

**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)  
**ActBlue**

|   |                   |  |
|---|-------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>A. GORDON FARRIS FARRIS</b>   |                   | Date of Disbursement<br>MM / DD / YYYY<br>10 / 27 / 2014   |
| Mailing Address 137 BROOKFIELD WAY  |                   | <b>Transaction ID : SB28A_22943354</b>   |
| City<br>MOUNTAIN TOP  | State<br>PA       |  |
| Purpose of Disbursement<br>Contribution Refund  | Candidate Name    | Amount of Each Disbursement this Period<br>10.00   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |                   | Disbursement For: 2012<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| State: District:  | Category/<br>Type |  |

|   |                   |  |
|---|-------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>B. AHMAD FARROKHI</b>   |                   | Date of Disbursement<br>MM / DD / YYYY<br>11 / 02 / 2014   |
| Mailing Address 10101 SE 3RD ST.#108  |                   | <b>Transaction ID : SB28A_20886717</b>   |
| City<br>BELLEVUE  | State<br>WA       |  |
| Purpose of Disbursement<br>Contribution Refund  | Candidate Name    | Amount of Each Disbursement this Period<br>25.00   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |                   | Disbursement For: 2012<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| State: District:  | Category/<br>Type |  |

|   |                   |  |
|---|-------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>C. MICHAEL FAUST</b>  |                   | Date of Disbursement<br>MM / DD / YYYY<br>11 / 17 / 2014   |
| Mailing Address 81 MEL LAWN DR.   |                   | <b>Transaction ID : SB28A_24058800</b>   |
| City<br>FORT THOMAS   | State<br>KY       |  |
| Purpose of Disbursement<br>Contribution Refund  | Candidate Name    | Amount of Each Disbursement this Period<br>15.00   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |                   | Disbursement For: 2012<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| State: District:  | Category/<br>Type |  |

|  |       |
|--|-------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....▶      | 50.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |       |