

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees)

1. (a) Name of Individual, Organization or Corporation Working People Rising			3. FEC Identification Number C C90017880
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 1891 Whitney Mesa Dr.			
(c) City, State and ZIP Code Henderson NV 89014			
2. Occupation and Name of Employer (for Individual Filers Only)			

4. TYPE OF REPORT (check appropriate boxes):

- (a) April 15 Quarterly Report
- July 15 Quarterly Report 24-Hour Report
- October 15 Quarterly Report 48-Hour Report
- January 31 Year-End Report

b) Is this Report an amendment? No Yes, it amends the report filed on / /

5. COVERING PERIOD:
 FROM / /
 THROUGH / /

6. TOTAL CONTRIBUTIONS..... 348099.34

7. TOTAL INDEPENDENT EXPENDITURES 351337.43

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM	SIGNATURE	DATE
Evans, Diane, , ,	<i>Evans, Diane, , ,</i>	10/15/2018
	<i>[Electronically Filed]</i>	

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. §437g.

**SCHEDULE 5-A
ITEMIZED RECEIPTS**

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 FILER (In Full)
Working People Rising

A. Full Name (Last, First, Middle Initial) Culinary Union, Local 226			Date of Receipt M M M / D D D / Y Y Y Y Y Y 08 / 30 / 2018		
Mailing Address 1630 S Commerce St			Transaction ID : VTEAMTSHB51		
City	State	Zip Code	Amount of Each Receipt this Period		
Las Vegas	NV	89102-2700	560.00		
FEC ID number of contributing federal political committee.			C		
Name of Employer			Occupation		

B. Full Name (Last, First, Middle Initial) IBEW Local Union 1245 General Fund			Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 26 / 2018		
Mailing Address 30 Orange Tree Cir			Transaction ID : VTEAMTSHB77		
City	State	Zip Code	Amount of Each Receipt this Period		
Vacaville	CA	95687-3105	2866.49		
FEC ID number of contributing federal political committee.			C		
Name of Employer			Occupation		

C. Full Name (Last, First, Middle Initial) UFCW Int'l Union Working Families Advocacy Project			Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 22 / 2018		
Mailing Address 1775 K St NW			Transaction ID : VTEAMTSHBC6		
City	State	Zip Code	Amount of Each Receipt this Period		
Washington	DC	20006-1502	1039.97		
FEC ID number of contributing federal political committee.			C		
Name of Employer			Occupation		

D. Full Name (Last, First, Middle Initial) UNITE HERE TIP STATE & LOCAL FUND			Date of Receipt M M M / D D D / Y Y Y Y Y Y 08 / 30 / 2018		
Mailing Address 275 7th Ave FI 16			Transaction ID : VTEAMTSHBE2		
City	State	Zip Code	Amount of Each Receipt this Period		
New York	NY	10001-8408	314951.88		
FEC ID number of contributing federal political committee.			C		
Name of Employer			Occupation		

SUBTOTAL of Receipts This Page (optional)	319418.34
TOTAL This Period (last page carry total to Line 6)

**SCHEDULE 5-A
ITEMIZED RECEIPTS**

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 FILER (In Full)
Working People Rising

A. Full Name (Last, First, Middle Initial) Workers' Voice			Date of Receipt
Mailing Address 815 16th St NW			MM / DD / YYYY 09 / 04 / 2018
City	State	Zip Code	Transaction ID : VTEAMTEF831
Washington	DC	20006-4101	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. C			28681.00
Name of Employer		Occupation	

B. Full Name (Last, First, Middle Initial)			Date of Receipt
Mailing Address			MM / DD / YYYY
City	State	Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. C			
Name of Employer		Occupation	

C. Full Name (Last, First, Middle Initial)			Date of Receipt
Mailing Address			MM / DD / YYYY
City	State	Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. C			
Name of Employer		Occupation	

D. Full Name (Last, First, Middle Initial)			Date of Receipt
Mailing Address			MM / DD / YYYY
City	State	Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. C			
Name of Employer		Occupation	

SUBTOTAL of Receipts This Page (optional)	▶	28681.00
TOTAL This Period (last page carry total to Line 6)	▶	348099.34

