

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10457 OF 27812

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**DCCC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. HEWSON, JAMES, , ,**

Mailing Address 54141 DEER RIDGE CT

City  
ROCHESTER HILLSState  
MIZip Code  
48307-7300FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HEWSON & VANHELLEMONT, P.C.Occupation (for Individual)  
ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1213.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y Y
08	/	30	/	2017

Transaction ID : VT4C3VZ2GQ7

Amount of Each Receipt this Period

19.00

☐ Memo Item\* EARMARKED CONTRIBUTION: SEE BELOW  
EARMARKED THROUGH ACTBLUE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. ACTBLUE PAC**

Mailing Address 366 SUMMER ST

City  
SOMERVILLEState  
MAZip Code  
02144-3132FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)  
CONDUIT TOTAL LISTED IN AGG. FII

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2577487.48

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y Y
08	/	30	/	2017

Transaction ID : VT4C3VZ2GQ7E

Amount of Each Receipt this Period

19.00

☒ Memo ItemNOTE: ABOVE CONTRIBUTION EARMARKED  
THROUGH THIS ORGANIZATION.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. HEXTER, ROBERT, , ,**Mailing Address 5150 THREE VILLAGE DR  
APT 1BCity  
CLEVELANDState  
OHZip Code  
44124-3771FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
N/AOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y Y
08	/	18	/	2017

Transaction ID : VT4C3VXASG8

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

269.00

TOTAL This Period (last page this line number only).....▶