

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** Example: If typing, type over the lines. 12FE4M5

JEFF COHEN FOR CONGRESS

ADDRESS (number and street) PO BOX 1476

Check if different than previously reported. (ACC)

EVANSTON **IL** **60204**

CITY STATE ZIP CODE

2. **FEC IDENTIFICATION NUMBER** **C** C00919050

3. IS THIS REPORT **NEW (N)** OR **AMENDED (A)**

STATE DISTRICT **IL** **09**

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P) General (12G) Runoff (12R)

Convention (12C) Special (12S)

Election on 03 / 17 / 2026 in the State of IL

(c) 30-Day **POST**-Election Report for the:

General (30G) Runoff (30R) Special (30S)

Election on / / in the State of

5. Covering Period 01 / 01 / 2026 through 02 / 25 / 2026

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer **MCCUBBIN, JEREMIE, , ,**

Signature of Treasurer **MCCUBBIN, JEREMIE, , ,** Date 03 / 05 / 2026

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name

JEFF COHEN FOR CONGRESS

Report Covering the Period: From: M M / D D / Y Y Y Y 01 / 01 / 2026 To: M M / D D / Y Y Y Y 02 / 25 / 2026

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	21355.00	288225.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	100.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	21355.00	288125.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	55974.05	269948.88
(b) Total Offsets to Operating Expenditures (from Line 14)	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	55974.05	269948.88
8. Cash on Hand at Close of Reporting Period (from Line 27)	518176.12	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	524355.30	

For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov.

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

JEFF COHEN FOR CONGRESS

Report Covering the Period: From: / / To: / /

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	20310.00	278901.00
(ii) Unitemized.....	1045.00	9324.00
(iii) TOTAL of contributions from individuals ▶	21355.00	288225.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	21355.00	288225.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	500000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	500000.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	21355.00	788225.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 05/2016)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	55974.05	269948.88
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	100.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	100.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	55974.05	270048.88

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	552795.17
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	21355.00
25. SUBTOTAL (add Line 23 and Line 24).....	574150.17
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	55974.05
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	518176.12

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3N
Transaction ID :

PLEASE NOTE THAT THE COMMITTEE DISCLOSED ONLY THE ITEMIZED CONTRIBUTIONS FROM EARMARKED CONDUIT(S) THAT WERE REPORTED ON SCHEDULE A FOR LINE 11(A)(I); THE REMAINDER OF THE CONDUIT CONTRIBUTIONS THAT AGGREGATED \$200 OR LESS WERE INCLUDED IN THE TOTAL ON LINE 11(A)(II) OF THE DETAILED SUMMARY PAGE PER 11 CFR 104.3(A)(3).

Form/Schedule:
Transaction ID:

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 6 OF 40	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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)
JEFF COHEN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
BESSON, SUSAN, , ,

Mailing Address 1300 ISABELLA ST.

City EVANSTON	State IL	Zip Code 60201
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FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 19 / 2026

Transaction ID : A-564

Amount of Each Receipt this Period
50.00

Memo Item

EARMARK VIA ACTBLUE ON 2026-01-25

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

Mailing Address PO BOX 441146

City SOMERVILLE	State MA	Zip Code 02144
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FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer	Occupation
------------------	------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
242175.34

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 25 / 2026

Transaction ID : A-564CM

Amount of Each Receipt this Period
125.00

Memo Item

EARMARKED-CONDUIT DETAILS. CONDUIT CONTRIBUTION LIMIT NOT AFFECTED.

C. Full Name (Last, First, Middle Initial)
BESSON, SUSAN, , ,

Mailing Address 1300 ISABELLA ST.

City EVANSTON	State IL	Zip Code 60201
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FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
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Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 19 / 2026

Transaction ID : A-625

Amount of Each Receipt this Period
50.00

Memo Item

EARMARK VIA ACTBLUE ON 2026-02-22

SUBTOTAL of Receipts This Page (optional).....▶	100.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 40
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JEFF COHEN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
ACTBLUE

Mailing Address PO BOX 441146

City SOMERVILLE	State MA	Zip Code 02144
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FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer	Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
253285.34

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 22 / 2026

Transaction ID : A-625CM

Amount of Each Receipt this Period
1525.00

Memo Item

EARMARKED-CONDUIT DETAILS. CONDUIT CONTRIBUTION LIMIT NOT AFFECTED.

B. Full Name (Last, First, Middle Initial)
BOARINI, JEFF, , ,

Mailing Address 1800 RIDGE AVENUE

City EVANSTON	State IL	Zip Code 60201
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FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 05 / 2026

Transaction ID : A-586

Amount of Each Receipt this Period
250.00

Memo Item

EARMARK VIA ACTBLUE ON 2026-02-08

C. Full Name (Last, First, Middle Initial)
ACTBLUE

Mailing Address PO BOX 441146

City SOMERVILLE	State MA	Zip Code 02144
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FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer	Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
248925.34

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 08 / 2026

Transaction ID : A-586CM

Amount of Each Receipt this Period
6100.00

Memo Item

EARMARKED-CONDUIT DETAILS. CONDUIT CONTRIBUTION LIMIT NOT AFFECTED.

SUBTOTAL of Receipts This Page (optional)..... ▶	250.00
TOTAL This Period (last page this line number only)..... ▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 40
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
JEFF COHEN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
BUNGE, JONATHAN, , ,

Mailing Address 339 WHITE OAK LANE WINNETKA IL 600

City WINNETKA	State IL	Zip Code 60093
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FEC ID number of contributing federal political committee. **C**

Name of Employer QUINN EMANUEL	Occupation ATTORNEY
-----------------------------------	------------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 11 / 2026

Transaction ID : A-512

Amount of Each Receipt this Period
5000.00

Memo Item

EARMARK VIA ACTBLUE ON 2026-01-11

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

Mailing Address PO BOX 441146

City SOMERVILLE	State MA	Zip Code 02144
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FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer	Occupation
------------------	------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
238295.34

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 11 / 2026

Transaction ID : A-512CM

Amount of Each Receipt this Period
5830.00

Memo Item

EARMARKED-CONDUIT DETAILS. CONDUIT CONTRIBUTION LIMIT NOT AFFECTED.

