

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

PAGE 06749 OF 06839

<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

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)

ActBlue

Full Name (Last, First, Middle Initial)

**A. SULLIVAN, THOMAS, , ,**

Mailing Address 2640 SANDRA AVE

City  
RED LIONState  
PAZip Code  
17356Purpose 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	3			0	6			2	0	1	7		

FEC Identification Number

**C** 

Transaction ID : SB28A\_7334

Amount of Each Disbursement this Period

 50.00☐ Memo Item Refund of contribution, initially  
earmarked for PROGRESSIVE  
TURNOUT PROJECT (C00580068)

Full Name (Last, First, Middle Initial)

**B. SUMERS, PATRICIA, , ,**

Mailing Address 34-43 60TH STREET APT 1G

City  
WOODSIDEState  
NYZip Code  
11377Purpose 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	3			0	4			2	0	1	7		

FEC Identification Number

**C** 

Transaction ID : SB28A\_7315C

Amount of Each Disbursement this Period

 100.00☐ Memo Item Refund of contribution, initially  
earmarked for CHC BOLD  
PAC/COMMITTEE FOR HISPANIC  
CAUSES BUILDING

Full Name (Last, First, Middle Initial)

**C. SUMERS, PATRICIA, , ,**

Mailing Address 34-43 60TH STREET APT 1G

City  
WOODSIDEState  
NYZip Code  
11377Purpose 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	3			0	4			2	0	1	7		

FEC Identification Number

**C** 

Transaction ID : SB28A\_7058

Amount of Each Disbursement this Period

 100.00☐ Memo Item Refund of contribution, initially  
earmarked for CHC BOLD  
PAC/COMMITTEE FOR HISPANIC  
CAUSES BUILDING**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ► 250.00