

**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 723712 OF 724850

<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. SANABRIA, JOHNNY, , ,**

Mailing Address 9879 CORNWALL DRIVE

City  
HUNTINGTON BEACHState  
CAZip Code  
92646Purpose 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
01		13		2017

FEC Identification Number

**C****Transaction ID : SB28A\_6640'**

Amount of Each Disbursement this Period

10.00

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

Full Name (Last, First, Middle Initial)

**B. SANABRIA, JOHNNY, , ,**

Mailing Address 9879 CORNWALL DRIVE

City  
HUNTINGTON BEACHState  
CAZip Code  
92646Purpose 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
01		13		2017

FEC Identification Number

**C****Transaction ID : SB28A\_66401**

Amount of Each Disbursement this Period

100.00

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

Full Name (Last, First, Middle Initial)

**C. SANBORN, PATRICIA, , ,**

Mailing Address 20 PUMPKIN HOOK

City  
WEST HENRIETTAState  
NYZip Code  
14586Purpose 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
01		31		2017

FEC Identification Number

**C****Transaction ID : SB28A\_6704**

Amount of Each Disbursement this Period

15.00

☐ 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)..... ►

125.00