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
Working People Rising

Full Name (Last, First, Middle Initial) of Payee A&B Printing and Mailing		Date of Public Distribution/Dissemination 09 / 18 / 2018	
Mailing Address 2908 S Highland Dr Ste B		Amount 648.42	
City Las Vegas	State NV	Zip Code 89109-1059	Transaction ID : VTDBCA9SJQ3
Purpose of Expenditure Fliers	Category/ Type 004	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: NV District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Rosen, Jacky, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 269109.03		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee A&B Printing and Mailing		Date of Public Distribution/Dissemination 09 / 20 / 2018	
Mailing Address 2908 S Highland Dr Ste B		Amount 1514.42	
City Las Vegas	State NV	Zip Code 89109-1059	Transaction ID : VTDBCA9TSH8
Purpose of Expenditure Fliers	Category/ Type 004	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: NV District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Rosen, Jacky, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 269109.03		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Culinary Union, Local 226		Date of Public Distribution/Dissemination 08 / 30 / 2018	
Mailing Address 1630 S Commerce St		Amount 280.00	
City Las Vegas	State NV	Zip Code 89102-2700	Transaction ID : VTDBCA9MJ18
Purpose of Expenditure Flyers	Category/ Type 004	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: NV District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Rosen, Jacky, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 269109.03		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	2442.84
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
Working People Rising

Full Name (Last, First, Middle Initial) of Payee Culinary Union, Local 226		Date of Public Distribution/Dissemination 08 / 30 / 2018	
Mailing Address 1630 S Commerce St		Amount 280.00	
City Las Vegas	State NV	Zip Code 89102-2700	Transaction ID : VTDBCA9MJ26
Purpose of Expenditure Flyers	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: NV District: 04
Name of Federal Candidate Supported or Opposed by Expenditure: Horsford, Steven, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 82228.40		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) of Payee IBEW Local Union 1245 General Fund		Date of Public Distribution/Dissemination 09 / 26 / 2018	
Mailing Address 30 Orange Tree Cir		Amount 1095.69	
City Vacaville	State CA	Zip Code 95687-3105	Transaction ID : VTDBCA9XMQ7
Purpose of Expenditure Canvassing Services	Category/ Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: NV District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Rosen, Jacky, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 269109.03		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) of Payee IBEW Local Union 1245 General Fund		Date of Public Distribution/Dissemination 09 / 27 / 2018	
Mailing Address 30 Orange Tree Cir		Amount 869.92	
City Vacaville	State CA	Zip Code 95687-3105	Transaction ID : VTDBCA9YRP7
Purpose of Expenditure Canvassing Services	Category/ Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: NV District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Rosen, Jacky, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 269109.03		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

(a) SUBTOTAL of Itemized Independent Expenditures.....	2245.61
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
Working People Rising

Full Name (Last, First, Middle Initial) of Payee IBEW Local Union 1245 General Fund		Date of Public Distribution/Dissemination 09 / 28 / 2018	
Mailing Address 30 Orange Tree Cir		Amount 608.44	
City Vacaville	State CA	Zip Code 95687-3105	
Purpose of Expenditure Canvassing Services		Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Rosen, Jacky, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 269109.03		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Transaction ID : VTDBCA9Z1T8

Full Name (Last, First, Middle Initial) of Payee IBEW Local Union 1245 General Fund		Date of Public Distribution/Dissemination 09 / 29 / 2018	
Mailing Address 30 Orange Tree Cir		Amount 292.44	
City Vacaville	State CA	Zip Code 95687-3105	
Purpose of Expenditure Canvassing Services		Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Rosen, Jacky, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 269109.03		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Transaction ID : VTDBCA9ZED2

Full Name (Last, First, Middle Initial) of Payee Mosaic		Date of Public Distribution/Dissemination 09 / 06 / 2018	
Mailing Address 4801 Viewpoint Pl		Amount 1200.00	
City Hyattsville	State MD	Zip Code 20781-1100	
Purpose of Expenditure Flyers		Category/ Type 004	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Rosen, Jacky, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 269109.03		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Transaction ID : VTDBCA9MJ91

(a) SUBTOTAL of Itemized Independent Expenditures.....	2100.88
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
Working People Rising

Full Name (Last, First, Middle Initial) of Payee Mosaic		Date of Public Distribution/Dissemination 09 / 08 / 2018	
Mailing Address 4801 Viewpoint PI		Amount 1800.00	
City Hyattsville	State MD	Zip Code 20781-1100	
Transaction ID : VTDBCA9NH63		Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President	
Purpose of Expenditure Flyers	Category/ Type 004	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate Supported or Opposed by Expenditure: Rosen, Jacky, , ,		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
Calendar Year-To-Date Per Election for Office Sought		269109.03	

