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#### FEC FORM 2

#### STATEMENT OF CANDIDACY

1. (	a) Name of Cand	idate (in full)														
	Rosen, Jacky	, , ,														
(	(b) Address (number and street)  PO Box 27195				check if address changed				Candidate's FEC Identification Number     S8NV00156							
(	(c) City, State, and ZIP Code								3. Is This New Amended							ded
`	Las Vegas				N\	/ 891	26			Staten		(N)	OR	×	(A)	
4. F	Party Affiliation		5	. Office Soug	ht		16	6. State & Dis	trict	of Candid	date					
	DEMOCRATIC F	PARTY		Senate				NV								
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE																
7. I	7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2024 (year of election)															
	NOTE: This desig			ed with the ap	propriate offi	ce listed in	the	instructions.								
(	a) Name of Comr	` '	,													
	Rosen fo	r Nevac	da													
(	b) Address (numb PO Box 2719		et)													
(	c) City, State, and	I ZIP Code														
	Las Vegas							NV		89126	3					
	DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives)  8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.															
١	NOTE: This design	nation should	d be file	d with the pri	ncipal campa	ign comm	ittee	).								
(	(a) Name of Committee (in full)															
	Rosen V	ictory F	und													
(b) Address (number and street) PO Box 27195																
(	c) City, State, and	I ZIP Code														
,	Las Vegas							NV		89126						
	l cert	ify that I have	e exam	ined this Stat	ement and to	the best o	of m	y knowledge a	and	belief it is	true, corre	ect and	compl	ete.		
Signature of Candidate								D	Date							
Rosen, Jacky, , ,				[Electronically Filed]			02/16/2023									
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.																

FEC FORM 2 (REV. 02/2009)

FEC Form 2S (Revised 02/2017)

# Optional Supplemental Page for Designation of Additional Authorized Committees

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**DESIGNATION OF OTHER AUTHORIZED COMMITTEES**(Including Joint Fundraising Representatives)

	hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. <b>NOTE</b> : This designation should be filed with the principal campaign committee.									
	(a) Name of Committee (in full)  Jacky Rosen Victory Fund									
	(b) Address (number and street) 611 Pennsylvania Ave SE Ste 143									
	(c) City, State, and ZIP Code									
	Washington	DC	20003							
8.	I hereby authorize the following named committee, which is to candidacy. <b>NOTE</b> : This designation should be filed with the part of the par			f my						
	a) Name of Committee (in full)									
	Blue Senate 2024									
	(b) Address (number and street) 600 Pennsylvania Ave SE Ste 15180									
	(c) City, State, and ZIP Code									
	Washington	DC	20003							
8.	I hereby authorize the following named committee, which is N	NOT my principal campaign		f my						
	candidacy. NOTE: This designation should be filed with the particle.  (a) Name of Committee (in full)  Women Senators Making History  (b) Address (number and street) 600 Pennsylvania Ave SE	orincipal campaign committe	е.							
	(a) Name of Committee (in full)  Women Senators Making History	orincipal campaign committe	e.							
	(a) Name of Committee (in full)  Women Senators Making History  (b) Address (number and street) 600 Pennsylvania Ave SE	orincipal campaign committe	е.							
	(a) Name of Committee (in full)  Women Senators Making History  (b) Address (number and street) 600 Pennsylvania Ave SE Ste 15180	orincipal campaign committe	20003							
8.	(a) Name of Committee (in full)  Women Senators Making History  (b) Address (number and street) 600 Pennsylvania Ave SE Ste 15180  (c) City, State, and ZIP Code	DC NOT my principal campaign	20003 committee, to receive and expend funds on behalf o	f my						
8.	(a) Name of Committee (in full)  Women Senators Making History  (b) Address (number and street) 600 Pennsylvania Ave SE Ste 15180  (c) City, State, and ZIP Code Washington  I hereby authorize the following named committee, which is not candidacy. NOTE: This designation should be filed with the position of the committee (in full)	DC NOT my principal campaign	20003 committee, to receive and expend funds on behalf o	f my						
8.	(a) Name of Committee (in full)  Women Senators Making History  (b) Address (number and street) 600 Pennsylvania Ave SE Ste 15180  (c) City, State, and ZIP Code Washington  I hereby authorize the following named committee, which is not candidacy. NOTE: This designation should be filed with the position of the committee (in full)  Nevada Senate Victory 2024  (b) Address (number and street)	DC NOT my principal campaign	20003 committee, to receive and expend funds on behalf o	f my						

FEC Form 2S (Revised 02/2017)

# Optional Supplemental Page for Designation of Additional Authorized Committees

Page	<sup>3</sup> of	3
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### **DESIGNATION OF OTHER AUTHORIZED COMMITTEES**(Including Joint Fundraising Representatives)

8.	I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. <b>NOTE</b> : This designation should be filed with the principal campaign committee.								
	(a) Name of Committee (in full)  Blue Senate Candidate Fund								
	(b) Address (number and street) 600 Pennsylvania Ave SE #15180								
	(c) City, State, and ZIP Code	_							
	Washington DC 20003	_							
8.	I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. <b>NOTE</b> : This designation should be filed with the principal campaign committee.								
	(a) Name of Committee (in full)								
	(b) Address (number and street)								
	(c) City, State, and ZIP Code								
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	(b) Address (number and street)								
	(c) City, State, and ZIP Code								
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	(a) Name of Committee (in full)								
	(b) Address (number and street)								
	(c) City, State, and ZIP Code								