

**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)

**ActBlue**

Full Name (Last, First, Middle Initial)

**A. HARDY, BARBARA, , ,**

Mailing Address 1503 HOGEBOOM AVE

City  
EAU CLAIREState  
WIZip Code  
54701Purpose of Disbursement  
Contribution Refund

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M		D	D		Y	Y	Y	Y	Y	Y
0	1		2	3		2	0	1	7		

FEC Identification Number

**C****Transaction ID : SB28A\_6435**

Amount of Each Disbursement this Period

25.00

☐ Memo Item Refund of contribution, initially  
earmarked for RUSS FOR  
WISCONSIN (C00578013)

Full Name (Last, First, Middle Initial)

**B. HARGRAVE, DORIS, , ,**

Mailing Address 1751 BELLAMAH AVE NW 1215

City  
ALBUQUERQUEState  
NMZip Code  
87104Purpose of Disbursement  
Contribution Refund

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M		D	D		Y	Y	Y	Y	Y	Y
0	1		2	7		2	0	1	7		

FEC Identification Number

**C****Transaction ID : SB28A\_69624**

Amount of Each Disbursement this Period

200.00

☐ Memo Item Refund of contribution, initially  
earmarked for BARRAGAN FOR  
CONGRESS (C00577353)

Full Name (Last, First, Middle Initial)

**C. HARLING, LINDA, , ,**

Mailing Address 5115 W 11TH ST 507

City  
GREELEYState  
COZip Code  
80634Purpose of Disbursement  
Contribution Refund

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M		D	D		Y	Y	Y	Y	Y	Y
0	1		2	7		2	0	1	7		

FEC Identification Number

**C****Transaction ID : SB28A\_6959**

Amount of Each Disbursement this Period

25.00

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

250.00