Full Name (Last, First, Middle Initial) of Payee Mosaic		Date of Public Distribution/Dissemination 09 / 09 / 2018	
Mailing Address 4801 Viewpoint PI		Amount 600.00	
City Hyattsville	State MD	Zip Code 20781-1100	
Transaction ID : VTDBCA9PD71		Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President	
Purpose of Expenditure Fliers	Category/ Type 004	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate Supported or Opposed by Expenditure: Horsford, Steven, , ,		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
Calendar Year-To-Date Per Election for Office Sought		82228.40	

Full Name (Last, First, Middle Initial) of Payee Mosaic		Date of Public Distribution/Dissemination 09 / 09 / 2018	
Mailing Address 4801 Viewpoint PI		Amount 600.00	
City Hyattsville	State MD	Zip Code 20781-1100	
Transaction ID : VTDBCA9PD89		Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President	
Purpose of Expenditure Fliers	Category/ Type 004	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate Supported or Opposed by Expenditure: Rosen, Jacky, , ,		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
Calendar Year-To-Date Per Election for Office Sought		269109.03	

(a) SUBTOTAL of Itemized Independent Expenditures.....	3000.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
Working People Rising

Full Name (Last, First, Middle Initial) of Payee Mosaic		Date of Public Distribution/Dissemination 09 / 11 / 2018	
Mailing Address 4801 Viewpoint PI		Amount 1800.00	
City Hyattsville	State MD	Zip Code 20781-1100	
Purpose of Expenditure Fliers		Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Horsford, Steven, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 82228.40		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Transaction ID : VTDBCA9PP54

Full Name (Last, First, Middle Initial) of Payee Mosaic		Date of Public Distribution/Dissemination 09 / 11 / 2018	
Mailing Address 4801 Viewpoint PI		Amount 1800.00	
City Hyattsville	State MD	Zip Code 20781-1100	
Purpose of Expenditure Fliers		Category/ Type 004	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Rosen, Jacky, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 269109.03		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Transaction ID : VTDBCA9PP62

Full Name (Last, First, Middle Initial) of Payee Mosaic		Date of Public Distribution/Dissemination 09 / 18 / 2018	
Mailing Address 4801 Viewpoint PI		Amount 240.00	
City Hyattsville	State MD	Zip Code 20781-1100	
Purpose of Expenditure Fliers		Category/ Type 004	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Rosen, Jacky, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 269109.03		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Transaction ID : VTDBCA9SGB4

(a) SUBTOTAL of Itemized Independent Expenditures.....	3840.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
Working People Rising

Full Name (Last, First, Middle Initial) of Payee Mosaic		Date of Public Distribution/Dissemination 09 / 19 / 2018	
Mailing Address 4801 Viewpoint PI		Amount 360.00	
City Hyattsville	State MD	Zip Code 20781-1100	
Purpose of Expenditure Fliers		Category/ Type 004	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Rosen, Jacky, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 269109.03		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Transaction ID : VTDBCA9TA51

Full Name (Last, First, Middle Initial) of Payee Mosaic		Date of Public Distribution/Dissemination 09 / 21 / 2018	
Mailing Address 4801 Viewpoint PI		Amount 1800.00	
City Hyattsville	State MD	Zip Code 20781-1100	
Purpose of Expenditure Fliers		Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Horsford, Steven, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 82228.40		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Transaction ID : VTDBCA9V135

Full Name (Last, First, Middle Initial) of Payee Mosaic		Date of Public Distribution/Dissemination 09 / 21 / 2018	
Mailing Address 4801 Viewpoint PI		Amount 1800.00	
City Hyattsville	State MD	Zip Code 20781-1100	
Purpose of Expenditure Fliers		Category/ Type 004	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Rosen, Jacky, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 269109.03		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Transaction ID : VTDBCA9V151

(a) SUBTOTAL of Itemized Independent Expenditures.....	3960.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
Working People Rising

Full Name (Last, First, Middle Initial) of Payee Mosaic		Date of Public Distribution/Dissemination 09 / 24 / 2018	
Mailing Address 4801 Viewpoint PI		Amount 2400.00	
City Hyattsville	State MD	Zip Code 20781-1100	
Purpose of Expenditure Fliers		Category/ Type 004	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Rosen, Jacky, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 269109.03		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Transaction ID : VTDBCA9WER5

Full Name (Last, First, Middle Initial) of Payee Mosaic		Date of Public Distribution/Dissemination 09 / 29 / 2018	
Mailing Address 4801 Viewpoint PI		Amount 1800.00	
City Hyattsville	State MD	Zip Code 20781-1100	
Purpose of Expenditure Fliers		Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Horsford, Steven, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 82228.40		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Transaction ID : VTDBCA9Z205

