

**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 364407 OF 868756

<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. BRINER, DAVID, , ,**

Mailing Address P.O. BOX 97764

City  
PITTSBURGHState  
PAZip Code  
15227Purpose 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
02		14		2017

FEC Identification Number

**C****Transaction ID : SB28A\_71011**

Amount of Each Disbursement this Period

10.00

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

Full Name (Last, First, Middle Initial)

**B. BRINER, DAVID, , ,**

Mailing Address P.O. BOX 97764

City  
PITTSBURGHState  
PAZip Code  
15227Purpose 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
02		14		2017

FEC Identification Number

**C****Transaction ID : SB28A\_68254**

Amount of Each Disbursement this Period

10.00

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

Full Name (Last, First, Middle Initial)

**C. BRINGOLF, MICHAEL, , ,**

Mailing Address 13185 SQUIRREL CREEK ROAD

City  
GRASS VALLEYState  
CAZip Code  
95945Purpose 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
02		09		2017

FEC Identification Number

**C****Transaction ID : SB28A\_6989**

Amount of Each Disbursement this Period

8.00

☐ Refund of contribution, initially  
Memo Item earmarked for DCCC (C00042366)**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

28.00