C. Full Name (Last, First, Middle Initial)
BUNGE, JONATHAN, , ,

Mailing Address 339 WHITE OAK LANE WINNETKA IL 600

City WINNETKA	State IL	Zip Code 60093
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FEC ID number of contributing federal political committee. **C**

Name of Employer QUINN EMANUEL	Occupation ATTORNEY
-----------------------------------	------------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 11 / 2026

Transaction ID : A-543

Amount of Each Receipt this Period
1500.00

Memo Item

REDESIGNATION TO

SUBTOTAL of Receipts This Page (optional).....▶	5000.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 40
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
JEFF COHEN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
BUNGE, JONATHAN, , ,

Mailing Address 339 WHITE OAK LANE WINNETKA IL 600

City WINNETKA	State IL	Zip Code 60093
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FEC ID number of contributing federal political committee. **C**

Name of Employer QUINN EMANUEL	Occupation ATTORNEY
-----------------------------------	------------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 11 / 2026

Transaction ID : A-544

Amount of Each Receipt this Period
- 1500.00

Memo Item

REDESIGNATION FROM

B. Full Name (Last, First, Middle Initial)
COHEN, PETER, , ,

Mailing Address 6905 ROSEMONT DR

City MCLEAN	State VA	Zip Code 22101
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FEC ID number of contributing federal political committee. **C**

Name of Employer MICROSOFT	Occupation ENGINEER
-------------------------------	------------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3555.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 11 / 2026

Transaction ID : A-515

Amount of Each Receipt this Period
10.00

Memo Item

EARMARK VIA ACTBLUE ON 2026-01-11

C. Full Name (Last, First, Middle Initial)
ACTBLUE

Mailing Address PO BOX 441146

City SOMERVILLE	State MA	Zip Code 02144
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FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer	Occupation
------------------	------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
238295.34

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 11 / 2026

Transaction ID : A-515CM

Amount of Each Receipt this Period
5830.00

Memo Item

EARMARKED-CONDUIT DETAILS. CONDUIT CONTRIBUTION LIMIT NOT AFFECTED.

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

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

10.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 10 OF 40	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
JEFF COHEN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
DEAL, BRUCE, , ,

Mailing Address 98 HAWTHORN DRIVE

City: ATHONTON State: CA Zip Code: 94027

FEC ID number of contributing federal political committee: C

Name of Employer: ANALYSIS GROUP Occupation: SENIOR ADVISOR

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
450.00

Date of Receipt: 02 / 10 / 2026

Transaction ID : A-614

Amount of Each Receipt this Period: 200.00

Memo Item

EARMARK VIA ACTBLUE ON 2026-02-15

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

Mailing Address PO BOX 441146

City: SOMERVILLE State: MA Zip Code: 02144

FEC ID number of contributing federal political committee: C C00401224

Name of Employer: Occupation:

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
251760.34

Date of Receipt: 02 / 15 / 2026

Transaction ID : A-614CM

Amount of Each Receipt this Period: 2835.00

Memo Item

EARMARKED-CONDUIT DETAILS. CONDUIT CONTRIBUTION LIMIT NOT AFFECTED.

C. Full Name (Last, First, Middle Initial)
DURKIN, SEAN, , ,

Mailing Address 1209 N ASTOR ST

City: CHICAGO State: IL Zip Code: 60610

FEC ID number of contributing federal political committee: C

Name of Employer: CRA Occupation: ECONOMIST

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt: 02 / 02 / 2026

Transaction ID : A-588

Amount of Each Receipt this Period: 1000.00

Memo Item

EARMARK VIA ACTBLUE ON 2026-02-08

SUBTOTAL of Receipts This Page (optional).....▶	1200.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 40
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
JEFF COHEN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
ACTBLUE

Mailing Address PO BOX 441146

City SOMERVILLE State MA Zip Code 02144

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
248925.34

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 08 / 2026

Transaction ID : A-588CM

Amount of Each Receipt this Period
6100.00

Memo Item

EARMARKED-CONDUIT DETAILS. CONDUIT CONTRIBUTION LIMIT NOT AFFECTED.

B. Full Name (Last, First, Middle Initial)
GROSSE, ERIC, , ,

Mailing Address 1574 SIESTA DR

City LOS ALTOS State CA Zip Code 94024

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 12 / 2026

Transaction ID : A-553

Amount of Each Receipt this Period
3500.00

Memo Item

EARMARK VIA ACTBLUE ON 2026-01-18

C. Full Name (Last, First, Middle Initial)
ACTBLUE

Mailing Address PO BOX 441146

City SOMERVILLE State MA Zip Code 02144

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
242050.34

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 18 / 2026

Transaction ID : A-553CM

Amount of Each Receipt this Period
3755.00

Memo Item

EARMARKED-CONDUIT DETAILS. CONDUIT CONTRIBUTION LIMIT NOT AFFECTED.

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

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

3500.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 40
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
JEFF COHEN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
KANTER, DAN, , ,

Mailing Address 2905 HARRISON ST.

City EVANSTON State IL Zip Code 60201

FEC ID number of contributing federal political committee. C

Name of Employer MONROE FINANCIAL PARTNERS Occupation INVESTMENT MANAGEMENT

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 21 / 2026

Transaction ID : A-628

Amount of Each Receipt this Period
500.00

Memo Item

EARMARK VIA ACTBLUE ON 2026-02-22

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

Mailing Address PO BOX 441146

City SOMERVILLE State MA Zip Code 02144

FEC ID number of contributing federal political committee. C C00401224

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
253285.34

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 22 / 2026

Transaction ID : A-628CM

Amount of Each Receipt this Period
1525.00

Memo Item

EARMARKED-CONDUIT DETAILS. CONDUIT CONTRIBUTION LIMIT NOT AFFECTED.

C. Full Name (Last, First, Middle Initial)
KELLY, GERARD, , ,

Mailing Address 147 PRAIRIE AVE.

City WILMETTE State IL Zip Code 60091

FEC ID number of contributing federal political committee. C

Name of Employer CROKE FAIRCHILD DUARTE & BERES Occupation ATTORNEY

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 30 / 2026

Transaction ID : A-580

Amount of Each Receipt this Period
500.00

Memo Item

EARMARK VIA ACTBLUE ON 2026-02-01

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

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

1000.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 40
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
JEFF COHEN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
ACTBLUE

Mailing Address PO BOX 441146

City SOMERVILLE State MA Zip Code 02144

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
242825.34

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 01 / 2026

Transaction ID : A-580CM

Amount of Each Receipt this Period
650.00

Memo Item

EARMARKED-CONDUIT DETAILS. CONDUIT CONTRIBUTION LIMIT NOT AFFECTED.

