

**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 315409 OF 619300

<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. BINKLEY, JOHN, , ,**

Mailing Address 454 PERROLEE STREET

City  
GALLATINState  
TNZip Code  
37066Purpose of Disbursement  
Contribution Refund

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		25		2017

FEC Identification Number

C

Transaction ID : SB28A\_8236

Amount of Each Disbursement this Period

3.00

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

Full Name (Last, First, Middle Initial)

**B. BINKLEY, JOHN, , ,**

Mailing Address 454 PERROLEE STREET

City  
GALLATINState  
TNZip Code  
37066Purpose of Disbursement  
Contribution Refund

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		25		2017

FEC Identification Number

C

Transaction ID : SB28A\_8376C

Amount of Each Disbursement this Period

3.00

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

Full Name (Last, First, Middle Initial)

**C. BINKLEY, JOHN, , ,**

Mailing Address 454 PERROLEE STREET

City  
GALLATINState  
TNZip Code  
37066Purpose of Disbursement  
Contribution Refund

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		25		2017

FEC Identification Number

C

Transaction ID : SB28A\_8578

Amount of Each Disbursement this Period

3.00

☐ 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)..... ►

9.00