

**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)

DCCC

Full Name (Last, First, Middle Initial)

A. Ballard, Barbara, , ,

Mailing Address 1532 Alvarado Dr

City
LawrenceState
KSZip Code
66047-1605Purpose of Disbursement
Contribution Refund

Candidate Name

ACTBLUE PAC

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			0	7			2	0	1	6		

FEC Identification Number

C**Transaction ID : VT3CV9KRZ7**

Amount of Each Disbursement this Period

75.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Barber, Jeanne, , ,

Mailing Address 3016 Cole Grade Dr

City
SanteeState
CAZip Code
92071-7605Purpose of Disbursement
Contribution Refund

Candidate Name

ACTBLUE PAC

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			1	0			2	0	1	6		

FEC Identification Number

C**Transaction ID : VT3CV9KS19**

Amount of Each Disbursement this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Barnes, Frya, , ,

Mailing Address 1409 Eagle Bay Dr

City
OssiningState
NYZip Code
10562-2357Purpose of Disbursement
Contribution Refund

Candidate Name

ACTBLUE PAC

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			2	8			2	0	1	6		

FEC Identification Number

C**Transaction ID : VT3CV9KSH**

Amount of Each Disbursement this Period

35.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

360.00