B. Full Name (Last, First, Middle Initial)
KURTZ, BENJAMIN, , ,

Mailing Address 1115 HINMAN AVE

City EVANSTON State IL Zip Code 60202

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
KIRKLAND & ELLIS LLP ATTORNEY

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 08 / 2026

Transaction ID : A-511

Amount of Each Receipt this Period
250.00

Memo Item

EARMARK VIA ACTBLUE ON 2026-01-11

C. Full Name (Last, First, Middle Initial)
ACTBLUE

Mailing Address PO BOX 441146

City SOMERVILLE State MA Zip Code 02144

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
238295.34

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 11 / 2026

Transaction ID : A-511CM

Amount of Each Receipt this Period
5830.00

Memo Item

EARMARKED-CONDUIT DETAILS. CONDUIT CONTRIBUTION LIMIT NOT AFFECTED.

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

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

250.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: (check only one)		PAGE 14 OF 40	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JEFF COHEN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
LAYTIN, DANIEL, , ,

Mailing Address 1314 W MELROSE

City CHICAGO	State IL	Zip Code 60657
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer KIRKLAND & ELLIS	Occupation ATTORNEY
--------------------------------------	------------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 07 / 2026

Transaction ID : A-513

Amount of Each Receipt this Period
250.00

Memo Item

EARMARK VIA ACTBLUE ON 2026-01-11

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

Mailing Address PO BOX 441146

City SOMERVILLE	State MA	Zip Code 02144
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer	Occupation
------------------	------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
238295.34

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 11 / 2026

Transaction ID : A-513CM

Amount of Each Receipt this Period
5830.00

Memo Item

EARMARKED-CONDUIT DETAILS. CONDUIT CONTRIBUTION LIMIT NOT AFFECTED.

C. Full Name (Last, First, Middle Initial)
LYS, THOMAS, , ,

Mailing Address 25300 N NEKTOSHA WAY

City METTAWA	State IL	Zip Code 60045-1867
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 20 / 2026

Transaction ID : A-622

Amount of Each Receipt this Period
500.00

Memo Item

EARMARK VIA ACTBLUE ON 2026-02-22

SUBTOTAL of Receipts This Page (optional)..... ▶	750.00
TOTAL This Period (last page this line number only)..... ▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 OF 40
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
JEFF COHEN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
ACTBLUE

Mailing Address PO BOX 441146

City SOMERVILLE State MA Zip Code 02144

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
253285.34

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 22 / 2026

Transaction ID : A-622CM

Amount of Each Receipt this Period
1525.00

Memo Item

EARMARKED-CONDUIT DETAILS. CONDUIT CONTRIBUTION LIMIT NOT AFFECTED.

B. Full Name (Last, First, Middle Initial)
MALONE, EDWARD, , ,

Mailing Address 622 FAIR

City OAK PARK State IL Zip Code 60302

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
BARACK FERRAZZANO KIRSCHBAUM & NAC ATTORNEY

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1679.66

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 18 / 2026

Transaction ID : A-621

Amount of Each Receipt this Period
250.00

Memo Item

EARMARK VIA ACTBLUE ON 2026-02-22

C. Full Name (Last, First, Middle Initial)
ACTBLUE

Mailing Address PO BOX 441146

City SOMERVILLE State MA Zip Code 02144

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
253285.34

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 22 / 2026

Transaction ID : A-621CM

Amount of Each Receipt this Period
1525.00

Memo Item

EARMARKED-CONDUIT DETAILS. CONDUIT CONTRIBUTION LIMIT NOT AFFECTED.

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

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

250.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 OF 40
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
JEFF COHEN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MICHEL, STEPHANIE, , ,
Mailing Address 1131 FOREST AVE
City EVANSTON State IL Zip Code 60202
FEC ID number of contributing federal political committee. C
Name of Employer STEPHANIE MICHEL Occupation ATTORNEY
Receipt For: 2026
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 01 / 2026
Transaction ID : A-499
Amount of Each Receipt this Period
500.00
 Memo Item
EARMARK VIA ACTBLUE ON 2026-01-04

B. Full Name (Last, First, Middle Initial)
ACTBLUE
Mailing Address PO BOX 441146
City SOMERVILLE State MA Zip Code 02144
FEC ID number of contributing federal political committee. C C00401224
Name of Employer Occupation
Receipt For: 2026
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
232465.34

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 04 / 2026
Transaction ID : A-499CM
Amount of Each Receipt this Period
525.00
 Memo Item
EARMARKED-CONDUIT DETAILS. CONDUIT CONTRIBUTION LIMIT NOT AFFECTED.

C. Full Name (Last, First, Middle Initial)
NICKLIN, EMILY, , ,
Mailing Address 445 WEST WISCONSIN STREET
City CHICAGO State IL Zip Code 60614
FEC ID number of contributing federal political committee. C
Name of Employer RETIRED Occupation RETIRED
Receipt For: 2026
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 12 / 2026
Transaction ID : A-552
Amount of Each Receipt this Period
250.00
 Memo Item
EARMARK VIA ACTBLUE ON 2026-01-18

SUBTOTAL of Receipts This Page (optional) ▶ 750.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 OF 40
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
JEFF COHEN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
ACTBLUE

Mailing Address PO BOX 441146

City SOMERVILLE State MA Zip Code 02144

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
242050.34

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 18 / 2026

Transaction ID : A-552CM

Amount of Each Receipt this Period
3755.00

Memo Item

EARMARKED-CONDUIT DETAILS. CONDUIT CONTRIBUTION LIMIT NOT AFFECTED.

