

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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)

**A. SULLIVAN, KEVIN, , ,**

Mailing Address 4243 VACATION LANE

City  
ARLINGTONState  
VAZip Code  
22207Purpose of Disbursement  
Contribution Refund

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			0	6			2	0	1	7		

FEC Identification Number

C

Transaction ID : SB28A\_7300

Amount of Each Disbursement this Period

100.00

☐ Refund of contribution, initially  
Memo Item earmarked for DCCC (C00000935)

Full Name (Last, First, Middle Initial)

**B. SULLIVAN, THOMAS, , ,**

Mailing Address 2640 SANDRA AVE

City  
RED LIONState  
PAZip Code  
17356Purpose of Disbursement  
Contribution Refund

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			2	5			2	0	1	7		

FEC Identification Number

C

Transaction ID : SB28A\_7798

Amount of Each Disbursement this Period

250.00

☐ Refund of contribution, initially  
Memo Item earmarked for DCCC (C00000935)

Full Name (Last, First, Middle Initial)

**C. SULLO, ALI, , ,**

Mailing Address 69 WALKER STREET

City  
CAMBRIDGEState  
MAZip Code  
02138Purpose of Disbursement  
Contribution Refund

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			0	8			2	0	1	7		

FEC Identification Number

C

Transaction ID : SB28A\_7656

Amount of Each Disbursement this Period

25.00

☐ Refund of contribution, initially  
Memo Item earmarked for DCCC (C00042366)
**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

375.00