Full Name (Last, First, Middle Initial) of Payee Mosaic		Date of Public Distribution/Dissemination 09 / 30 / 2018	
Mailing Address 4801 Viewpoint PI		Amount 600.00	
City Hyattsville	State MD	Zip Code 20781-1100	
Purpose of Expenditure Fliers		Category/ Type 004	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Rosen, Jacky, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 269109.03		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Transaction ID : VTDBCA9ZV57

(a) SUBTOTAL of Itemized Independent Expenditures.....	4800.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
Working People Rising

Full Name (Last, First, Middle Initial) of Payee UFCW Int'l Union Working Families Advocacy Project		Date of Public Distribution/Dissemination 09 / 22 / 2018	
Mailing Address 1775 K St NW		Amount 567.06	
City Washington	State DC	Zip Code 20006-1502	Transaction ID : VTDBCA9V998
Purpose of Expenditure Canvassing Services	Category/Type 001	Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: NV District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Rosen, Jacky, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 269109.03		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee UFCW Int'l Union Working Families Advocacy Project		Date of Public Distribution/Dissemination 09 / 25 / 2018	
Mailing Address 1775 K St NW		Amount 472.91	
City Washington	State DC	Zip Code 20006-1502	Transaction ID : VTDBCA9WXH2
Purpose of Expenditure Canvassing Services	Category/Type 001	Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: NV District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Rosen, Jacky, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 269109.03		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee UNITE HERE TIP STATE & LOCAL FUND		Date of Public Distribution/Dissemination 08 / 30 / 2018	
Mailing Address 275 7th Ave Fl 16		Amount 1741.47	
City New York	State NY	Zip Code 10001-8408	Transaction ID : VTDBCA9HQ74
Purpose of Expenditure Canvassing Services	Category/Type 004	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: NV District: 04
Name of Federal Candidate Supported or Opposed by Expenditure: Horsford, Steven, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 82228.40		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	2781.44
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
Working People Rising

Full Name (Last, First, Middle Initial) of Payee UNITE HERE TIP STATE & LOCAL FUND		Date of Public Distribution/Dissemination 08 / 30 / 2018	
Mailing Address 275 7th Ave FI 16		Amount 1742.78	
City New York	State NY	Zip Code 10001-8408	
Purpose of Expenditure Canvassing Services		Category/ Type 004	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Rosen, Jacky, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 269109.03		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Transaction ID : VTDBCA9HQ82

Full Name (Last, First, Middle Initial) of Payee UNITE HERE TIP STATE & LOCAL FUND		Date of Public Distribution/Dissemination 08 / 31 / 2018	
Mailing Address 275 7th Ave FI 16		Amount 3773.53	
City New York	State NY	Zip Code 10001-8408	
Purpose of Expenditure Canvassing Services		Category/ Type 004	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Rosen, Jacky, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 269109.03		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Transaction ID : VTDBCA9MHV1

Full Name (Last, First, Middle Initial) of Payee UNITE HERE TIP STATE & LOCAL FUND		Date of Public Distribution/Dissemination 08 / 31 / 2018	
Mailing Address 275 7th Ave FI 16		Amount 3770.70	
City New York	State NY	Zip Code 10001-8408	
Purpose of Expenditure Canvassing Services		Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Horsford, Steven, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 82228.40		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Transaction ID : VTDBCA9MHY4

(a) SUBTOTAL of Itemized Independent Expenditures.....	9287.01
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
Working People Rising

Full Name (Last, First, Middle Initial) of Payee UNITE HERE TIP STATE & LOCAL FUND		Date of Public Distribution/Dissemination 09 / 01 / 2018	
Mailing Address 275 7th Ave FI 16		Amount 1774.02	
City New York	State NY	Zip Code 10001-8408	Transaction ID : VTDBCA9MHW9
Purpose of Expenditure Canvassing Services	Category/ Type 004	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: NV District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Rosen, Jacky, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 269109.03		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee UNITE HERE TIP STATE & LOCAL FUND		Date of Public Distribution/Dissemination 09 / 01 / 2018	
Mailing Address 275 7th Ave FI 16		Amount 1772.69	
City New York	State NY	Zip Code 10001-8408	Transaction ID : VTDBCA9MHZ2
Purpose of Expenditure Canvassing Services	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: NV District: 04
Name of Federal Candidate Supported or Opposed by Expenditure: Horsford, Steven, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 82228.40		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee UNITE HERE TIP STATE & LOCAL FUND		Date of Public Distribution/Dissemination 09 / 04 / 2018	
Mailing Address 275 7th Ave FI 16		Amount 3766.80	
City New York	State NY	Zip Code 10001-8408	Transaction ID : VTDBCA9MHX6
Purpose of Expenditure Canvassing Services	Category/ Type 004	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: NV District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Rosen, Jacky, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 269109.03		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	7313.51
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
Working People Rising

