



## 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 10 / 01 / 2025 To: M M / D D / Y Y Y Y 12 / 31 / 2025

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e)) ....	36098.00	266870.00
(b) Total Contribution Refunds (from Line 20(d)) .....	100.00	100.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) .....	35998.00	266770.00
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) .....	179680.04	213974.83
(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)) .....	179680.04	213974.83
<b>8. Cash on Hand at Close of Reporting Period (from Line 27) .....</b>	552795.17	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) .....</b>	0.00	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) .....</b>	516560.00	

**For further information, contact the Federal Election Commission at 800-424-9530 or visit [www.fec.gov](http://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:  /  /

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	32210.00	258591.00
(ii) Unitemized.....	3888.00	8279.00
(iii) TOTAL of contributions from individuals ▶	36098.00	266870.00
(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))..	36098.00	266870.00
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	300000.00	500000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	300000.00	500000.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	0.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	336098.00	766870.00

**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.....	179680.04	213974.83
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 .....	100.00	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)).....	100.00	100.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	179780.04	214074.83

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	396477.21
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	336098.00
25. SUBTOTAL (add Line 23 and Line 24).....	732575.21
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	179780.04
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	552795.17

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

Form/Schedule: F3A  
Transaction ID :

THE COMMITTEE IS IN RECEIPT OF THE COMMISSIONS REQUEST FOR ADDITIONAL INFORMATION DATED FEBRUARY 26, 2026 REGARDING THE YEAR-END REPORT COVERING THE TIME PERIOD OF OCTOBER 1, 2025 THRU DECEMBER 31, 2025 AND RESPECTFULLY SUBMITS THIS AMENDMENT TO RESOLVE THE FOLLOWING ITEMS NOTATED IN THE REQUEST. ITEM 1 HAS BEEN UPDATED TO PROVIDE A MORE CLEAR AND CONCISE PURPOSE AND DESCRIPTION OF AN EXPENDITURE PREVIOUSLY DISCLOSED AS "PRODUCTION EXPENSE" TO "VIDEOGRAPHY SERVICES" ITEM 2 HAS BEEN UPDATED TO REFLECT THE LOAN DUE DATE AS REQUESTED. 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 73	
<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 15

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)  
BAILEY, KATIE, , ,

Mailing Address 1619 ASHLAND AVENUE

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

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

Name of Employer SELF EMPLOYED	Occupation PROJECT MANAGER
-----------------------------------	-------------------------------

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
10 / 15 / 2025

**Transaction ID : A-313**

Amount of Each Receipt this Period  
500.00

Memo Item

EARMARK VIA ACTBLUE ON 2025-10-19

**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 ▼  
208602.34

Date of Receipt  

M M / D D / Y Y Y Y Y Y
10 / 19 / 2025

**Transaction ID : A-313CM**

Amount of Each Receipt this Period  
2460.00

Memo Item

EARMARKED-CONDUIT DETAILS. CONDUIT CONTRIBUTION LIMIT NOT AFFECTED.

**C.** 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 ▼  
250.00

Date of Receipt  

M M / D D / Y Y Y Y Y Y
10 / 28 / 2025

**Transaction ID : A-375**

Amount of Each Receipt this Period  
250.00

Memo Item

EARMARK VIA ACTBLUE ON 2025-11-02

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	750.00
<b>TOTAL</b> 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 73	
	<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)  
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 ▼  
218704.34

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 02 / 2025

**Transaction ID : A-375CM**

Amount of Each Receipt this Period  
1468.00

Memo Item

EARMARKED-CONDUIT DETAILS. CONDUIT CONTRIBUTION LIMIT NOT AFFECTED.

**B.** Full Name (Last, First, Middle Initial)  
BOYNTON, RICK, , ,

Mailing Address 1512 JUDSON AVE

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

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

Name of Employer SELF EMPLOYED	Occupation THEATRE
-----------------------------------	-----------------------

Receipt For: 2026  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 05 / 2025

**Transaction ID : A-393**

Amount of Each Receipt this Period  
250.00

Memo Item

EARMARK VIA ACTBLUE ON 2025-11-09

**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 ▼  
221504.34

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 09 / 2025

**Transaction ID : A-393CM**

Amount of Each Receipt this Period  
2800.00

Memo Item

EARMARKED-CONDUIT DETAILS. CONDUIT CONTRIBUTION LIMIT NOT AFFECTED.

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	250.00
<b>TOTAL</b> 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 73  
(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)  
CLEMSON, PETER, , ,

Mailing Address 1415 JUDSON AVE

City EVANSTON State IL Zip Code 60201

FEC ID number of contributing federal political committee. C

Name of Employer CLEMSON CONSULTING GROUP LLC Occupation TECHNOLOGY CONSULTANT

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  
11 / 16 / 2025

Transaction ID : A-415

Amount of Each Receipt this Period  
100.00

Memo Item

EARMARK VIA ACTBLUE ON 2025-11-16

**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 ▼  
223393.34

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 16 / 2025

Transaction ID : A-415CM

Amount of Each Receipt this Period  
1889.00

Memo Item

EARMARKED-CONDUIT DETAILS. CONDUIT CONTRIBUTION LIMIT NOT AFFECTED.

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

Mailing Address 6905 ROSEMONT DR

City MCLEAN State VA Zip Code 22101

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 ▼  
3535.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 14 / 2025

Transaction ID : A-420

Amount of Each Receipt this Period  
25.00

Memo Item

EARMARK VIA ACTBLUE ON 2025-11-16

**SUBTOTAL** of Receipts This Page (optional).....▶ 125.00

**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 9 OF 73	
	<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)  
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 ▼  
223393.34

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 16 / 2025

**Transaction ID : A-420CM**

Amount of Each Receipt this Period  
1889.00

Memo Item

EARMARKED-CONDUIT DETAILS. CONDUIT CONTRIBUTION LIMIT NOT AFFECTED.

**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 ▼  
3545.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 19 / 2025

**Transaction ID : A-441**

Amount of Each Receipt this Period  
10.00

Memo Item

EARMARK VIA ACTBLUE ON 2025-11-23

**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 ▼  
224803.34

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 23 / 2025

**Transaction ID : A-441CM**

Amount of Each Receipt this Period  
1410.00

Memo Item

EARMARKED-CONDUIT DETAILS. CONDUIT CONTRIBUTION LIMIT NOT AFFECTED.

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	10.00
<b>TOTAL</b> 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 10 OF 73	
<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)  
CREW, NICHOLAS, , ,

Mailing Address 1825 MOUNTAIN VIEW DR

City BELVEDERE TIBURON	State CA	Zip Code 94920
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FEC ID number of contributing federal political committee. **C**

Name of Employer ANALYSIS GROUP	Occupation ECONOMIST
------------------------------------	-------------------------

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
10 / 06 / 2025

**Transaction ID : A-291**

Amount of Each Receipt this Period  
250.00

Memo Item

EARMARK VIA ACTBLUE ON 2025-10-12

**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 ▼  
206142.34

Date of Receipt  

M M / D D / Y Y Y Y Y Y
10 / 12 / 2025

**Transaction ID : A-291CM**

Amount of Each Receipt this Period  
4100.00

Memo Item

EARMARKED-CONDUIT DETAILS. CONDUIT CONTRIBUTION LIMIT NOT AFFECTED.

**C.** Full Name (Last, First, Middle Initial)  
DUBNER, ELLEN, , ,

Mailing Address 15 WEST 81ST STREET

City NEW YORK	State NY	Zip Code 10024
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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 ▼  
500.00

Date of Receipt  

M M / D D / Y Y Y Y Y Y
10 / 30 / 2025

**Transaction ID : A-386**

Amount of Each Receipt this Period  
500.00

Memo Item

EARMARK VIA ACTBLUE ON 2025-11-02

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	750.00
<b>TOTAL</b> 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 11 OF 73	
<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)  
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 ▼  
218704.34

Date of Receipt  

M M / D D / Y Y Y Y Y Y
11 / 02 / 2025

**Transaction ID : A-386CM**

Amount of Each Receipt this Period  
1468.00

Memo Item

EARMARKED-CONDUIT DETAILS. CONDUIT CONTRIBUTION LIMIT NOT AFFECTED.