B. Full Name (Last, First, Middle Initial)
OUWELEEN, MARK, , ,

Mailing Address 1366 N DEARBORN ST APT 9A

City CHICAGO State IL Zip Code 60610

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
BARTLIT BECK HERMAN PALENCHAR & SCC ATTORNEY

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 09 / 2026

Transaction ID : A-609

Amount of Each Receipt this Period
1000.00

Memo Item

EARMARK VIA ACTBLUE ON 2026-02-15

C. Full Name (Last, First, Middle Initial)
ACTBLUE

Mailing Address PO BOX 441146

City SOMERVILLE State MA Zip Code 02144

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
251760.34

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 15 / 2026

Transaction ID : A-609CM

Amount of Each Receipt this Period
2835.00

Memo Item

EARMARKED-CONDUIT DETAILS. CONDUIT CONTRIBUTION LIMIT NOT AFFECTED.

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

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

1000.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 OF 40
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
JEFF COHEN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
ROCHELEAU, JOE, , ,

Mailing Address 1400 MAPLE AVENUE

City EVANSTON State IL Zip Code 60201

FEC ID number of contributing federal political committee. C

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 06 / 2026

Transaction ID : A-587

Amount of Each Receipt this Period
500.00

Memo Item

EARMARK VIA ACTBLUE ON 2026-02-08

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

Mailing Address PO BOX 441146

City SOMERVILLE State MA Zip Code 02144

FEC ID number of contributing federal political committee. C C00401224

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
248925.34

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 08 / 2026

Transaction ID : A-587CM

Amount of Each Receipt this Period
6100.00

Memo Item

EARMARKED-CONDUIT DETAILS. CONDUIT CONTRIBUTION LIMIT NOT AFFECTED.

C. Full Name (Last, First, Middle Initial)
SAGAN, JOHN, , ,

Mailing Address 1314 FOREST AVE.

City EVANSTON State IL Zip Code 60201

FEC ID number of contributing federal political committee. C

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 10 / 2026

Transaction ID : A-611

Amount of Each Receipt this Period
1000.00

Memo Item

EARMARK VIA ACTBLUE ON 2026-02-15

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

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

1500.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 OF 40
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
JEFF COHEN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
ACTBLUE

Mailing Address PO BOX 441146

City SOMERVILLE State MA Zip Code 02144

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
251760.34

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 15 / 2026

Transaction ID : A-611CM

Amount of Each Receipt this Period
2835.00

Memo Item

EARMARKED-CONDUIT DETAILS. CONDUIT CONTRIBUTION LIMIT NOT AFFECTED.

B. Full Name (Last, First, Middle Initial)
SHAPIRO, BRUCE, , ,

Mailing Address 1508 HINMAN AVE

City EVANSTON State IL Zip Code 60201

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
350.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 08 / 2026

Transaction ID : A-589

Amount of Each Receipt this Period
250.00

Memo Item

EARMARK VIA ACTBLUE ON 2026-02-08

C. Full Name (Last, First, Middle Initial)
ACTBLUE

Mailing Address PO BOX 441146

City SOMERVILLE State MA Zip Code 02144

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
248925.34

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 08 / 2026

Transaction ID : A-589CM

Amount of Each Receipt this Period
6100.00

Memo Item

EARMARKED-CONDUIT DETAILS. CONDUIT CONTRIBUTION LIMIT NOT AFFECTED.

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

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

250.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: (check only one)		PAGE 20 OF 40	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JEFF COHEN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
STEIN, MARK, , ,

Mailing Address 1837 ASBURY AVE.

City EVANSTON	State IL	Zip Code 60201
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 12 / 2026

Transaction ID : A-615

Amount of Each Receipt this Period
500.00

Memo Item

EARMARK VIA ACTBLUE ON 2026-02-15

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

Mailing Address PO BOX 441146

City SOMERVILLE	State MA	Zip Code 02144
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer	Occupation
------------------	------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
251760.34

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 15 / 2026

Transaction ID : A-615CM

Amount of Each Receipt this Period
2835.00

* Memo Item

EARMARKED-CONDUIT DETAILS. CONDUIT CONTRIBUTION LIMIT NOT AFFECTED.

C. Full Name (Last, First, Middle Initial)
TREECE, JOHN, , ,

Mailing Address 1135 WEST MONTANA ST.

City CHICAGO	State IL	Zip Code 60614
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 06 / 2026

Transaction ID : A-592

Amount of Each Receipt this Period
1000.00

Memo Item

EARMARK VIA ACTBLUE ON 2026-02-08

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

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

1500.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 OF 40
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
JEFF COHEN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
ACTBLUE

Mailing Address PO BOX 441146

City: SOMERVILLE State: MA Zip Code: 02144

FEC ID number of contributing federal political committee: **C** C00401224

Name of Employer: Occupation:

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
248925.34

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 08 / 2026

Transaction ID : A-592CM

Amount of Each Receipt this Period
6100.00

Memo Item

EARMARKED-CONDUIT DETAILS. CONDUIT CONTRIBUTION LIMIT NOT AFFECTED.

B. Full Name (Last, First, Middle Initial)
WEXLER, EMILY, , ,

Mailing Address 1221 JUDSON AVE.

City: EVANSTON State: IL Zip Code: 60202

FEC ID number of contributing federal political committee: **C**

Name of Employer: Occupation:
VANDRUNEN FARMS ATTORNEY

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 07 / 2026

Transaction ID : A-590

Amount of Each Receipt this Period
500.00

Memo Item

EARMARK VIA ACTBLUE ON 2026-02-08

C. Full Name (Last, First, Middle Initial)
ACTBLUE

Mailing Address PO BOX 441146

City: SOMERVILLE State: MA Zip Code: 02144

FEC ID number of contributing federal political committee: **C** C00401224

Name of Employer: Occupation:

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
248925.34

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 08 / 2026

Transaction ID : A-590CM

Amount of Each Receipt this Period
6100.00

Memo Item

EARMARKED-CONDUIT DETAILS. CONDUIT CONTRIBUTION LIMIT NOT AFFECTED.

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

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

500.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: (check only one)		PAGE 22 OF 40	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JEFF COHEN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
WHITING, BRIAN, , ,

Mailing Address 200 E RANDOLPH ST

City CHICAGO	State IL	Zip Code 60601
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer THE TELOS GROUP	Occupation REAL ESTATE
-------------------------------------	---------------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 07 / 2026

Transaction ID : A-585

Amount of Each Receipt this Period
2500.00

Memo Item

EARMARK VIA ACTBLUE ON 2026-02-08

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

Mailing Address PO BOX 441146

City SOMERVILLE	State MA	Zip Code 02144
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer	Occupation
------------------	------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
248925.34

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 08 / 2026

Transaction ID : A-585CM

Amount of Each Receipt this Period
6100.00

Memo Item

EARMARKED-CONDUIT DETAILS. CONDUIT CONTRIBUTION LIMIT NOT AFFECTED.

