

**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 724085 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. STARIK, MARK, , ,**

Mailing Address 11800 OLD GEORGETOWN RD 1540

City  
ROCKVILLEState  
MDZip Code  
20852Purpose 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		04		2017

FEC Identification Number

**C**

Transaction ID : SB28A\_6759I

Amount of Each Disbursement this Period

25.00

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

Full Name (Last, First, Middle Initial)

**B. STARIK, MARK, , ,**

Mailing Address 11800 OLD GEORGETOWN RD 1540

City  
ROCKVILLEState  
MDZip Code  
20852Purpose 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		04		2017

FEC Identification Number

**C**

Transaction ID : SB28A\_6790I

Amount of Each Disbursement this Period

2.50

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

Full Name (Last, First, Middle Initial)

**C. STARIK, MARK, , ,**

Mailing Address 11800 OLD GEORGETOWN RD 1540

City  
ROCKVILLEState  
MDZip Code  
20852Purpose 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		04		2017

FEC Identification Number

**C**

Transaction ID : SB28A\_6742

Amount of Each Disbursement this Period

25.00

☐ Refund of contribution, initially  
Memo Item earmarked for DCCC (C00000935)**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

52.50