balance Beginning This Period <input type="text" value="75.00"/>	<b>Transaction ID : SD10.11405</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="75.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Bothwell, Paul, , ,</b>			Nature of Debt (Purpose): FEC filing prep
Mailing Address 606 S. Taylor St.			
City Arlington	State VA	Zip Code 22204	

Outstanding Balance Beginning This Period <input type="text" value="75.00"/>	<b>Transaction ID : SD10.11418</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="75.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Bothwell, Paul, , ,</b>			Nature of Debt (Purpose): FEC Filing Prep
Mailing Address 606 S. Taylor St.			
City Arlington	State VA	Zip Code 22204	

Outstanding Balance Beginning This Period <input type="text" value="75.00"/>	<b>Transaction ID : SD10.11434</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="75.00"/>

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="225.00"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>



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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 33 OF 36
	FOR LINE NUMBER: (check only one)
	<input type="checkbox"/> 9
	<input checked="" type="checkbox"/> 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Bothwell, Paul, , ,</b>			Nature of Debt (Purpose): FEC Filing prep
Mailing Address 606 S. Taylor St.			
City Arlington	State VA	Zip Code 22204	

Outstanding Balance Beginning This Period <input type="text" value="75.00"/>	<b>Transaction ID : SD10.11444</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="75.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Bothwell, Paul, , ,</b>			Nature of Debt (Purpose): FEC Filing prep
Mailing Address 606 S. Taylor St.			
City Arlington	State VA	Zip Code 22204	

Outstanding Balance Beginning This Period <input type="text" value="75.00"/>	<b>Transaction ID : SD10.11452</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="75.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Bothwell, Paul, , ,</b>			Nature of Debt (Purpose): FEC Filing Prep
Mailing Address 606 S. Taylor St.			
City Arlington	State VA	Zip Code 22204	

Outstanding Balance Beginning This Period <input type="text" value="75.00"/>	<b>Transaction ID : SD10.11465</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="75.00"/>

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="225.00"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 34 OF 36
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Bothwell, Paul, , ,</b>			Nature of Debt (Purpose): FEC Filing Prep
Mailing Address 606 S. Taylor St.			
City Arlington	State VA	Zip Code 22204	

Outstanding Balance Beginning This Period		Transaction ID : <b>SD10.11475</b>	
75.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	75.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Bothwell, Paul, , ,</b>			Nature of Debt (Purpose): FEC Filing Prep
Mailing Address 606 S. Taylor St.			
City Arlington	State VA	Zip Code 22204	

Outstanding Balance Beginning This Period		Transaction ID : <b>SD10.11494</b>	
75.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	75.00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Bothwell, Paul, , ,</b>			Nature of Debt (Purpose): FEC Filing Prep
Mailing Address 606 S. Taylor St.			
City Arlington	State VA	Zip Code 22204	

Outstanding Balance Beginning This Period		Transaction ID : <b>SD10.11501</b>	
75.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	75.00	

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	225.00
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 35 OF 36
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/>	9
<input checked="" type="checkbox"/>	10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Bothwell, Paul, , ,</b>			Nature of Debt (Purpose): FEC Filing Prep
Mailing Address 606 S. Taylor St.			
City Arlington	State VA	Zip Code 22204	

Outstanding Balance Beginning This Period <input type="text" value="75.00"/>	<b>Transaction ID : SD10.11488</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="75.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Bothwell, Paul, , ,</b>			Nature of Debt (Purpose): FEC filing Prep
Mailing Address 606 S. Taylor St.			
City Arlington	State VA	Zip Code 22204	

Outstanding Balance Beginning This Period <input type="text" value="75.00"/>	<b>Transaction ID : SD10.11513</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="75.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Omni Compliance Services</b>			Nature of Debt (Purpose): Reporting and bookkeeping services
Mailing Address 207 Main Street			
City Plainfield	State IN	Zip Code 46168	

Outstanding Balance Beginning This Period <input type="text" value="270.00"/>	<b>Transaction ID : SD10.11009</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="270.00"/>

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="420.00"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 36 OF 36
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/>	9
<input checked="" type="checkbox"/>	10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Omni Compliance Services</b>			Nature of Debt (Purpose): Administration and Reporting
Mailing Address 207 Main Street			
City Plainfield	State IN	Zip Code 46168	

Outstanding Balance Beginning This Period 459.00	Transaction ID : SD10.11041	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 459.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Omni Compliance Services</b>			Nature of Debt (Purpose): Administrative services
Mailing Address 207 Main Street			
City Plainfield	State IN	Zip Code 46168	

Outstanding Balance Beginning This Period 429.75	Transaction ID : SD10.11061	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 429.75

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		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	888.75
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	89265.47
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	89265.47