

**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 06699 OF 06839

<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. SEELY, CONTEE, , ,**

Mailing Address 1755 HOPKINS ST

City  
BERKELEYState  
CAZip Code  
94707Purpose 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
03		29		2017

FEC Identification Number

**C****Transaction ID : SB28A\_7526!**

Amount of Each Disbursement this Period

25.00

☐ Memo Item Refund of contribution, initially  
earmarked for END CITIZENS  
UNITED PAC (C00573261)

Full Name (Last, First, Middle Initial)

**B. SEGAL, KATHRYN, , ,**

Mailing Address 1014 LANDINGS LOOP N

City  
WESTERVILLEState  
OHZip Code  
43082Purpose 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
03		05		2017

FEC Identification Number

**C****Transaction ID : SB28A\_73206**

Amount of Each Disbursement this Period

10.00

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

Full Name (Last, First, Middle Initial)

**C. SEGAL, PATRICIA, , ,**

Mailing Address 3475 OAK VALLEY ROAD APT 2710

City  
ATLANTAState  
GAZip Code  
30326Purpose 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
03		02		2017

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).....▶

37.50