**B.** Full Name (Last, First, Middle Initial)  
DUTTON, TOM, , ,

Mailing Address 2920 N. COMMONWEALTH

City CHICAGO	State IL	Zip Code 60657
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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 ▼  
3500.00

Date of Receipt  

M M / D D / Y Y Y Y Y Y
10 / 21 / 2025

**Transaction ID : A-338**

Amount of Each Receipt this Period  
3500.00

Memo Item

EARMARK VIA ACTBLUE ON 2025-10-26

**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 ▼  
217236.34

Date of Receipt  

M M / D D / Y Y Y Y Y Y
10 / 26 / 2025

**Transaction ID : A-338CM**

Amount of Each Receipt this Period  
8634.00

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 73  
(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)  
ECCHER, ELIZABETH, , ,  
Mailing Address 7 FERNILEE CT  
City SUGAR GROVE State IL Zip Code 60554  
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 ▼  
450.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
11 / 14 / 2025  
**Transaction ID : A-422**  
Amount of Each Receipt this Period  
100.00  
 Memo Item  
EARMARK VIA ACTBLUE ON 2025-11-16

**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 ▼  
223393.34

Date of Receipt  
M M / D D / Y Y Y Y Y  
11 / 16 / 2025  
**Transaction ID : A-422CM**  
Amount of Each Receipt this Period  
1889.00  
 Memo Item  
EARMARKED-CONDUIT DETAILS. CONDUIT CONTRIBUTION LIMIT NOT AFFECTED.

**C.** Full Name (Last, First, Middle Initial)  
ECCHER, ELIZABETH, , ,  
Mailing Address 7 FERNILEE CT  
City SUGAR GROVE State IL Zip Code 60554  
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 ▼  
550.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
11 / 30 / 2025  
**Transaction ID : A-457**  
Amount of Each Receipt this Period  
100.00  
 Memo Item  
EARMARK VIA ACTBLUE ON 2025-11-30

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 200.00  
**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 13 OF 73  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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)  
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 ▼  
225169.34

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 30 2025

**Transaction ID : A-457CM**

Amount of Each Receipt this Period  
366.00

Memo Item

EARMARKED-CONDUIT DETAILS. CONDUIT CONTRIBUTION LIMIT NOT AFFECTED.

**B.** Full Name (Last, First, Middle Initial)  
ECCHER, ELIZABETH, , ,

Mailing Address 7 FERNILEE CT

City SUGAR GROVE State IL Zip Code 60554

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 ▼  
750.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 31 2025

**Transaction ID : A-494**

Amount of Each Receipt this Period  
200.00

Memo Item

EARMARK VIA ACTBLUE ON 2025-12-31

**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 ▼  
231940.34

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 31 2025

**Transaction ID : A-494CM**

Amount of Each Receipt this Period  
410.00

Memo Item

EARMARKED-CONDUIT DETAILS. CONDUIT CONTRIBUTION LIMIT NOT AFFECTED.

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 200.00

**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 14 OF 73	
<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)  
FARNSWORTH, DAVID, L, ,

Mailing Address 249 SOUTHWICK LANE

City SCHAUMBURG	State IL	Zip Code 60173
--------------------	-------------	-------------------

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

Name of Employer ADVOCATE MEDICAL GROUP	Occupation PHYSICIAN
--	-------------------------

Receipt For: 2026  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1200.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 15 / 2025

**Transaction ID : A-423**

Amount of Each Receipt this Period  
200.00

Memo Item

EARMARK VIA ACTBLUE ON 2025-11-16

**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 ▼  
223393.34

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 16 / 2025

**Transaction ID : A-423CM**

Amount of Each Receipt this Period  
1889.00

Memo Item

EARMARKED-CONDUIT DETAILS. CONDUIT CONTRIBUTION LIMIT NOT AFFECTED.

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

Mailing Address 2848 SHERIDAN PLACE

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

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

Name of Employer SELF EMPLOYED	Occupation MOTHER
-----------------------------------	----------------------

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  
10 / 14 / 2025

**Transaction ID : A-314**

Amount of Each Receipt this Period  
250.00

Memo Item

EARMARK VIA ACTBLUE ON 2025-10-19

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	450.00
<b>TOTAL</b> 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 73  
(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 ▼  
208602.34

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 19 2025

**Transaction ID : A-314CM**

Amount of Each Receipt this Period  
2460.00

Memo Item

EARMARKED-CONDUIT DETAILS. CONDUIT CONTRIBUTION LIMIT NOT AFFECTED.

**B.** Full Name (Last, First, Middle Initial)  
GIELLA, CATHERINE, , ,

Mailing Address 6849 GRENADIER BLVD. 1005

City NAPLES State FL Zip Code 34108

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 ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 01 2025

**Transaction ID : A-279**

Amount of Each Receipt this Period  
1000.00

Memo Item

EARMARK VIA ACTBLUE ON 2025-10-05

**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 ▼  
202042.34

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 05 2025

**Transaction ID : A-279CM**

Amount of Each Receipt this Period  
1700.00

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 16 OF 73  
(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)  
GOLDENBERG, JUDITH, , ,

Mailing Address 7817 KENNETH AVE

City SKOKIE State IL Zip Code 60076

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 ▼  
450.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 30 2025

Transaction ID : A-373

Amount of Each Receipt this Period  
100.00

Memo Item

EARMARK VIA ACTBLUE ON 2025-11-02

**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 ▼  
218704.34

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 02 2025

Transaction ID : A-373CM

Amount of Each Receipt this Period  
1468.00

Memo Item

EARMARKED-CONDUIT DETAILS. CONDUIT CONTRIBUTION LIMIT NOT AFFECTED.

**C.** Full Name (Last, First, Middle Initial)  
GWILLIAM, LIVIE, , ,

Mailing Address 1314 HINMAN AVE

City EVANSTON State IL Zip Code 60201

FEC ID number of contributing federal political committee. C

Name of Employer CDP Occupation MANAGER

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  
12 01 2025

Transaction ID : A-475

Amount of Each Receipt this Period  
250.00

Memo Item

EARMARK VIA ACTBLUE ON 2025-12-07

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 350.00

**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 17 OF 73	
	<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)  
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 ▼  
228955.34

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 07 / 2025

**Transaction ID : A-475CM**

Amount of Each Receipt this Period  
3786.00

Memo Item

EARMARKED-CONDUIT DETAILS. CONDUIT CONTRIBUTION LIMIT NOT AFFECTED.

**B.** Full Name (Last, First, Middle Initial)  
HACKNEY, STEPHEN, , ,

Mailing Address 2330 ORRINGTON

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  
10 / 17 / 2025

**Transaction ID : A-307**

Amount of Each Receipt this Period  
1000.00

Memo Item

EARMARK VIA ACTBLUE ON 2025-10-19

**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 ▼  
208602.34

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 19 / 2025

**Transaction ID : A-307CM**

Amount of Each Receipt this Period  
2460.00

Memo Item

EARMARKED-CONDUIT DETAILS. CONDUIT CONTRIBUTION LIMIT NOT AFFECTED.

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	1000.00
<b>TOTAL</b> 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 18 OF 73	
<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)  
HONNOLD, DOUG, , ,

Mailing Address 1318 FOREST AVE

City EVANSTON	State IL	Zip Code 60201-4708
------------------	-------------	------------------------

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 ▼  
3000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 08 / 2025

**Transaction ID : A-482**

Amount of Each Receipt this Period  
2000.00

Memo Item

EARMARK VIA ACTBLUE ON 2025-12-14

**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 ▼  
231455.34

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 14 / 2025

**Transaction ID : A-482CM**

Amount of Each Receipt this Period  
2500.00

Memo Item

EARMARKED-CONDUIT DETAILS. CONDUIT CONTRIBUTION LIMIT NOT AFFECTED.

**C.** Full Name (Last, First, Middle Initial)  
J FREEMAN, IRENE, , ,

Mailing Address 1235 HINMAN AVE

City EVANSTON	State IL	Zip Code 60202
------------------	-------------	-------------------

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  
12 / 04 / 2025

**Transaction ID : A-476**

Amount of Each Receipt this Period  
3500.00

Memo Item

EARMARK VIA ACTBLUE ON 2025-12-07

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5500.00
<b>TOTAL</b> 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 19 OF 73  
(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 ▼  
228955.34

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 07 / 2025

**Transaction ID : A-476CM**

Amount of Each Receipt this Period  
3786.00

Memo Item

EARMARKED-CONDUIT DETAILS. CONDUIT CONTRIBUTION LIMIT NOT AFFECTED.

