

**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. SINCLAIR, HELEN, , ,**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		10		2017

Mailing Address 1718 MASSACHUSETTS AVENUE SE

City  
WASHINGTONState  
DCZip Code  
20003Purpose of Disbursement  
Contribution Refund

Candidate Name

Category/  
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

FEC Identification Number

**C****Transaction ID : SB28A\_8020**

Amount of Each Disbursement this Period

5.00

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

Full Name (Last, First, Middle Initial)

**B. SINCLAIR, HELEN, , ,**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		10		2017

Mailing Address 1718 MASSACHUSETTS AVENUE SE

City  
WASHINGTONState  
DCZip Code  
20003Purpose of Disbursement  
Contribution Refund

Candidate Name

Category/  
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

FEC Identification Number

**C****Transaction ID : SB28A\_8020**

Amount of Each Disbursement this Period

1.00

☐ Refund of contribution, initially  
Memo Item earmarked for ACTBLUE  
(C00401224)

Full Name (Last, First, Middle Initial)

**C. SINCLAIR, THOMAS, , ,**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		08		2017

Mailing Address 5808 RED OAK DR

City  
FAIRFIELDState  
OHZip Code  
45014Purpose of Disbursement  
Contribution Refund

Candidate Name

Category/  
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

FEC Identification Number

**C****Transaction ID : SB28A\_8024**

Amount of Each Disbursement this Period

27.00

☐ Refund of contribution, initially  
Memo Item earmarked for ACTBLUE  
(C00401224)
**SUBTOTAL** of Disbursements This Page (optional).....▶

33.00

**TOTAL** This Period (last page this line number only).....▶