

**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. KING, VIRGINIA, , ,**

Mailing Address 3404 MAJOR AVE N

City  
MINNEAPOLISState  
MNZip Code  
55422Purpose 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
1	1	1		2	7			2	0	1	8		

FEC Identification Number

**C****Transaction ID : SB28A\_1349**

Amount of Each Disbursement this Period

20.00

☐ Memo Item Refund of contribution, initially  
earmarked for TINA SMITH FOR  
MINNESOTA (C00663781)

Full Name (Last, First, Middle Initial)

**B. KINGHORN, MARIA, , ,**

Mailing Address 4627 FORTUNA WAY 4627 FORTUNA WAY

City  
SALT LAKE CITYState  
UTZip Code  
84124-4764Purpose 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
1	2			1	2			2	0	1	8		

FEC Identification Number

**C****Transaction ID : SB28A\_1422**

Amount of Each Disbursement this Period

35.00

☐ Memo Item Refund of contribution, initially  
earmarked for MARK POCAN FOR  
CONGRESS (C00502179)

Full Name (Last, First, Middle Initial)

**C. KINGSBORO, RONALD, , ,**

Mailing Address 693W WALNUT LN FL 2

City  
PHILADELPHIAState  
PAZip Code  
19144Purpose 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
1	1			2	7			2	0	1	8		

FEC Identification Number

**C****Transaction ID : SB28A\_1328**

Amount of Each Disbursement this Period

50.00

☐ Memo Item Refund of contribution, initially  
earmarked for DCCC (C00000935)**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

105.00