

**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. CARRANZA, FERMIN, , ,**

Mailing Address 10717 WILSHIRE BLVD

City  
LOS ANGELES, CAState  
CAZip Code  
90024Purpose 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	1			2	5			2	0	1	7		

FEC Identification Number

**C****Transaction ID : SB28A\_66104**

Amount of Each Disbursement this Period

3.50

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

Full Name (Last, First, Middle Initial)

**B. CARRANZA, FERMIN, , ,**

Mailing Address 10717 WILSHIRE BLVD

City  
LOS ANGELES, CAState  
CAZip Code  
90024Purpose 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	1			2	5			2	0	1	7		

FEC Identification Number

**C****Transaction ID : SB28A\_66104**

Amount of Each Disbursement this Period

35.00

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

Full Name (Last, First, Middle Initial)

**C. CARRANZA, FERMIN, , ,**

Mailing Address 10717 WILSHIRE BLVD

City  
LOS ANGELES, CAState  
CAZip Code  
90024Purpose 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	1			2	5			2	0	1	7		

FEC Identification Number

**C****Transaction ID : SB28A\_6606**

Amount of Each Disbursement this Period

2.50

☐ Memo Item Refund of contribution, initially  
earmarked for ACTBLUE  
(C00401224)**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

41.00