

**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. Archer, E. James, , ,

Mailing Address 425 Fairgate Rd

City
SacramentoState
CAZip Code
95825-6321Purpose 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	7				1	0					2	0	1	6

FEC Identification Number

C**Transaction ID : VT3CV9KY9R**

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Archer, E. James, , ,

Mailing Address 425 Fairgate Rd

City
SacramentoState
CAZip Code
95825-6321Purpose 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	7				1	0					2	0	1	6

FEC Identification Number

C**Transaction ID : VT3CV9KY9S**

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Archer, E. James, , ,

Mailing Address 425 Fairgate Rd

City
SacramentoState
CAZip Code
95825-6321Purpose 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	7				1	1					2	0	1	6

FEC Identification Number

C**Transaction ID : VT3CV9KX8I**

Amount of Each Disbursement this Period

26.00

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

36.00