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

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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

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

2500.00
20310.00

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 23 OF 40	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
JEFF COHEN FOR CONGRESS

Full Name (Last, First, Middle Initial)		Date of Disbursement	
A. ACTBLUE TECHNICAL SERVICES		M M / D D / Y Y Y Y 01 / 01 / 2026	
Mailing Address 14 ARROW STREET STE 11		FEC Identification Number	
City CAMBRIDGE	State MA	Zip Code 02138	C
Purpose of Disbursement MERCHANT FEE		001	Amount of Each Disbursement this Period
Candidate Name		Category/ Type	20.74
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B-501
State:	District:		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial)		Date of Disbursement	
B. ACTBLUE TECHNICAL SERVICES		M M / D D / Y Y Y Y 01 / 11 / 2026	
Mailing Address 14 ARROW STREET STE 11		FEC Identification Number	
City CAMBRIDGE	State MA	Zip Code 02138	C
Purpose of Disbursement MERCHANT FEE		001	Amount of Each Disbursement this Period
Candidate Name		Category/ Type	230.31
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B-516
State:	District:		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial)		Date of Disbursement	
C. ACTBLUE TECHNICAL SERVICES		M M / D D / Y Y Y Y 01 / 18 / 2026	
Mailing Address 14 ARROW STREET STE 11		FEC Identification Number	
City CAMBRIDGE	State MA	Zip Code 02138	C
Purpose of Disbursement MERCHANT FEE		001	Amount of Each Disbursement this Period
Candidate Name		Category/ Type	148.33
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B-555
State:	District:		<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	399.38
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: (check only one)
 17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
JEFF COHEN FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. ACTBLUE TECHNICAL SERVICES

Mailing Address 14 ARROW STREET
STE 11

City CAMBRIDGE State MA Zip Code 02138

Purpose of Disbursement MERCHANT FEE Category/Type

Candidate Name

Office Sought: House Senate President Disbursement For: 2026
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement / /

FEC Identification Number

Amount of Each Disbursement this Period

Transaction ID : B-566

Memo Item

Full Name (Last, First, Middle Initial)

B. ACTBLUE TECHNICAL SERVICES

Mailing Address 14 ARROW STREET
STE 11

City CAMBRIDGE State MA Zip Code 02138

Purpose of Disbursement MERCHANT FEE Category/Type

Candidate Name

Office Sought: House Senate President Disbursement For: 2026
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement / /

FEC Identification Number

Amount of Each Disbursement this Period

Transaction ID : B-582

Memo Item

Full Name (Last, First, Middle Initial)

C. ACTBLUE TECHNICAL SERVICES

Mailing Address 14 ARROW STREET
STE 11

City CAMBRIDGE State MA Zip Code 02138

Purpose of Disbursement MERCHANT FEE Category/Type

Candidate Name

Office Sought: House Senate President Disbursement For: 2026
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement / /

FEC Identification Number

Amount of Each Disbursement this Period

Transaction ID : B-594

Memo Item

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

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 25 OF 40	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
JEFF COHEN FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. ACTBLUE TECHNICAL SERVICES

Mailing Address 14 ARROW STREET
STE 11

City CAMBRIDGE State MA Zip Code 02138

Purpose of Disbursement MERCHANT FEE Category/Type

Candidate Name

Office Sought: House Senate President Disbursement For: 2026
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement / /

FEC Identification Number

Amount of Each Disbursement this Period

Transaction ID : B-617

Memo Item

Full Name (Last, First, Middle Initial)

B. ACTBLUE TECHNICAL SERVICES

Mailing Address 14 ARROW STREET
STE 11

City CAMBRIDGE State MA Zip Code 02138

Purpose of Disbursement MERCHANT FEE Category/Type

Candidate Name

Office Sought: House Senate President Disbursement For: 2026
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement / /

FEC Identification Number

Amount of Each Disbursement this Period

Transaction ID : B-630

Memo Item

Full Name (Last, First, Middle Initial)

C. ACTBLUE TECHNICAL SERVICES

Mailing Address 14 ARROW STREET
STE 11

City CAMBRIDGE State MA Zip Code 02138

Purpose of Disbursement MERCHANT FEE Category/Type

Candidate Name

Office Sought: House Senate President Disbursement For: 2026
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement / /

FEC Identification Number

Amount of Each Disbursement this Period

Transaction ID : B-640

Memo Item

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

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 26 OF 40	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
JEFF COHEN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. AMALGAMATED BANK			Date of Disbursement M M / D D / Y Y Y Y 01 / 29 / 2026	
Mailing Address 275 7TH AVENUE			FEC Identification Number C	
City NEW YORK	State NY	Zip Code 10001	Amount of Each Disbursement this Period 79.15	
Purpose of Disbursement BANK FEES		Category/ Type 001	Transaction ID : B-598	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. BLUE SCOUT DIGITAL LLC			Date of Disbursement M M / D D / Y Y Y Y 01 / 16 / 2026	
Mailing Address 2505 ROYAL BIRKDALE DRIVE			FEC Identification Number C	
City PLANO	State TX	Zip Code 75025	Amount of Each Disbursement this Period 1800.00	
Purpose of Disbursement DIGITAL FUNDRAISING SERVICES		Category/ Type 003	Transaction ID : B-546	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. COMMONCENTSCONSULTING, LLC			Date of Disbursement M M / D D / Y Y Y Y 01 / 20 / 2026	
Mailing Address PO BOX 26430			FEC Identification Number C	
City TEMPE	State AZ	Zip Code 85285	Amount of Each Disbursement this Period 3500.00	
Purpose of Disbursement ACCOUNTING & COMPLIANCE SERVICES		Category/ Type 001	Transaction ID : B-548	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	5379.15
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 27 OF 40	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
JEFF COHEN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. COMMONCENTSCONSULTING, LLC			Date of Disbursement M M / D D / Y Y Y Y 01 / 20 / 2026
Mailing Address PO BOX 26430			FEC Identification Number C
City TEMPE	State AZ	Zip Code 85285	Amount of Each Disbursement this Period 3500.00
Purpose of Disbursement ACCOUNTING & COMPLIANCE SERVICES		Category/ Type 001	Transaction ID : B-549
Candidate Name			<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. COMMONCENTSCONSULTING, LLC			Date of Disbursement M M / D D / Y Y Y Y 02 / 15 / 2026
Mailing Address PO BOX 26430			FEC Identification Number C
City TEMPE	State AZ	Zip Code 85285	Amount of Each Disbursement this Period 3500.00
Purpose of Disbursement ACCOUNTING & COMPLIANCE SERVICES		Category/ Type 001	Transaction ID : B-606
Candidate Name			<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. GMMB			Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2026
Mailing Address 3050 K STREET NORTHWEST STE 100			FEC Identification Number C
City WASHINGTON	State DC	Zip Code 20007	Amount of Each Disbursement this Period 20800.00
Purpose of Disbursement DIGITAL MEDIA EXPENSE		Category/ Type 001	Transaction ID : B-561
Candidate Name			<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	27800.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 28 OF 40	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
JEFF COHEN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. HUMAN CAPITAL MANAGEMENT LLC		Date of Disbursement M M / D D / Y Y Y Y 01 / 12 / 2026
Mailing Address 5005 WEST LAUREL STREET STE 212		FEC Identification Number C
City TAMPA	State FL	Zip Code 33607
Purpose of Disbursement PAYROLL - SEE MEMOS	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period 616.38	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B-530 <input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. HUMAN CAPITAL MANAGEMENT LLC		Date of Disbursement M M / D D / Y Y Y Y 01 / 12 / 2026
Mailing Address 5005 WEST LAUREL STREET STE 212		FEC Identification Number C
City TAMPA	State FL	Zip Code 33607
Purpose of Disbursement PAYROLL TAXES	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period 177.75	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B-531 <input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. HUMAN CAPITAL MANAGEMENT LLC		Date of Disbursement M M / D D / Y Y Y Y 01 / 12 / 2026
Mailing Address 5005 WEST LAUREL STREET STE 212		FEC Identification Number C
City TAMPA	State FL	Zip Code 33607
Purpose of Disbursement PAYROLL PROCESSING SERVICE	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period 47.73	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B-532 <input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	841.86
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 29 OF 40	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
JEFF COHEN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. HUMAN CAPITAL MANAGEMENT LLC		Date of Disbursement M M / D D / Y Y Y Y 01 / 12 / 2026
Mailing Address 5005 WEST LAUREL STREET STE 212		FEC Identification Number C
City TAMPA	State FL	Zip Code 33607
Purpose of Disbursement WORKERS COMPENSATION INSURANCE		001
Candidate Name		Amount of Each Disbursement this Period 4.30
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B-534
State: District:		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. HUMAN CAPITAL MANAGEMENT LLC		Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2026
Mailing Address 5005 WEST LAUREL STREET STE 212		FEC Identification Number C
City TAMPA	State FL	Zip Code 33607
Purpose of Disbursement PAYROLL - SEE MEMOS		001
Candidate Name		Amount of Each Disbursement this Period 1598.83
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B-535
State: District:		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. HUMAN CAPITAL MANAGEMENT LLC		Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2026
Mailing Address 5005 WEST LAUREL STREET STE 212		FEC Identification Number C
City TAMPA	State FL	Zip Code 33607
Purpose of Disbursement PAYROLL TAXES		001
Candidate Name		Amount of Each Disbursement this Period 639.17
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B-536
State: District:		<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	2242.30
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 30 OF 40	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
JEFF COHEN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. HUMAN CAPITAL MANAGEMENT LLC			Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2026	
Mailing Address 5005 WEST LAUREL STREET STE 212			FEC Identification Number C	
City TAMPA	State FL	Zip Code 33607	Amount of Each Disbursement this Period 62.73	
Purpose of Disbursement PAYROLL PROCESSING SERVICE		Category/ Type 001	Transaction ID : B-537	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. HUMAN CAPITAL MANAGEMENT LLC			Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2026	
Mailing Address 5005 WEST LAUREL STREET STE 212			FEC Identification Number C	
City TAMPA	State FL	Zip Code 33607	Amount of Each Disbursement this Period 12.12	
Purpose of Disbursement WORKERS COMPENSATION INSURANCE		Category/ Type 001	Transaction ID : B-539	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. HUMAN CAPITAL MANAGEMENT LLC			Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2026	
Mailing Address 5005 WEST LAUREL STREET STE 212			FEC Identification Number C	
City TAMPA	State FL	Zip Code 33607	Amount of Each Disbursement this Period 1003.33	
Purpose of Disbursement PAYROLL - SEE MEMOS		Category/ Type 001	Transaction ID : B-572	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	1078.18
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 40			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
JEFF COHEN FOR CONGRESS

Full Name (Last, First, Middle Initial)
A. HUMAN CAPITAL MANAGEMENT LLC

Mailing Address 5005 WEST LAUREL STREET
STE 212

City TAMPA State FL Zip Code 33607

Purpose of Disbursement PAYROLL TAXES Category/Type 001

Candidate Name

Office Sought: House Senate President Disbursement For: 2026 Primary General Other (specify) ▼

State: District:

Date of Disbursement M M / D D / Y Y Y Y
01 / 30 / 2026

FEC Identification Number C

Amount of Each Disbursement this Period 395.41

Transaction ID : B-573

Memo Item

Full Name (Last, First, Middle Initial)
B. HUMAN CAPITAL MANAGEMENT LLC

Mailing Address 5005 WEST LAUREL STREET
STE 212

City TAMPA State FL Zip Code 33607

Purpose of Disbursement PAYROLL PROCESSING SERVICE Category/Type 001

Candidate Name

Office Sought: House Senate President Disbursement For: 2026 Primary General Other (specify) ▼

State: District:

Date of Disbursement M M / D D / Y Y Y Y
01 / 30 / 2026

FEC Identification Number C

Amount of Each Disbursement this Period 177.71

Transaction ID : B-574

Memo Item

Full Name (Last, First, Middle Initial)
C. HUMAN CAPITAL MANAGEMENT LLC

Mailing Address 5005 WEST LAUREL STREET
STE 212

City TAMPA State FL Zip Code 33607

Purpose of Disbursement WORKERS COMPENSATION INSURANCE Category/Type 001

Candidate Name

Office Sought: House Senate President Disbursement For: 2026 Primary General Other (specify) ▼