Full Name (Last, First, Middle Initial) of Payee UNITE HERE TIP STATE & LOCAL FUND		Date of Public Distribution/Dissemination 09 / 04 / 2018	
Mailing Address 275 7th Ave FI 16		Amount 3763.84	
City New York	State NY	Zip Code 10001-8408	
Purpose of Expenditure Canvassing Services		Category/Type 004	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Horsford, Steven, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 82228.40		Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) of Payee UNITE HERE TIP STATE & LOCAL FUND		Date of Public Distribution/Dissemination 09 / 05 / 2018	
Mailing Address 275 7th Ave FI 16		Amount 4781.27	
City New York	State NY	Zip Code 10001-8408	
Purpose of Expenditure Canvassing Services		Category/Type 004	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Rosen, Jacky, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 269109.03		Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) of Payee UNITE HERE TIP STATE & LOCAL FUND		Date of Public Distribution/Dissemination 09 / 05 / 2018	
Mailing Address 275 7th Ave FI 16		Amount 4777.68	
City New York	State NY	Zip Code 10001-8408	
Purpose of Expenditure Canvassing Services		Category/Type 004	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Horsford, Steven, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 82228.40		Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

(a) SUBTOTAL of Itemized Independent Expenditures.....	13322.79
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
Working People Rising

Full Name (Last, First, Middle Initial) of Payee UNITE HERE TIP STATE & LOCAL FUND		Date of Public Distribution/Dissemination 09 / 05 / 2018	
Mailing Address 275 7th Ave FI 16		Amount 974.08	
City New York	State NY	Zip Code 10001-8408	
Purpose of Expenditure Fliers		Category/ Type 004	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Rosen, Jacky, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 269109.03		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Transaction ID : VTDBCAAB9B0

Full Name (Last, First, Middle Initial) of Payee UNITE HERE TIP STATE & LOCAL FUND		Date of Public Distribution/Dissemination 09 / 05 / 2018	
Mailing Address 275 7th Ave FI 16		Amount 973.80	
City New York	State NY	Zip Code 10001-8408	
Purpose of Expenditure Fliers		Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Horsford, Steven, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 82228.40		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Transaction ID : VTDBCAAB9C8

Full Name (Last, First, Middle Initial) of Payee UNITE HERE TIP STATE & LOCAL FUND		Date of Public Distribution/Dissemination 09 / 05 / 2018	
Mailing Address 275 7th Ave FI 16		Amount 973.80	
City New York	State NY	Zip Code 10001-8408	
Purpose of Expenditure Fliers		Category/ Type 004	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Heller, Dean, , ,		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 269109.03		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Transaction ID : VTDBCAABAP9

(a) SUBTOTAL of Itemized Independent Expenditures.....	2921.68
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
Working People Rising

Full Name (Last, First, Middle Initial) of Payee UNITE HERE TIP STATE & LOCAL FUND		Date of Public Distribution/Dissemination 09 / 06 / 2018	
Mailing Address 275 7th Ave FI 16		Amount 3906.70	
City New York	State NY	Zip Code 10001-8408	
Purpose of Expenditure Canvassing Services		Category/ Type 004	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Rosen, Jacky, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 269109.03		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Transaction ID : VTDBCA9MJ42

Full Name (Last, First, Middle Initial) of Payee UNITE HERE TIP STATE & LOCAL FUND		Date of Public Distribution/Dissemination 09 / 06 / 2018	
Mailing Address 275 7th Ave FI 16		Amount 3903.77	
City New York	State NY	Zip Code 10001-8408	
Purpose of Expenditure Canvassing Services		Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Horsford, Steven, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 82228.40		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Transaction ID : VTDBCA9MJ50

Full Name (Last, First, Middle Initial) of Payee UNITE HERE TIP STATE & LOCAL FUND		Date of Public Distribution/Dissemination 09 / 07 / 2018	
Mailing Address 275 7th Ave FI 16		Amount 4546.34	
City New York	State NY	Zip Code 10001-8408	
Purpose of Expenditure Canvassing Services		Category/ Type 004	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Rosen, Jacky, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 269109.03		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Transaction ID : VTDBCA9NGW4

(a) SUBTOTAL of Itemized Independent Expenditures.....	12356.81
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
Working People Rising

