

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16125 OF 18588

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
Rosen for Nevada

A. Full Name (Last, First, Middle Initial)
Kam, Michael, , ,

Mailing Address 514 Fitzwater St

City Philadelphia	State PA	Zip Code 19147-3031
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FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed	Occupation Artist
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Receipt For: 2018
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
1588.45

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 02 / 2018

Transaction ID : VR0S7R7WBR8

Amount of Each Receipt this Period

15.00

☐ Memo Item

* Earmarked Contribution: See Below

B. Full Name (Last, First, Middle Initial)
ActBlue

Mailing Address PO Box 441146

City West Somerville	State MA	Zip Code 02144-0031
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FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer	Occupation Conduit total listed in Agg. field
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Receipt For: 2018
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
3941348.86

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 05 / 2018

Transaction ID : VR0S7R7WBR8E

Amount of Each Receipt this Period

15.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

C. Full Name (Last, First, Middle Initial)
Cohen, Steven, , ,

Mailing Address 510 W Erie St
Apt 2202

City Chicago	State IL	Zip Code 60654-6460
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FEC ID number of contributing federal political committee. **C**

Name of Employer Cohen Law Group	Occupation Attorney
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Receipt For: 2018
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 02 / 2018

Transaction ID : VR0S7R7X7R8

Amount of Each Receipt this Period

1000.00

☐ Memo Item

* Earmarked Contribution: See Below

1015.00

SUBTOTAL of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