**B.** Full Name (Last, First, Middle Initial)  
KORAJCZYK, ROBERT, , ,

Mailing Address 8320 NORTH LOCKWOOD AVENUE

City SKOKIE State IL Zip Code 60077

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

Name of Employer Occupation  
KELLOGG SCHOOL OF MGMT SR ASSOCIATE DEAN

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 22 / 2025

**Transaction ID : A-527**

Amount of Each Receipt this Period  
1500.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
LANDON, TIMOTHY, , ,

Mailing Address 2704 BENNETT AVENUE

City EVANSTON State IL Zip Code 60201

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

Name of Employer Occupation  
SELF EMPLOYED VENTURE CAPITAL

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  
11 / 17 / 2025

**Transaction ID : A-435**

Amount of Each Receipt this Period  
1000.00

Memo Item

EARMARK VIA ACTBLUE ON 2025-11-23

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

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

2500.00

# 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 73
<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
--------------------	-------------	-------------------

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 ▼  
224803.34

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 23 / 2025

**Transaction ID : A-435CM**

Amount of Each Receipt this Period  
1410.00

Memo Item

EARMARKED-CONDUIT DETAILS. CONDUIT CONTRIBUTION LIMIT NOT AFFECTED.

**B.** 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 ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 04 / 2025

**Transaction ID : A-396**

Amount of Each Receipt this Period  
1000.00

Memo Item

EARMARK VIA ACTBLUE ON 2025-11-09

**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 ▼  
221504.34

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 09 / 2025

**Transaction ID : A-396CM**

Amount of Each Receipt this Period  
2800.00

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: (check only one)		PAGE 21 OF 73	
<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**JEFF COHEN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
LEHMAN, BETSY, , ,

Mailing Address 1733 HINMAN AVE

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  
10 / 11 / 2025

**Transaction ID : A-292**

Amount of Each Receipt this Period  
500.00

Memo Item

EARMARK VIA ACTBLUE ON 2025-10-12

**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 ▼  
206142.34

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 12 / 2025

**Transaction ID : A-292CM**

Amount of Each Receipt this Period  
4100.00

Memo Item

EARMARKED-CONDUIT DETAILS. CONDUIT CONTRIBUTION LIMIT NOT AFFECTED.

**C.** Full Name (Last, First, Middle Initial)  
LEVY, RODRIGO, , ,

Mailing Address 1221 GREENWOOD AVE

City WILMETTE	State IL	Zip Code 60091
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FEC ID number of contributing federal political committee. **C**

Name of Employer CODE PLATOON	Occupation EXECUTIVE DIRECTOR
----------------------------------	----------------------------------

Receipt For: 2026  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
375.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 30 / 2025

**Transaction ID : A-376**

Amount of Each Receipt this Period  
25.00

Memo Item

EARMARK VIA ACTBLUE ON 2025-11-02

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	525.00
<b>TOTAL</b> 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 22 OF 73
<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 ▼  
218704.34

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 02 / 2025

**Transaction ID : A-376CM**

Amount of Each Receipt this Period  
1468.00

Memo Item

EARMARKED-CONDUIT DETAILS. CONDUIT CONTRIBUTION LIMIT NOT AFFECTED.

**B.** Full Name (Last, First, Middle Initial)  
LEVY, RODRIGO, , ,

Mailing Address 1221 GREENWOOD AVE

City WILMETTE	State IL	Zip Code 60091
------------------	-------------	-------------------

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

Name of Employer CODE PLATOON	Occupation EXECUTIVE DIRECTOR
----------------------------------	----------------------------------

Receipt For: 2026  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
375.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 30 / 2025

**Transaction ID : A-384**

Amount of Each Receipt this Period  
100.00

Memo Item

EARMARK VIA ACTBLUE ON 2025-11-02

**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 ▼  
218704.34

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 02 / 2025

**Transaction ID : A-384CM**

Amount of Each Receipt this Period  
1468.00

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)..... ▶

100.00

# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 OF 73  
(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)  
LIPKING, LAWRENCE, , ,

Mailing Address 425 HAMILTON ST

City EVANSTON State IL Zip Code 60202

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  
10 / 21 / 2025

Transaction ID : A-333

Amount of Each Receipt this Period  
500.00

Memo Item

EARMARK VIA ACTBLUE ON 2025-10-26

**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 ▼  
217236.34

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 26 / 2025

Transaction ID : A-333CM

Amount of Each Receipt this Period  
8634.00

Memo Item

EARMARKED-CONDUIT DETAILS. CONDUIT CONTRIBUTION LIMIT NOT AFFECTED.

**C.** 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 BARACK FERRAZZANO KIRSCHBAUM & NAG Occupation ATTORNEY

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1429.66

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 14 / 2025

Transaction ID : A-412

Amount of Each Receipt this Period  
100.00

Memo Item

EARMARK VIA ACTBLUE ON 2025-11-16

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 600.00

**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 24 OF 73
	<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	

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)  
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 ▼  
223393.34

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 16 / 2025

**Transaction ID : A-412CM**

Amount of Each Receipt this Period  
1889.00

Memo Item

EARMARKED-CONDUIT DETAILS. CONDUIT CONTRIBUTION LIMIT NOT AFFECTED.

**B.** Full Name (Last, First, Middle Initial)  
MARTINSON, MONICA, , ,

Mailing Address 515 REGATTA ROAD

City NAPLES	State FL	Zip Code 34103
----------------	-------------	-------------------

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

Name of Employer MONICA MARTINSON	Occupation PROGRAM MANAGER
--------------------------------------	-------------------------------

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  
 11 / 03 / 2025

**Transaction ID : A-397**

Amount of Each Receipt this Period  
1000.00

Memo Item

EARMARK VIA ACTBLUE ON 2025-11-09

**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 ▼  
221504.34

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 09 / 2025

**Transaction ID : A-397CM**

Amount of Each Receipt this Period  
2800.00

Memo Item

EARMARKED-CONDUIT DETAILS. CONDUIT CONTRIBUTION LIMIT NOT AFFECTED.

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1000.00
<b>TOTAL</b> 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 25 OF 73  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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)  
MEYERS, MICHAEL, , ,

Mailing Address 1518 JUDSON 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 ▼  
7000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 30 2025

Transaction ID : A-2380

Amount of Each Receipt this Period  
3500.00

Memo Item

ORIGINAL CONTRIBUTION AS PREVIOUSLY REPORTED

**B.** Full Name (Last, First, Middle Initial)  
MEYERS, MICHAEL, , ,

Mailing Address 1518 JUDSON 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 ▼  
7000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 10 2025

Transaction ID : A-540

Amount of Each Receipt this Period  
3500.00

Memo Item

REDESIGNATION TO

**C.** Full Name (Last, First, Middle Initial)  
MEYERS, MICHAEL, , ,

Mailing Address 1518 JUDSON 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 ▼  
7000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 10 2025

Transaction ID : A-541

Amount of Each Receipt this Period  
- 3500.00

Memo Item

REDESIGNATION FROM

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00

**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 26 OF 73  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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)  
MEYERS, MICHAEL, , ,

Mailing Address 1518 JUDSON 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 ▼  
7100.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 18 / 2025

Transaction ID : A-436

Amount of Each Receipt this Period  
100.00

Memo Item

EARMARK VIA ACTBLUE ON 2025-11-23

**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 ▼  
224803.34

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 23 / 2025

Transaction ID : A-436CM

Amount of Each Receipt this Period  
1410.00

Memo Item

EARMARKED-CONDUIT DETAILS. CONDUIT CONTRIBUTION LIMIT NOT AFFECTED.

**C.** Full Name (Last, First, Middle Initial)  
MICHAELS, LIZ, , ,

Mailing Address 2920 N. COMMONWEALTH

City CHICAGO State IL Zip Code 60657

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  
10 / 21 / 2025

Transaction ID : A-335

Amount of Each Receipt this Period  
3500.00

Memo Item

EARMARK VIA ACTBLUE ON 2025-10-26

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

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

3600.00

# 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 27 OF 73
<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
--------------------	-------------	-------------------

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 ▼  
217236.34

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 26 / 2025

**Transaction ID : A-335CM**

Amount of Each Receipt this Period  
8634.00

Memo Item

EARMARKED-CONDUIT DETAILS. CONDUIT CONTRIBUTION LIMIT NOT AFFECTED.