Full Name (Last, First, Middle Initial) of Payee UNITE HERE TIP STATE & LOCAL FUND		Date of Public Distribution/Dissemination 09 / 07 / 2018	
Mailing Address 275 7th Ave FI 16		Amount 4542.93	
City New York	State NY	Zip Code 10001-8408	
Purpose of Expenditure Canvassing Services		Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Horsford, Steven, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 82228.40		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Transaction ID : VTDBCA9NGZ8

Full Name (Last, First, Middle Initial) of Payee UNITE HERE TIP STATE & LOCAL FUND		Date of Public Distribution/Dissemination 09 / 07 / 2018	
Mailing Address 275 7th Ave FI 16		Amount 5909.91	
City New York	State NY	Zip Code 10001-8408	
Purpose of Expenditure Canvassing Services		Category/ Type 004	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Rosen, Jacky, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 269109.03		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Transaction ID : VTDBCA9NH30

Full Name (Last, First, Middle Initial) of Payee UNITE HERE TIP STATE & LOCAL FUND		Date of Public Distribution/Dissemination 09 / 08 / 2018	
Mailing Address 275 7th Ave FI 16		Amount 2303.89	
City New York	State NY	Zip Code 10001-8408	
Purpose of Expenditure Canvassing Services		Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Horsford, Steven, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 82228.40		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Transaction ID : VTDBCA9NH55

(a) SUBTOTAL of Itemized Independent Expenditures.....	12756.73
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
Working People Rising

Full Name (Last, First, Middle Initial) of Payee UNITE HERE TIP STATE & LOCAL FUND		Date of Public Distribution/Dissemination 09 / 09 / 2018	
Mailing Address 275 7th Ave FI 16		Amount 3819.48	
City New York	State NY	Zip Code 10001-8408	
Purpose of Expenditure Canvassing Services		Category/ Type	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Rosen, Jacky, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
		269109.03	

Transaction ID : VTDBCA9PE81

Full Name (Last, First, Middle Initial) of Payee UNITE HERE TIP STATE & LOCAL FUND		Date of Public Distribution/Dissemination 09 / 10 / 2018	
Mailing Address 275 7th Ave FI 16		Amount 9093.05	
City New York	State NY	Zip Code 10001-8408	
Purpose of Expenditure Canvassing Services		Category/ Type	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Rosen, Jacky, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
		269109.03	

Transaction ID : VTDBCA9PD47

Full Name (Last, First, Middle Initial) of Payee UNITE HERE TIP STATE & LOCAL FUND		Date of Public Distribution/Dissemination 09 / 10 / 2018	
Mailing Address 275 7th Ave FI 16		Amount 5344.56	
City New York	State NY	Zip Code 10001-8408	
Purpose of Expenditure Canvassing Services		Category/ Type	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Horsford, Steven, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
		82228.40	

Transaction ID : VTDBCA9PD55

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	18257.09
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....▶ (carry total from last page forward to Line 7)	

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
Working People Rising

Full Name (Last, First, Middle Initial) of Payee UNITE HERE TIP STATE & LOCAL FUND		Date of Public Distribution/Dissemination 09 / 11 / 2018	
Mailing Address 275 7th Ave FI 16		Amount 9013.37	
City New York	State NY	Zip Code 10001-8408	
Purpose of Expenditure Canvassing Services		Category/ Type 004	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Rosen, Jacky, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 269109.03		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee UNITE HERE TIP STATE & LOCAL FUND		Date of Public Distribution/Dissemination 09 / 11 / 2018	
Mailing Address 275 7th Ave FI 16		Amount 5503.86	
City New York	State NY	Zip Code 10001-8408	
Purpose of Expenditure Canvassing Services		Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Horsford, Steven, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 82228.40		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee UNITE HERE TIP STATE & LOCAL FUND		Date of Public Distribution/Dissemination 09 / 12 / 2018	
Mailing Address 275 7th Ave FI 16		Amount 5297.47	
City New York	State NY	Zip Code 10001-8408	
Purpose of Expenditure Canvassing Services		Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Horsford, Steven, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 82228.40		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	19814.70
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
Working People Rising

Full Name (Last, First, Middle Initial) of Payee UNITE HERE TIP STATE & LOCAL FUND		Date of Public Distribution/Dissemination 09 / 12 / 2018	
Mailing Address 275 7th Ave FI 16		Amount 9283.69	
City New York	State NY	Zip Code 10001-8408	
Purpose of Expenditure Canvassing Services		Category/Type 004	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Rosen, Jacky, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 269109.03		Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Transaction ID : VTDBCA9QAA7

