

**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. BAKER, M. CLARK, , ,**

Mailing Address 780 LAUREL BRANCH TRAIL

City  
SEWANEEState  
TNZip Code  
37375Purpose of Disbursement  
Contribution Refund

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	5			2	0	1	8		

FEC Identification Number

**C** 

Transaction ID : SB28A\_1030

Amount of Each Disbursement this Period

 25.00☐ Memo Item Refund of contribution, initially  
earmarked for DEMOCRATIC  
ACTION (C00562983)

Full Name (Last, First, Middle Initial)

**B. BAKER, PAUL, , ,**

Mailing Address 26 TEKAKWITHA COURT

City  
CLIFTON PARKState  
NYZip Code  
12065Purpose of Disbursement  
Contribution Refund

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	6			2	0	1	8		

FEC Identification Number

**C** 

Transaction ID : SB28A\_10093

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

**C. BAKER, PAUL, , ,**

Mailing Address 26 TEKAKWITHA COURT

City  
CLIFTON PARKState  
NYZip Code  
12065Purpose of Disbursement  
Contribution Refund

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	6			2	0	1	8		

FEC Identification Number

**C** 

Transaction ID : SB28A\_1009

Amount of Each Disbursement this Period

 5.00☐ Memo Item Refund of contribution, initially  
earmarked for ACTBLUE  
(C00401224)**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶ 40.00