**B.** Full Name (Last, First, Middle Initial)  
MILLER, GARY, , ,

Mailing Address 1015 GREENWOOD ST

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

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

Name of Employer SHOOK	Occupation ATTORNEY
---------------------------	------------------------

Receipt For: 2026  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 08 / 2025

**Transaction ID : A-285**

Amount of Each Receipt this Period  
2000.00

Memo Item

EARMARK VIA ACTBLUE ON 2025-10-12

**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 ▼  
206142.34

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 12 / 2025

**Transaction ID : A-285CM**

Amount of Each Receipt this Period  
4100.00

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)..... ▶

2000.00

# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 OF 73  
(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)  
MIRMIRA, RAGHAVENDRA, , ,

Mailing Address 3735 N LAKEWOOD AVE

City CHICAGO State IL Zip Code 60613

FEC ID number of contributing federal political committee. C

Name of Employer UNIVERSITY OF CHICAGO Occupation PHYSICIAN-SCIENTIST

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  
10 / 24 / 2025

**Transaction ID : A-332**

Amount of Each Receipt this Period  
500.00

Memo Item

EARMARK VIA ACTBLUE ON 2025-10-26

**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 ▼  
217236.34

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 26 / 2025

**Transaction ID : A-332CM**

Amount of Each Receipt this Period  
8634.00

Memo Item

EARMARKED-CONDUIT DETAILS. CONDUIT CONTRIBUTION LIMIT NOT AFFECTED.

**C.** Full Name (Last, First, Middle Initial)  
PASSOVOY, JOAN, , ,

Mailing Address 15562 WALTON HEATH ROW

City SAN DIEGO State CA Zip Code 92128

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 ▼  
210.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 13 / 2025

**Transaction ID : A-426**

Amount of Each Receipt this Period  
200.00

Memo Item

EARMARK VIA ACTBLUE ON 2025-11-16

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 700.00

**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 29 OF 73
<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
--------------------	-------------	-------------------

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 ▼  
223393.34

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 16 / 2025

**Transaction ID : A-426CM**

Amount of Each Receipt this Period  
1889.00

Memo Item

EARMARKED-CONDUIT DETAILS. CONDUIT CONTRIBUTION LIMIT NOT AFFECTED.

**B.** Full Name (Last, First, Middle Initial)  
RICH, JONATHAN, , ,

Mailing Address 4821 LINNEAN AVE. NW

City WASHINGTON	State DC	Zip Code 20008
--------------------	-------------	-------------------

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  
12 / 08 / 2025

**Transaction ID : A-481**

Amount of Each Receipt this Period  
500.00

Memo Item

EARMARK VIA ACTBLUE ON 2025-12-14

**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 ▼  
231455.34

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 14 / 2025

**Transaction ID : A-481CM**

Amount of Each Receipt this Period  
2500.00

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 30 OF 73	
<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	

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)  
SITZER, MATT, , ,

Mailing Address 1349 CHESTNUT AVE

City WILMETTE	State IL	Zip Code 60091
------------------	-------------	-------------------

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

Name of Employer SHOOK HARDY & BACON LLP	Occupation 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
10 / 14 / 2025

**Transaction ID : A-312**

Amount of Each Receipt this Period  
250.00

Memo Item

EARMARK VIA ACTBLUE ON 2025-10-19

**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 ▼  
208602.34

Date of Receipt  

M M / D D / Y Y Y Y Y Y
10 / 19 / 2025

**Transaction ID : A-312CM**

Amount of Each Receipt this Period  
2460.00

Memo Item

EARMARKED-CONDUIT DETAILS. CONDUIT CONTRIBUTION LIMIT NOT AFFECTED.

**C.** Full Name (Last, First, Middle Initial)  
STARFIELD, RICHARD, , ,

Mailing Address 21 PARKER AVENUE

City NEWTON	State MA	Zip Code 02459
----------------	-------------	-------------------

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

Name of Employer ANALYSIS GROUP INC.	Occupation CONSULTANT
---	--------------------------

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
11 / 03 / 2025

**Transaction ID : A-395**

Amount of Each Receipt this Period  
500.00

Memo Item

EARMARK VIA ACTBLUE ON 2025-11-09

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	750.00
<b>TOTAL</b> 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 31 OF 73  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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)  
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 ▼  
221504.34

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 09 / 2025

**Transaction ID : A-395CM**

Amount of Each Receipt this Period  
2800.00

Memo Item

EARMARKED-CONDUIT DETAILS. CONDUIT CONTRIBUTION LIMIT NOT AFFECTED.

**B.** 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: Occupation:  
RETIRED 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  
11 / 16 / 2025

**Transaction ID : A-413**

Amount of Each Receipt this Period  
500.00

Memo Item

EARMARK VIA ACTBLUE ON 2025-11-16

**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 ▼  
223393.34

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 16 / 2025

**Transaction ID : A-413CM**

Amount of Each Receipt this Period  
1889.00

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: PAGE 32 OF 73  
(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)  
STEINSCHNEIDER, TARA, , ,  
Mailing Address 1427 N HOYNE AVE  
City CHICAGO State IL Zip Code 60622  
FEC ID number of contributing federal political committee. C  
Name of Employer SELF EMPLOYED Occupation ARTIST  
Receipt For: 2026  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
800.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 14 / 2025  
Transaction ID : A-418  
Amount of Each Receipt this Period  
100.00  
 Memo Item  
EARMARK VIA ACTBLUE ON 2025-11-16

**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 ▼  
223393.34

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 16 / 2025  
Transaction ID : A-418CM  
Amount of Each Receipt this Period  
1889.00  
 Memo Item  
EARMARKED-CONDUIT DETAILS. CONDUIT CONTRIBUTION LIMIT NOT AFFECTED.

**C.** Full Name (Last, First, Middle Initial)  
TATOSIAN, OSCAR, S, ,  
Mailing Address 2013 SOUTH PRAIRIE AVENUE  
City CHICAGO State IL Zip Code 60616  
FEC ID number of contributing federal political committee. C  
Name of Employer OSCAR ISBERIAN RUGS Occupation EXECUTIVE  
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  
12 / 22 / 2025  
Transaction ID : A-528  
Amount of Each Receipt this Period  
500.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 600.00  
**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 33 OF 73	
<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)  
THOMPSON, STEVEN, , ,

Mailing Address 1304 JUDSON AVE

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

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

Name of Employer STB LLP	Occupation ATTORNEY
-----------------------------	------------------------

Receipt For: 2026  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
600.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 15 / 2025

**Transaction ID : A-419**

Amount of Each Receipt this Period  
100.00

Memo Item

EARMARK VIA ACTBLUE ON 2025-11-16

**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 ▼  
223393.34

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 16 / 2025

**Transaction ID : A-419CM**

Amount of Each Receipt this Period  
1889.00

Memo Item

EARMARKED-CONDUIT DETAILS. CONDUIT CONTRIBUTION LIMIT NOT AFFECTED.

**C.** Full Name (Last, First, Middle Initial)  
TRUAX, TERRENCE, J, ,

Mailing Address 333 NORTH CANAL STREET  
APT 3201

City CHICAGO	State IL	Zip Code 60606
-----------------	-------------	-------------------

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

Name of Employer TOAST INC	Occupation SOFTWARE ENGINEER
-------------------------------	---------------------------------

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  
12 / 22 / 2025

**Transaction ID : A-526**

Amount of Each Receipt this Period  
2500.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	2600.00
<b>TOTAL</b> 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 34 OF 73	
	<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)  
VANNATTA, JEREMY, , ,

Mailing Address 309 DAVIS ST.

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

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

Name of Employer HPG LLC	Occupation BUSINESS DEVELOPMENT
-----------------------------	------------------------------------

Receipt For: 2026  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1750.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 30 / 2025

**Transaction ID : A-377**

Amount of Each Receipt this Period  
50.00

Memo Item

EARMARK VIA ACTBLUE ON 2025-11-02

**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 ▼  
218704.34

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 02 / 2025

**Transaction ID : A-377CM**

Amount of Each Receipt this Period  
1468.00

Memo Item

EARMARKED-CONDUIT DETAILS. CONDUIT CONTRIBUTION LIMIT NOT AFFECTED.

**C.** Full Name (Last, First, Middle Initial)  
WALLACE, AMY, , ,

Mailing Address 2691 N. PRESIDENTIAL DR.