Full Name (Last, First, Middle Initial) of Payee UNITE HERE TIP STATE & LOCAL FUND		Date of Public Distribution/Dissemination 09 / 13 / 2018	
Mailing Address 275 7th Ave FI 16		Amount 8449.46	
City New York	State NY	Zip Code 10001-8408	
Purpose of Expenditure Canvassing Services		Category/Type 004	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Rosen, Jacky, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 269109.03		Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Transaction ID : VTDBCA9QZB9

Full Name (Last, First, Middle Initial) of Payee UNITE HERE TIP STATE & LOCAL FUND		Date of Public Distribution/Dissemination 09 / 13 / 2018	
Mailing Address 275 7th Ave FI 16		Amount 5295.13	
City New York	State NY	Zip Code 10001-8408	
Purpose of Expenditure Canvassing Services		Category/Type 004	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Horsford, Steven, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 82228.40		Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Transaction ID : VTDBCA9QZC7

(a) SUBTOTAL of Itemized Independent Expenditures.....	23028.28
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
Working People Rising

Full Name (Last, First, Middle Initial) of Payee UNITE HERE TIP STATE & LOCAL FUND		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 14 / 2018	
Mailing Address 275 7th Ave FI 16		Amount 5440.52	
City New York	State NY	Zip Code 10001-8408	
Purpose of Expenditure Canvassing Services		Category/Type 004	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Horsford, Steven, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 82228.40		Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) of Payee UNITE HERE TIP STATE & LOCAL FUND		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 14 / 2018	
Mailing Address 275 7th Ave FI 16		Amount 5444.60	
City New York	State NY	Zip Code 10001-8408	
Purpose of Expenditure Canvassing Services		Category/Type 004	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Rosen, Jacky, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 269109.03		Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) of Payee UNITE HERE TIP STATE & LOCAL FUND		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 15 / 2018	
Mailing Address 275 7th Ave FI 16		Amount 3096.08	
City New York	State NY	Zip Code 10001-8408	
Purpose of Expenditure Canvassing Services		Category/Type 004	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Rosen, Jacky, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 269109.03		Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

(a) SUBTOTAL of Itemized Independent Expenditures.....	13981.20
(b) SUBTOTAL of Unitemized Independent Expenditures	0.00
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	13981.20

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
Working People Rising

Full Name (Last, First, Middle Initial) of Payee UNITE HERE TIP STATE & LOCAL FUND		Date of Public Distribution/Dissemination 09 / 16 / 2018	
Mailing Address 275 7th Ave FI 16		Amount 2945.31	
City New York	State NY	Zip Code 10001-8408	
Purpose of Expenditure Canvassing Services		Category/ Type 004	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Rosen, Jacky, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 269109.03		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Transaction ID : VTDBCA9RFX5

Full Name (Last, First, Middle Initial) of Payee UNITE HERE TIP STATE & LOCAL FUND		Date of Public Distribution/Dissemination 09 / 17 / 2018	
Mailing Address 275 7th Ave FI 16		Amount 9066.57	
City New York	State NY	Zip Code 10001-8408	
Purpose of Expenditure Canvassing Services		Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Rosen, Jacky, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 269109.03		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Transaction ID : VTDBCA9S595

Full Name (Last, First, Middle Initial) of Payee UNITE HERE TIP STATE & LOCAL FUND		Date of Public Distribution/Dissemination 09 / 17 / 2018	
Mailing Address 275 7th Ave FI 16		Amount 6055.82	
City New York	State NY	Zip Code 10001-8408	
Purpose of Expenditure Canvassing Services		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Horsford, Steven, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 82228.40		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Transaction ID : VTDBCA9S5B1

(a) **SUBTOTAL** of Itemized Independent Expenditures.....▶ 18067.70

(b) **SUBTOTAL** of Unitemized Independent Expenditures▶

(c) **TOTAL** Independent Expenditures.....▶

(carry total from last page forward to Line 7)

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
Working People Rising

Full Name (Last, First, Middle Initial) of Payee UNITE HERE TIP STATE & LOCAL FUND		Date of Public Distribution/Dissemination 09 / 18 / 2018	
Mailing Address 275 7th Ave FI 16		Amount 9401.42	
City New York	State NY	Zip Code 10001-8408	
Purpose of Expenditure Canvassing Services		Category/Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Rosen, Jacky, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 269109.03		Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Transaction ID : VTDBCA9SG65

