

**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"/> 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_20118725

Amount of Each Disbursement this Period

| |
|------|
| 2.50 |
|------|

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_18875010

Amount of Each Disbursement this Period

| |
|-------|
| 25.00 |
|-------|

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

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_24213283

Amount of Each Disbursement this Period

| |
|--------|
| 100.00 |
|--------|

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)..... ►

| |
|--------|
| 127.50 |
|--------|

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