City FLORENCE	State AZ	Zip Code 85132
------------------	-------------	-------------------

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  
10 / 14 / 2025

**Transaction ID : A-310**

Amount of Each Receipt this Period  
250.00

Memo Item

EARMARK VIA ACTBLUE ON 2025-10-19

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> 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 35 OF 73	
<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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
--------------------	-------------	-------------------

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 ▼  
208602.34

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 19 / 2025

**Transaction ID : A-310CM**

Amount of Each Receipt this Period  
2460.00

Memo Item

EARMARKED-CONDUIT DETAILS. CONDUIT CONTRIBUTION LIMIT NOT AFFECTED.

**B.** Full Name (Last, First, Middle Initial)  
WHITING, SUZANNE, , ,

Mailing Address 405 GROVE STREET

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 ▼  
1250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 30 / 2025

**Transaction ID : A-456**

Amount of Each Receipt this Period  
250.00

Memo Item

EARMARK VIA ACTBLUE ON 2025-11-30

**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 ▼  
225169.34

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 30 / 2025

**Transaction ID : A-456CM**

Amount of Each Receipt this Period  
366.00

Memo Item

EARMARKED-CONDUIT DETAILS. CONDUIT CONTRIBUTION LIMIT NOT AFFECTED.

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	250.00
<b>TOTAL</b> 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 36 OF 73  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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)  
WOOTTON, REGINA, , ,

Mailing Address 1028 HINMAN AVENUE

City EVANSTON State IL Zip Code 60202

FEC ID number of contributing federal political committee. C

Name of Employer HOULAHAN TRAVEL Occupation TRAVEL

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  
10 / 06 / 2025

Transaction ID : A-286

Amount of Each Receipt this Period  
500.00

Memo Item

EARMARK VIA ACTBLUE ON 2025-10-12

**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 ▼  
206142.34

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 12 / 2025

Transaction ID : A-286CM

Amount of Each Receipt this Period  
4100.00

Memo Item

EARMARKED-CONDUIT DETAILS. CONDUIT CONTRIBUTION LIMIT NOT AFFECTED.

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

Mailing Address 523 FARWELL DR

City MADISON State WI Zip Code 53704-6027

FEC ID number of contributing federal political committee. C

Name of Employer ACCIPITER PROPERTIES INC. Occupation REAL ESTATE PROFESSIONAL

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
600.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 31 / 2025

Transaction ID : A-495

Amount of Each Receipt this Period  
100.00

Memo Item

EARMARK VIA ACTBLUE ON 2025-12-31

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 600.00

**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 37 OF 73	
<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 ▼  
231940.34

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 31 / 2025

**Transaction ID : A-495CM**

Amount of Each Receipt this Period  
410.00

Memo Item

EARMARKED-CONDUIT DETAILS. CONDUIT CONTRIBUTION LIMIT NOT AFFECTED.

**B.** 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

**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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	32210.00

# 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 38 OF 73	
<input type="checkbox"/> 11a 12	<input checked="" 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)  
COHEN, JEFF, , ,

Mailing Address PO BOX 1476

City EVANSTON	State IL	Zip Code 60204
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** H6IL09376

Name of Employer SELF EMPLOYED	Occupation ECONOMIST
-----------------------------------	-------------------------

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 29 / 2025

**Transaction ID : A-559**

Amount of Each Receipt this Period  
300000.00

Memo Item  
CANDIDATE LOAN

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

Mailing Address

City	State	Zip Code
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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

**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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	300000.00

# 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 39 OF 73	
	<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 001

Candidate Name

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

State: District:

Date of Disbursement 10 / 05 / 2025

FEC Identification Number C

Amount of Each Disbursement this Period 67.15

Transaction ID : B-282

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 001

Candidate Name

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

State: District:

Date of Disbursement 10 / 09 / 2025

FEC Identification Number C

Amount of Each Disbursement this Period 161.96

Transaction ID : B-296

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 001

Candidate Name

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

State: District:

Date of Disbursement 10 / 19 / 2025

FEC Identification Number C

Amount of Each Disbursement this Period 97.20

Transaction ID : B-315

Memo Item

**SUBTOTAL** of Disbursements This Page (optional).....▶ 326.31

**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 40 OF 73	
	<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 001

Candidate Name

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

State: District:

Date of Disbursement: 10 / 26 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 341.05

Transaction ID : B-342

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 001

Candidate Name

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

State: District:

Date of Disbursement: 11 / 01 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 58.03

Transaction ID : B-390

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 001

Candidate Name

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

State: District:

Date of Disbursement: 11 / 05 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 110.61

Transaction ID : B-398

Memo Item

**SUBTOTAL** of Disbursements This Page (optional).....▶ 509.69

**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 41 OF 73	
	<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
<b>A. ACTBLUE TECHNICAL SERVICES</b>		M M / D D / Y Y Y Y 11 / 16 / 2025
Mailing Address 14 ARROW STREET STE 11		FEC Identification Number
City CAMBRIDGE	State MA	Zip Code 02138
Purpose of Disbursement MERCHANT FEE	001	
Candidate Name	Amount of Each Disbursement this Period	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	74.63	
Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B-428	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>B. ACTBLUE TECHNICAL SERVICES</b>		M M / D D / Y Y Y Y 11 / 19 / 2025
Mailing Address 14 ARROW STREET STE 11		FEC Identification Number
City CAMBRIDGE	State MA	Zip Code 02138
Purpose of Disbursement MERCHANT FEE	001	
Candidate Name	Amount of Each Disbursement this Period	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	55.71	
Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B-443	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>C. ACTBLUE TECHNICAL SERVICES</b>		M M / D D / Y Y Y Y 11 / 30 / 2025
Mailing Address 14 ARROW STREET STE 11		FEC Identification Number
City CAMBRIDGE	State MA	Zip Code 02138
Purpose of Disbursement MERCHANT FEE	001	
Candidate Name	Amount of Each Disbursement this Period	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	14.47	
Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B-458	
State: District:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	144.81
<b>TOTAL</b> 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 42 OF 73	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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**

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 001

Candidate Name

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

State: District:

Date of Disbursement: 12 / 04 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 149.56

Transaction ID : B-477

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 001

Candidate Name

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

State: District:

Date of Disbursement: 12 / 08 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 98.75

Transaction ID : B-483

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 001

Candidate Name

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

State: District:

Date of Disbursement: 12 / 19 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 2.97

Transaction ID : B-488

Memo Item

**SUBTOTAL** of Disbursements This Page (optional).....▶ 251.28

**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 43 OF 73			
	<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	
<b>A. ACTBLUE TECHNICAL SERVICES</b>			M M / D D / Y Y Y Y 12 / 31 / 2025	
Mailing Address 14 ARROW STREET STE 11			FEC Identification Number	
City CAMBRIDGE	State MA	Zip Code 02138	C	
Purpose of Disbursement MERCHANT FEE		Category/ Type 001	Amount of Each Disbursement this Period	
Candidate Name			16.20	
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-496	
State:	District:		<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial)			Date of Disbursement	
<b>B. AMALGAMATED BANK</b>			M M / D D / Y Y Y Y 11 / 26 / 2025	
Mailing Address 275 7TH AVENUE			FEC Identification Number	
City NEW YORK	State NY	Zip Code 10001	C	
Purpose of Disbursement BANK FEES		Category/ Type 001	Amount of Each Disbursement this Period	
Candidate Name			147.55	
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-460	
State:	District:		<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial)			Date of Disbursement	
<b>C. AMALGAMATED BANK</b>			M M / D D / Y Y Y Y 12 / 30 / 2025	
Mailing Address 275 7TH AVENUE			FEC Identification Number	
City NEW YORK	State NY	Zip Code 10001	C	
Purpose of Disbursement BANK FEES		Category/ Type 001	Amount of Each Disbursement this Period	
Candidate Name			133.15	
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-522	
State:	District:		<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	296.90
<b>TOTAL</b> 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

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**

Full Name (Last, First, Middle Initial)  
**A. ARROWHEAD STRATEGIES LLC**

Mailing Address 853 NEW JERSEY AVENUE SOUTHEAST

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement FUNDRAISING CONSULTANT Category/Type 003

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  
10 / 01 / 2025

FEC Identification Number  
C

Amount of Each Disbursement this Period  
6500.00

Transaction ID : B-201

Memo Item

Full Name (Last, First, Middle Initial)  
**B. ARROWHEAD STRATEGIES LLC**

Mailing Address 853 NEW JERSEY AVENUE SOUTHEAST

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement FUNDRAISING CONSULTANT Category/Type 003

