

**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 258522 OF 259560

<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)

**A. HOWARD OSBORN**

Mailing Address 3000 SOUTH FIRST STREET

City	State	Zip Code
CHAMPAIGN	IL	61822

Purpose of Disbursement  
Contribution Refund

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2015
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		10		2015

**Transaction ID : SB28A\_27557726**

Amount of Each Disbursement this Period

0.50
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Refund of contribution, initially earmarked for ACTBLUE (C00401224)

Full Name (Last, First, Middle Initial)

**B. HOWARD OSBORN**

Mailing Address 3000 SOUTH FIRST STREET

City	State	Zip Code
CHAMPAIGN	IL	61822

Purpose of Disbursement  
Contribution Refund

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2015
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		10		2015

**Transaction ID : SB28A\_27240627**

Amount of Each Disbursement this Period

5.00
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Refund of contribution, initially earmarked for ACTBLUE (C00401224)

Full Name (Last, First, Middle Initial)

**C. HOWARD OSBORN**

Mailing Address 3000 SOUTH FIRST STREET

City	State	Zip Code
CHAMPAIGN	IL	61822

Purpose of Disbursement  
Contribution Refund

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2015
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		10		2015

**Transaction ID : SB28A\_27397426**

Amount of Each Disbursement this Period

50.00
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Refund of contribution, initially earmarked for DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE (C000009)

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

55.50
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