State: District:

Date of Disbursement M M / D D / Y Y Y Y
01 / 30 / 2026

FEC Identification Number C

Amount of Each Disbursement this Period 7.58

Transaction ID : B-576

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 580.70

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 32 OF 40	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
JEFF COHEN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. HUMAN CAPITAL MANAGEMENT LLC			Date of Disbursement M M / D D / Y Y Y Y 02 / 13 / 2026	
Mailing Address 5005 WEST LAUREL STREET STE 212			FEC Identification Number C	
City TAMPA	State FL	Zip Code 33607	Amount of Each Disbursement this Period 1282.31	
Purpose of Disbursement PAYROLL - SEE MEMOS		Category/ Type 001	Transaction ID : B-601	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. HUMAN CAPITAL MANAGEMENT LLC			Date of Disbursement M M / D D / Y Y Y Y 02 / 13 / 2026	
Mailing Address 5005 WEST LAUREL STREET STE 212			FEC Identification Number C	
City TAMPA	State FL	Zip Code 33607	Amount of Each Disbursement this Period 530.47	
Purpose of Disbursement PAYROLL TAXES		Category/ Type 001	Transaction ID : B-602	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. HUMAN CAPITAL MANAGEMENT LLC			Date of Disbursement M M / D D / Y Y Y Y 02 / 13 / 2026	
Mailing Address 5005 WEST LAUREL STREET STE 212			FEC Identification Number C	
City TAMPA	State FL	Zip Code 33607	Amount of Each Disbursement this Period 47.73	
Purpose of Disbursement PAYROLL PROCESSING SERVICE		Category/ Type 001	Transaction ID : B-603	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	1860.51
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 33 OF 40	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
JEFF COHEN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. HUMAN CAPITAL MANAGEMENT LLC			Date of Disbursement M M / D D / Y Y Y Y 02 / 13 / 2026	
Mailing Address 5005 WEST LAUREL STREET STE 212			FEC Identification Number C	
City TAMPA	State FL	Zip Code 33607	Amount of Each Disbursement this Period 9.82	
Purpose of Disbursement WORKERS COMPENSATION INSURANCE		Category/Type 001	Transaction ID : B-605	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. INDUSTRIOUS, INC.			Date of Disbursement M M / D D / Y Y Y Y 01 / 06 / 2026	
Mailing Address 215 PARK AVENUE SOUTH			FEC Identification Number C	
City NEW YORK	State NY	Zip Code 10003	Amount of Each Disbursement this Period 1770.90	
Purpose of Disbursement RENT		Category/Type 001	Transaction ID : B-503	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. INTEGRATED SOLUTIONS: POLITICAL			Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2026	
Mailing Address 4142 ADAMS AVENUE SUITE 103-550			FEC Identification Number C	
City SAN DIEGO	State CA	Zip Code 92116	Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement SOFTWARE SUBSCRIPTION		Category/Type 001	Transaction ID : B-523	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	2780.72
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 34 OF 40	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
JEFF COHEN FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. INTEGRATED SOLUTIONS: POLITICAL

Mailing Address 4142 ADAMS AVENUE
SUITE 103-550

City SAN DIEGO State CA Zip Code 92116

Purpose of Disbursement SOFTWARE SUBSCRIPTION Category/Type 001

Candidate Name

Office Sought: House Senate President Disbursement For: 2026
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement M M / D D / Y Y Y Y
02 / 03 / 2026

FEC Identification Number C

Amount of Each Disbursement this Period 1000.00

Transaction ID : B-597

Memo Item

Full Name (Last, First, Middle Initial)

B. NORTH SHORE STRATEGIES, LLC

Mailing Address 500 7TH AVENUE

City NEW YORK State NY Zip Code 10018

Purpose of Disbursement CAMPAIGN CONSULTING SERVICES Category/Type 001

Candidate Name

Office Sought: House Senate President Disbursement For: 2026
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement M M / D D / Y Y Y Y
01 / 20 / 2026

FEC Identification Number C

Amount of Each Disbursement this Period 11260.00

Transaction ID : B-550

Memo Item

Full Name (Last, First, Middle Initial)

C. THOMPSON, AIDAN, , ,

Mailing Address PO BOX 1476

City EVANSTON State IL Zip Code 60204

Purpose of Disbursement PAYROLL Category/Type 001

Candidate Name

Office Sought: House Senate President Disbursement For: 2026
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement M M / D D / Y Y Y Y
01 / 12 / 2026

FEC Identification Number C

Amount of Each Disbursement this Period 616.38

Transaction ID : B-533

Memo Item MEMO: SUBVENDOR OF-HUMAN CAPITAL MANAGEMENT LLC

SUBTOTAL of Disbursements This Page (optional).....▶ 12260.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 35 OF 40	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
JEFF COHEN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. THOMPSON, AIDAN, , ,			Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2026	
Mailing Address PO BOX 1476			FEC Identification Number C	
City EVANSTON	State IL	Zip Code 60204	Amount of Each Disbursement this Period 1598.83	
Purpose of Disbursement PAYROLL		Category/ Type 001	Transaction ID : B-538	
Candidate Name		Memo Item MEMO: SUBVENDOR OF-HUMAN CAPITAL MANAGEMENT LLC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. WOLF, JACK, , ,			Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2026	
Mailing Address PO BOX 1476			FEC Identification Number C	
City EVANSTON	State IL	Zip Code 60204	Amount of Each Disbursement this Period 1003.33	
Purpose of Disbursement PAYROLL		Category/ Type 001	Transaction ID : B-575	
Candidate Name		Memo Item MEMO: SUBVENDOR OF-HUMAN CAPITAL MANAGEMENT LLC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. WOLF, JACK, , ,			Date of Disbursement M M / D D / Y Y Y Y 02 / 13 / 2026	
Mailing Address PO BOX 1476			FEC Identification Number C	
City EVANSTON	State IL	Zip Code 60204	Amount of Each Disbursement this Period 1282.31	
Purpose of Disbursement PAYROLL		Category/ Type 001	Transaction ID : B-604	
Candidate Name		Memo Item MEMO: SUBVENDOR OF-HUMAN CAPITAL MANAGEMENT LLC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 36 OF 40	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
JEFF COHEN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. WOLF, JACK, , ,			Date of Disbursement M M / D D / Y Y Y Y 02 / 15 / 2026	
Mailing Address PO BOX 1476			FEC Identification Number C	
City EVANSTON	State IL	Zip Code 60204	Amount of Each Disbursement this Period 141.00	
Purpose of Disbursement REIMBURSEMENT - SEE MEMOS IF ITEMIZED		Category/ Type 001	Transaction ID : B-607	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B.			Date of Disbursement M M / D D / Y Y Y Y	
Mailing Address			FEC Identification Number C	
City	State	Zip Code	Amount of Each Disbursement this Period	
Purpose of Disbursement		Category/ Type	Memo Item	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C.			Date of Disbursement M M / D D / Y Y Y Y	
Mailing Address			FEC Identification Number C	
City	State	Zip Code	Amount of Each Disbursement this Period	
Purpose of Disbursement		Category/ Type	Memo Item	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	141.00
TOTAL This Period (last page this line number only).....▶	55808.06