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  
11 / 04 / 2025

FEC Identification Number  
C

Amount of Each Disbursement this Period  
6624.80

Transaction ID : B-364

Memo Item

Full Name (Last, First, Middle Initial)  
**C. BLUE SCOUT DIGITAL LLC**

Mailing Address 2505 ROYAL BIRKDALE DRIVE

City PLANO State TX Zip Code 75025

Purpose of Disbursement DIGITAL FUNDRAISING SERVICES Category/Type 003

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  
10 / 06 / 2025

FEC Identification Number  
C

Amount of Each Disbursement this Period  
2000.00

Transaction ID : B-264

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	15124.80
<b>TOTAL</b> 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 45 OF 73	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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**

Full Name (Last, First, Middle Initial) <b>A. BLUE SCOUT DIGITAL LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2025
Mailing Address 2505 ROYAL BIRKDALE DRIVE		FEC Identification Number C
City PLANO	State TX	Zip Code 75025
Purpose of Disbursement DIGITAL FUNDRAISING SERVICES		Category/ Type 003
Candidate Name		Amount of Each Disbursement this Period 2000.00
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-366 <input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. BLUE SCOUT DIGITAL LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 05 / 2025
Mailing Address 2505 ROYAL BIRKDALE DRIVE		FEC Identification Number C
City PLANO	State TX	Zip Code 75025
Purpose of Disbursement DIGITAL FUNDRAISING SERVICES		Category/ Type 001
Candidate Name		Amount of Each Disbursement this Period 2000.00
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-463 <input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>C. BLUE WIN STRATEGIES LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2025
Mailing Address 1401 PENNSYLVANIA AVENUE STE 105		FEC Identification Number C
City WILMINGTON	State DE	Zip Code 19806
Purpose of Disbursement SOCIAL MEDIA CONSULTANTS		Category/ Type 001
Candidate Name		Amount of Each Disbursement this Period 12500.00
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-347 <input type="checkbox"/> Memo Item
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	16500.00
<b>TOTAL</b> 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 46 OF 73	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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**

Full Name (Last, First, Middle Initial)

**A. CARTER CONSULTING SERVICES**

Mailing Address 1722 ROSE AVENUE

City RICHMOND State VA Zip Code 23222

Purpose of Disbursement CALL TIME CONSULTANT Category/Type 003

Candidate Name

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

State: District:

Date of Disbursement 10 / 01 / 2025

FEC Identification Number C

Amount of Each Disbursement this Period 3000.00

Transaction ID : B-199

Memo Item

Full Name (Last, First, Middle Initial)

**B. CARTER CONSULTING SERVICES**

Mailing Address 1722 ROSE AVENUE

City RICHMOND State VA Zip Code 23222

Purpose of Disbursement CALL TIME CONSULTANT Category/Type 001

Candidate Name

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

State: District:

Date of Disbursement 10 / 01 / 2025

FEC Identification Number C

Amount of Each Disbursement this Period 3000.00

Transaction ID : B-200

Memo Item

Full Name (Last, First, Middle Initial)

**C. CATHERINE M HEAD MEDIA CONSULTING**

Mailing Address 1526 SEWARD STREET

City EVANSTON State IL Zip Code 60202

Purpose of Disbursement COMMUNICATIONS CONSULTANT Category/Type 001

Candidate Name

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

State: District:

Date of Disbursement 11 / 05 / 2025

FEC Identification Number C

Amount of Each Disbursement this Period 375.00

Transaction ID : B-369

Memo Item

**SUBTOTAL** of Disbursements This Page (optional).....▶ 6375.00

**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 47 OF 73			
	<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) <b>A. CATHERINE M HEAD MEDIA CONSULTING</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 18 / 2025
Mailing Address 1526 SEWARD STREET		FEC Identification Number C
City EVANSTON	State IL	Zip Code 60202
Purpose of Disbursement COMMUNICATIONS CONSULTANT	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 225.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B-432 <input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. COMMONCENTSCONSULTING, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2025
Mailing Address PO BOX 26430		FEC Identification Number C
City TEMPE	State AZ	Zip Code 85285
Purpose of Disbursement ACCOUNTING & COMPLIANCE SERVICES	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 6067.00
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-300 <input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>C. COMMONCENTSCONSULTING, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2025
Mailing Address PO BOX 26430		FEC Identification Number C
City TEMPE	State AZ	Zip Code 85285
Purpose of Disbursement ACCOUNTING & COMPLIANCE SERVICES	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 3500.00
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-365 <input type="checkbox"/> Memo Item
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	9792.00
<b>TOTAL</b> 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 48 OF 73	
	<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) <b>A. DUBNER, SOLOMON, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2025	
Mailing Address PO BOX 1476			FEC Identification Number C	
City EVANSTON	State IL	Zip Code 60204	Amount of Each Disbursement this Period 250.00	
Purpose of Disbursement HEALTHCARE STIPEND		Category/ Type 001	Transaction ID : B-327	
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>B. DUBNER, SOLOMON, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2025	
Mailing Address PO BOX 1476			FEC Identification Number C	
City EVANSTON	State IL	Zip Code 60204	Amount of Each Disbursement this Period 750.00	
Purpose of Disbursement HOUSING STIPEND		Category/ Type 001	Transaction ID : B-328	
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>C. DUBNER, SOLOMON, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2025	
Mailing Address PO BOX 1476			FEC Identification Number C	
City EVANSTON	State IL	Zip Code 60204	Amount of Each Disbursement this Period 50.00	
Purpose of Disbursement HEALTHCARE STIPEND		Category/ Type 001	Transaction ID : B-352	
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:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	0.00
<b>TOTAL</b> 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 49 OF 73			
	<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) <b>A. DUBNER, SOLOMON, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2025		
Mailing Address PO BOX 1476			FEC Identification Number C		
City EVANSTON	State IL	Zip Code 60204	Amount of Each Disbursement this Period 150.00		
Purpose of Disbursement HOUSING STIPEND		Category/ Type 001	Transaction ID : B-353		
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>B. DUBNER, SOLOMON, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2025		
Mailing Address PO BOX 1476			FEC Identification Number C		
City EVANSTON	State IL	Zip Code 60204	Amount of Each Disbursement this Period 3128.92		
Purpose of Disbursement PAYROLL		Category/ Type 001	Transaction ID : B-356		
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>C. DUBNER, SOLOMON, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 14 / 2025		
Mailing Address PO BOX 1476			FEC Identification Number C		
City EVANSTON	State IL	Zip Code 60204	Amount of Each Disbursement this Period 250.00		
Purpose of Disbursement HEALTHCARE STIPEND		Category/ Type 001	Transaction ID : B-407		
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:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	0.00
<b>TOTAL</b> 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 50 OF 73	
	<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) <b>A. DUBNER, SOLOMON, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 14 / 2025	
Mailing Address PO BOX 1476			FEC Identification Number C	
City EVANSTON	State IL	Zip Code 60204	Amount of Each Disbursement this Period 750.00	
Purpose of Disbursement HOUSING STIPEND		Category/ Type 001	Transaction ID : B-408	
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>B. DUBNER, SOLOMON, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 14 / 2025	
Mailing Address PO BOX 1476			FEC Identification Number C	
City EVANSTON	State IL	Zip Code 60204	Amount of Each Disbursement this Period 3128.92	
Purpose of Disbursement PAYROLL		Category/ Type 001	Transaction ID : B-410	
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>C. DUBNER, SOLOMON, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 28 / 2025	
Mailing Address PO BOX 1476			FEC Identification Number C	
City EVANSTON	State IL	Zip Code 60204	Amount of Each Disbursement this Period 50.00	
Purpose of Disbursement HEALTHCARE STIPEND		Category/ Type 001	Transaction ID : B-449	
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:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	0.00
<b>TOTAL</b> 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 51 OF 73			
	<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) <b>A. DUBNER, SOLOMON, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 28 / 2025		
Mailing Address PO BOX 1476			FEC Identification Number C		
City EVANSTON	State IL	Zip Code 60204	Amount of Each Disbursement this Period 150.00		
Purpose of Disbursement HOUSING STIPEND		Category/ Type 001	Transaction ID : B-450		
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>B. DUBNER, SOLOMON, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 28 / 2025		
Mailing Address PO BOX 1476			FEC Identification Number C		
City EVANSTON	State IL	Zip Code 60204	Amount of Each Disbursement this Period 720.40		
Purpose of Disbursement PAYROLL		Category/ Type 001	Transaction ID : B-452		
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>C. EVANSTON CHAMBER OF COMMERCE</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2025		
Mailing Address 1007 CHURCH STREET			FEC Identification Number C		
City EVANSTON	State IL	Zip Code 60201	Amount of Each Disbursement this Period 250.00		
Purpose of Disbursement MEMBERSHIP		Category/ Type 001	Transaction ID : B-317		
Candidate Name		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:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	250.00
<b>TOTAL</b> 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 52 OF 73
	<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**

**A. GMMB**

Full Name (Last, First, Middle Initial)

Mailing Address 3050 K STREET NORTHWEST  
STE 100

City WASHINGTON State DC Zip Code 20007

Purpose of Disbursement VIDEOGRAPHY SERVICES Category/Type 004

Candidate Name

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

State: District:

Date of Disbursement 10 / 07 / 2025

FEC Identification Number C

Amount of Each Disbursement this Period 5500.00

Transaction ID : B-265

Memo Item

**B. GMMB**

Full Name (Last, First, Middle Initial)

Mailing Address 3050 K STREET NORTHWEST  
STE 100

City WASHINGTON State DC Zip Code 20007

Purpose of Disbursement VIDEOGRAPHY SERVICES Category/Type 004

Candidate Name

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

State: District:

Date of Disbursement 11 / 04 / 2025

FEC Identification Number C

Amount of Each Disbursement this Period 30000.00

Transaction ID : B-367

Memo Item

**C. GREGORY, BRIAN, , ,**

Full Name (Last, First, Middle Initial)

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 10 / 15 / 2025

FEC Identification Number C

Amount of Each Disbursement this Period 2638.42

Transaction ID : B-270

Memo Item MEMO: SUBVENDOR OF-HUMAN CAPITAL MANAGEMENT LLC

**SUBTOTAL** of Disbursements This Page (optional).....▶ 35500.00

**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 53 OF 73	
	<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) <b>A. GREGORY, BRIAN, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2025	
Mailing Address PO BOX 1476			FEC Identification Number C	
City EVANSTON	State IL	Zip Code 60204	Amount of Each Disbursement this Period 250.00	
Purpose of Disbursement HEALTHCARE STIPEND		Category/ Type 001	Transaction ID : B-329	
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>B. GREGORY, BRIAN, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2025	
Mailing Address PO BOX 1476			FEC Identification Number C	
City EVANSTON	State IL	Zip Code 60204	Amount of Each Disbursement this Period 479.31	
Purpose of Disbursement PAYROLL		Category/ Type 001	Transaction ID : B-324	
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>C. GREGORY, BRIAN, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2025	
Mailing Address PO BOX 1476			FEC Identification Number C	
City EVANSTON	State IL	Zip Code 60204	Amount of Each Disbursement this Period 1899.25	
Purpose of Disbursement PAYROLL		Category/ Type 001	Transaction ID : B-349	
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:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	0.00
<b>TOTAL</b> 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 54 OF 73	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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**

Full Name (Last, First, Middle Initial) <b>A. GREGORY, BRIAN, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2025	
Mailing Address PO BOX 1476			FEC Identification Number C	
City EVANSTON	State IL	Zip Code 60204	Amount of Each Disbursement this Period 171.88	
Purpose of Disbursement HEALTHCARE STIPEND		Category/ Type 001	Transaction ID : B-354	
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>B. GREGORY, BRIAN, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2025	
Mailing Address PO BOX 1476			FEC Identification Number C	
City EVANSTON	State IL	Zip Code 60204	Amount of Each Disbursement this Period 1239.50	
Purpose of Disbursement PAYROLL		Category/ Type 001	Transaction ID : B-359	
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>C. GREGORY, BRIAN, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2025	
Mailing Address PO BOX 1476			FEC Identification Number C	
City EVANSTON	State IL	Zip Code 60204	Amount of Each Disbursement this Period 78.12	
Purpose of Disbursement HEALTHCARE STIPEND		Category/ Type 001	Transaction ID : B-361	
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:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	0.00
<b>TOTAL</b> 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 55 OF 73	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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**

Full Name (Last, First, Middle Initial) <b>A. HUMAN CAPITAL MANAGEMENT LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2025	
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 2888.42	
Purpose of Disbursement PAYROLL - SEE MEMOS		Category/ Type 001	Transaction ID : B-269	
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>B. HUMAN CAPITAL MANAGEMENT LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2025	
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 1271.08	
Purpose of Disbursement PAYROLL TAXES		Category/ Type 001	Transaction ID : B-271	
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>C. HUMAN CAPITAL MANAGEMENT LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2025	
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 21.21	
Purpose of Disbursement WORKERS COMPENSATION		Category/ Type 001	Transaction ID : B-272	
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:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	4180.71
<b>TOTAL</b> 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 56 OF 73	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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**

Full Name (Last, First, Middle Initial) <b>A. HUMAN CAPITAL MANAGEMENT LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2025
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		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-273
State: District:		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>B. HUMAN CAPITAL MANAGEMENT LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2025
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 1479.31
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-323
State: District:		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>C. HUMAN CAPITAL MANAGEMENT LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2025
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 134.36
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-325
State: District:		<input type="checkbox"/> Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1661.40
<b>TOTAL</b> 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 57 OF 73	
	<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) <b>A. HUMAN CAPITAL MANAGEMENT LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2025
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		001
Candidate Name		Amount of Each Disbursement this Period 3.32
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-326 <input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. HUMAN CAPITAL MANAGEMENT LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2025
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 5400.05
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-348 <input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>C. HUMAN CAPITAL MANAGEMENT LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2025
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 2405.73
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-350 <input type="checkbox"/> Memo Item
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	7809.10
<b>TOTAL</b> 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 58 OF 73	
	<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) <b>A. HUMAN CAPITAL MANAGEMENT LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2025	
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 265.47	
Purpose of Disbursement PAYROLL PROCESSING SERVICE		Category/ Type 001	Transaction ID : B-351	
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>B. HUMAN CAPITAL MANAGEMENT LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2025	
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 40.34	
Purpose of Disbursement WORKERS COMPENSATION INSURANCE		Category/ Type 001	Transaction ID : B-355	
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>C. HUMAN CAPITAL MANAGEMENT LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2025	
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 1317.62	
Purpose of Disbursement PAYROLL - SEE MEMOS		Category/ Type 001	Transaction ID : B-358	
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:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1623.43
<b>TOTAL</b> 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 59 OF 73	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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**

Full Name (Last, First, Middle Initial) <b>A. HUMAN CAPITAL MANAGEMENT LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2025
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 464.78	
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-360 <input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. HUMAN CAPITAL MANAGEMENT LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2025
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	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period 9.28	
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-362 <input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>C. HUMAN CAPITAL MANAGEMENT LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2025
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-363 <input type="checkbox"/> Memo Item
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	521.79
<b>TOTAL</b> 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 60 OF 73	
	<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) <b>A. HUMAN CAPITAL MANAGEMENT LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 14 / 2025
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 4128.92	
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-404 <input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. HUMAN CAPITAL MANAGEMENT LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 14 / 2025
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 1614.53	
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-405 <input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>C. HUMAN CAPITAL MANAGEMENT LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 14 / 2025
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-406 <input type="checkbox"/> Memo Item
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	5791.18
<b>TOTAL</b> 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 61 OF 73			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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**