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : C-198**
JEFF COHEN FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2026
COHEN, JEFF, , ,		<input checked="" type="checkbox"/> Primary
Mailing Address PO BOX 1476		<input type="checkbox"/> General
City EVANSTON		<input type="checkbox"/> Other (specify) ▼
State IL	ZIP Code 60204	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 200000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 200000.00
--------------------------------------	------------------------------------	--

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 09 / 30 / 2025	M M / D D / Y Y Y Y 11/03/26	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional).....▶	200000.00
TOTALS This Period (last page in this line only).....▶	[]

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : C-559**
JEFF COHEN FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2026
COHEN, JEFF, , ,		<input checked="" type="checkbox"/> Primary
Mailing Address PO BOX 1476		<input type="checkbox"/> General
City EVANSTON		<input type="checkbox"/> Other (specify) ▼
State IL	ZIP Code 60204	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 300000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 300000.00
--------------------------------------	------------------------------------	--

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 12 / 29 / 2025	M M / D D / Y Y Y Y 11/03/26	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional).....▶	300000.00
TOTALS This Period (last page in this line only).....▶	500000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one) 9 10

NAME OF COMMITTEE (In Full)

JEFF COHEN FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor BLUE SCOUT DIGITAL LLC			Nature of Debt (Purpose): DIGITAL FUNDRAISING SERVICES
Mailing Address 2505 ROYAL BIRKDALE DRIVE			
City PLANO	State TX	Zip Code 75025	

Outstanding Balance Beginning This Period <input style="width: 100%;" type="text" value="1800.00"/>	Transaction ID : D-545	
Amount Incurred This Period <input style="width: 100%;" type="text" value="0.00"/>	Payment This Period <input style="width: 100%;" type="text" value="1800.00"/>	Outstanding Balance at Close of This Period <input style="width: 100%;" type="text" value="0.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor COMMONCENTSCONSULTING, LLC			Nature of Debt (Purpose): ACCOUNTING & COMPLIANCE SERVICES
Mailing Address PO BOX 26430			
City TEMPE	State AZ	Zip Code 85285	

Outstanding Balance Beginning This Period <input style="width: 100%;" type="text" value="3500.00"/>	Transaction ID : D-462	
Amount Incurred This Period <input style="width: 100%;" type="text" value="0.00"/>	Payment This Period <input style="width: 100%;" type="text" value="3500.00"/>	Outstanding Balance at Close of This Period <input style="width: 100%;" type="text" value="0.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor NORTH SHORE STRATEGIES, LLC			Nature of Debt (Purpose): CAMPAIGN CONSULTING SERVICES
Mailing Address 500 7TH AVENUE			
City NEW YORK	State NY	Zip Code 10018	

Outstanding Balance Beginning This Period <input style="width: 100%;" type="text" value="11260.00"/>	Transaction ID : D-505	
Amount Incurred This Period <input style="width: 100%;" type="text" value="0.00"/>	Payment This Period <input style="width: 100%;" type="text" value="11260.00"/>	Outstanding Balance at Close of This Period <input style="width: 100%;" type="text" value="0.00"/>

1) SUBTOTALS This Period This Page (optional)	<input style="width: 100%;" type="text" value="0.00"/>
2) TOTALS This Period (last page this line number only)	<input style="width: 100%;" type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	<input style="width: 100%;" type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input style="width: 100%;" type="text"/>

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one) 9 10

NAME OF COMMITTEE (In Full)

JEFF COHEN FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor NORTH SHORE STRATEGIES, LLC			Nature of Debt (Purpose): CAMPAIGN CONSULTING SERVICES
Mailing Address 500 7TH AVENUE			
City NEW YORK	State NY	Zip Code 10018	

Outstanding Balance Beginning This Period <input style="width: 100%;" type="text" value="0.00"/>		Transaction ID : D-557	
Amount Incurred This Period <input style="width: 100%;" type="text" value="12300.00"/>	Payment This Period <input style="width: 100%;" type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input style="width: 100%;" type="text" value="12300.00"/>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor THE LENZNER FIRM, P.C.			Nature of Debt (Purpose): RESEARCH SERVICES
Mailing Address 1717 PENNSYLVANIA AVENUE NORTHWEST STE 300			
City WASHINGTON	State DC	Zip Code 20006	

Outstanding Balance Beginning This Period <input style="width: 100%;" type="text" value="0.00"/>		Transaction ID : D-619	
Amount Incurred This Period <input style="width: 100%;" type="text" value="12055.30"/>	Payment This Period <input style="width: 100%;" type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input style="width: 100%;" type="text" value="12055.30"/>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period <input style="width: 100%;" type="text"/>		Outstanding Balance at Close of This Period <input style="width: 100%;" type="text"/>	
Amount Incurred This Period <input style="width: 100%;" type="text"/>	Payment This Period <input style="width: 100%;" type="text"/>		

1) SUBTOTALS This Period This Page (optional)	<input style="width: 100%;" type="text" value="24355.30"/>
2) TOTALS This Period (last page this line number only)	<input style="width: 100%;" type="text" value="24355.30"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	<input style="width: 100%;" type="text" value="500000.00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input style="width: 100%;" type="text" value="524355.30"/>