Full Name (Last, First, Middle Initial) <b>A. HUMAN CAPITAL MANAGEMENT LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 14 / 2025
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 25.76
Purpose of Disbursement WORKERS COMPENSATION INSURANCE		Category/Type 001	Transaction ID : B-409
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>B. HUMAN CAPITAL MANAGEMENT LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 28 / 2025
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 920.40
Purpose of Disbursement PAYROLL - SEE MEMOS		Category/Type 001	Transaction ID : B-446
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>C. HUMAN CAPITAL MANAGEMENT LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 28 / 2025
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 225.64
Purpose of Disbursement PAYROLL TAXES		Category/Type 001	Transaction ID : B-447
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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1171.80
<b>TOTAL</b> 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 62 OF 73	
	<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) <b>A. HUMAN CAPITAL MANAGEMENT LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 28 / 2025
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		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-448
State: District:		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>B. HUMAN CAPITAL MANAGEMENT LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 28 / 2025
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 5.15
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-451
State: District:		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>C. HUMAN CAPITAL MANAGEMENT LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 15 / 2025
Mailing Address 5005 WEST LAUREL STREET STE 212		FEC Identification Number C
City TAMPA	State FL	Zip Code 33607
Purpose of Disbursement PAYROLL SERVICE FEE		001
Candidate Name		Amount of Each Disbursement this Period 465.00
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-521
State: District:		<input type="checkbox"/> Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	517.88
<b>TOTAL</b> 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 63 OF 73			
	<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) <b>A. INDUSTRIOUS, INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2025
Mailing Address 215 PARK AVENUE SOUTH		FEC Identification Number C
City NEW YORK	State NY	Zip Code 10003
Purpose of Disbursement RENT	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period 1447.53	
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-261 <input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. INDUSTRIOUS, INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2025
Mailing Address 215 PARK AVENUE SOUTH		FEC Identification Number C
City NEW YORK	State NY	Zip Code 10003
Purpose of Disbursement RENT SECURITY DEPOSIT	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period 2589.00	
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-262 <input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>C. INDUSTRIOUS, INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 12 / 2025
Mailing Address 215 PARK AVENUE SOUTH		FEC Identification Number C
City NEW YORK	State NY	Zip Code 10003
Purpose of Disbursement RENT	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period 172.59	
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-401 <input type="checkbox"/> Memo Item
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	4209.12
<b>TOTAL</b> 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. INDUSTRIOUS, INC.**

Mailing Address 215 PARK AVENUE SOUTH

City NEW YORK    State NY    Zip Code 10003

Purpose of Disbursement RENT        Category/Type

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  
11 / 12 / 2025

FEC Identification Number:

Amount of Each Disbursement this Period:

Transaction ID : B-402

Memo Item

Full Name (Last, First, Middle Initial)  
**B. INDUSTRIOUS, INC.**

Mailing Address 215 PARK AVENUE SOUTH

City NEW YORK    State NY    Zip Code 10003

Purpose of Disbursement RENT        Category/Type

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  
12 / 09 / 2025

FEC Identification Number:

Amount of Each Disbursement this Period:

Transaction ID : B-471

Memo Item

Full Name (Last, First, Middle Initial)  
**C. INDUSTRIOUS, INC.**

Mailing Address 215 PARK AVENUE SOUTH

City NEW YORK    State NY    Zip Code 10003

Purpose of Disbursement RENT        Category/Type

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  
12 / 09 / 2025

FEC Identification Number:

Amount of Each Disbursement this Period:

Transaction ID : B-479

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 65 OF 73	
	<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 10 / 02 / 2025

FEC Identification Number C

Amount of Each Disbursement this Period 1000.00

Transaction ID : B-251

Memo Item

Full Name (Last, First, Middle Initial)

**B. 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 11 / 04 / 2025

FEC Identification Number C

Amount of Each Disbursement this Period 1000.00

Transaction ID : B-371

Memo Item

Full Name (Last, First, Middle Initial)

**C. 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 12 / 02 / 2025

FEC Identification Number C

Amount of Each Disbursement this Period 1000.00

Transaction ID : B-461

Memo Item

**SUBTOTAL** of Disbursements This Page (optional).....▶ 3000.00

**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 66 OF 73			
	<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**

**A. NORTH SHORE STRATEGIES, LLC**

Full Name (Last, First, Middle Initial)

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: 10 / 06 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 22115.00

Transaction ID : B-263

Memo Item

**B. NORTH SHORE STRATEGIES, LLC**

Full Name (Last, First, Middle Initial)

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: 11 / 04 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 7315.61

Transaction ID : B-368

Memo Item

**C. NORTH SHORE STRATEGIES, LLC**

Full Name (Last, First, Middle Initial)

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: 11 / 18 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 28101.02

Transaction ID : B-433

Memo Item

**SUBTOTAL** of Disbursements This Page (optional).....▶ 57531.63

**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 67 OF 73			
	<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) <b>A. PHOTOGRAPHY, JIM, VONDRUSKA, ,</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 11 / 2025
Mailing Address 2439 NORTH SAWYER AVENUE 3S		FEC Identification Number C
City CHICAGO	State IL	Zip Code 60647
Purpose of Disbursement PHOTO SHOOT EXPENSE	Category/Type 001	
Candidate Name		Amount of Each Disbursement this Period 2000.00
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-267
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. WILLIAMS, JOSEPH, , ,</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2025
Mailing Address 61 WEST 111TH PLACE		FEC Identification Number C
City CHICAGO	State IL	Zip Code 60628
Purpose of Disbursement PAYROLL	Category/Type 001	
Candidate Name		Amount of Each Disbursement this Period 680.00
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-330
State: District:	<input type="checkbox"/> Memo Item	

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

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	2680.00
<b>TOTAL</b> This Period (last page this line number only).....▶	179438.22

# 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 68 OF 73			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)  
**JEFF COHEN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. MEYERS, MICHAEL, , ,</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 28 / 2025
Mailing Address 1518 JUDSON AVENUE		FEC Identification Number C
City EVANSTON	State IL	Zip Code 60201
Purpose of Disbursement EXCESSIVE CONTRIBUTION REFUND		Category/ Type 010
Candidate Name		Amount of Each Disbursement this Period 100.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B-542
State: District:		<input type="checkbox"/> Memo Item

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

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

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	100.00
<b>TOTAL</b> This Period (last page this line number only).....▶	100.00

**SCHEDULE C (FEC Form 3)**  
**LOANS**

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

<b>LOAN SOURCE</b> 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
--------------------------------------	------------------------------------	--

<b>TERMS</b>	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:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	200000.00
<b>TOTALS</b> 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**

<b>LOAN SOURCE</b> 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
--------------------------------------	------------------------------------	--

<b>TERMS</b>	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: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....▶	300000.00
<b>TOTALS</b> 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)	PAGE 71 OF 73
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)

**JEFF COHEN FOR CONGRESS**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>ARROWHEAD STRATEGIES LLC</b>			Nature of Debt (Purpose): FUNDRAISING CONSULTANT
Mailing Address 853 NEW JERSEY AVENUE SOUTHEAST			
City WASHINGTON	State DC	Zip Code 20003	

Outstanding Balance Beginning This Period 6500.00	<b>Transaction ID : D-163</b>	
Amount Incurred This Period 0.00	Payment This Period 6500.00	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>BLUE SCOUT DIGITAL LLC</b>			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 2000.00	<b>Transaction ID : D-196</b>	
Amount Incurred This Period 0.00	Payment This Period 2000.00	Outstanding Balance at Close of This Period 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>BLUE SCOUT DIGITAL LLC</b>			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 0.00	<b>Transaction ID : D-545</b>	
Amount Incurred This Period 1800.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1800.00

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	▶	1800.00
2) <b>TOTALS</b> This Period (last page this line number only) .....	▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) .....	▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) .....	▶	

**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

**CARTER CONSULTING SERVICES**

Nature of Debt (Purpose):

CALL TIME CONSULTANT

Mailing Address 1722 ROSE AVENUE

City  
RICHMOND

State  
VA

Zip Code  
23222

Outstanding Balance Beginning This Period

3000.00

Transaction ID : D-147

Amount Incurred This Period

0.00

Payment This Period

3000.00

Outstanding Balance at Close of This Period

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

0.00

Transaction ID : D-462

Amount Incurred This Period

3500.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3500.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**GMMB**

Nature of Debt (Purpose):

VIDEOGRAPHY SERVICES

Mailing Address 3050 K STREET NORTHWEST  
STE 100

City  
WASHINGTON

State  
DC

Zip Code  
20007

Outstanding Balance Beginning This Period

5500.00

Transaction ID : D-156

Amount Incurred This Period

0.00

Payment This Period

5500.00

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional) .....

3500.00

2) **TOTALS** This Period (last page this line number only) .....

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) .....

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) .....

**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 <b>NORTH SHORE STRATEGIES, LLC</b>			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		<b>Transaction ID : D-146</b>	
22115.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	22115.00	0.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>NORTH SHORE STRATEGIES, LLC</b>			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		<b>Transaction ID : D-505</b>	
0.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
11260.00	0.00	11260.00	

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			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	11260.00
2) <b>TOTALS</b> This Period (last page this line number only) .....	16560.00
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) .....	500000.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) .....	516560.00