Full Name (Last, First, Middle Initial) of Payee UNITE HERE TIP STATE & LOCAL FUND		Date of Public Distribution/Dissemination 09 / 18 / 2018	
Mailing Address 275 7th Ave FI 16		Amount 5985.00	
City New York	State NY	Zip Code 10001-8408	
Purpose of Expenditure Canvassing Services		Category/Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Horsford, Steven, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 82228.40		Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Transaction ID : VTDBCA9SG81

Full Name (Last, First, Middle Initial) of Payee UNITE HERE TIP STATE & LOCAL FUND		Date of Public Distribution/Dissemination 09 / 18 / 2018	
Mailing Address 275 7th Ave FI 16		Amount 852.98	
City New York	State NY	Zip Code 10001-8408	
Purpose of Expenditure Canvassing Services		Category/Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Heller, Dean, , ,		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 269109.03		Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Transaction ID : VTDBCA9TJY5

(a) SUBTOTAL of Itemized Independent Expenditures.....	16239.40
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
Working People Rising

Full Name (Last, First, Middle Initial) of Payee UNITE HERE TIP STATE & LOCAL FUND		Date of Public Distribution/Dissemination 09 / 18 / 2018	
Mailing Address 275 7th Ave FI 16		Amount 2658.21	
City New York	State NY	Zip Code 10001-8408	
Purpose of Expenditure Fliers		Category/ Type 004	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Rosen, Jacky, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 269109.03		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Transaction ID : VTDBCAAB9G9

Full Name (Last, First, Middle Initial) of Payee UNITE HERE TIP STATE & LOCAL FUND		Date of Public Distribution/Dissemination 09 / 18 / 2018	
Mailing Address 275 7th Ave FI 16		Amount 2658.20	
City New York	State NY	Zip Code 10001-8408	
Purpose of Expenditure Fliers		Category/ Type 004	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Heller, Dean, , ,		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 269109.03		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Transaction ID : VTDBCAAB9J5

Full Name (Last, First, Middle Initial) of Payee UNITE HERE TIP STATE & LOCAL FUND		Date of Public Distribution/Dissemination 09 / 19 / 2018	
Mailing Address 275 7th Ave FI 16		Amount 5579.66	
City New York	State NY	Zip Code 10001-8408	
Purpose of Expenditure Canvassing Services		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Horsford, Steven, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 82228.40		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Transaction ID : VTDBCA9TA35

(a) SUBTOTAL of Itemized Independent Expenditures.....	10896.07
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
Working People Rising

Full Name (Last, First, Middle Initial) of Payee UNITE HERE TIP STATE & LOCAL FUND		Date of Public Distribution/Dissemination 09 / 19 / 2018	
Mailing Address 275 7th Ave FI 16		Amount 8958.27	
City New York	State NY	Zip Code 10001-8408	
Purpose of Expenditure Canvassing Services		Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Rosen, Jacky, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 269109.03		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Transaction ID : VTDBCA9TA43

Full Name (Last, First, Middle Initial) of Payee UNITE HERE TIP STATE & LOCAL FUND		Date of Public Distribution/Dissemination 09 / 19 / 2018	
Mailing Address 275 7th Ave FI 16		Amount 843.61	
City New York	State NY	Zip Code 10001-8408	
Purpose of Expenditure Canvassing Services		Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Heller, Dean, , ,		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 269109.03		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Transaction ID : VTDBCA9TK50

Full Name (Last, First, Middle Initial) of Payee UNITE HERE TIP STATE & LOCAL FUND		Date of Public Distribution/Dissemination 09 / 20 / 2018	
Mailing Address 275 7th Ave FI 16		Amount 2910.60	
City New York	State NY	Zip Code 10001-8408	
Purpose of Expenditure Canvassing Services		Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Heller, Dean, , ,		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 269109.03		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Transaction ID : VTDBCA9TSE4

(a) SUBTOTAL of Itemized Independent Expenditures.....	12712.48
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
Working People Rising

Full Name (Last, First, Middle Initial) of Payee UNITE HERE TIP STATE & LOCAL FUND		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 20 / 2018	
Mailing Address 275 7th Ave FI 16		Amount 11642.41	
City New York	State NY	Zip Code 10001-8408	Transaction ID : VTDBCA9TSF2
Purpose of Expenditure Canvassing Services	Category/ Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: NV District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Rosen, Jacky, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 269109.03		Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee UNITE HERE TIP STATE & LOCAL FUND		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 20 / 2018	
Mailing Address 275 7th Ave FI 16		Amount 1709.81	
City New York	State NY	Zip Code 10001-8408	Transaction ID : VTDBCAAB9D5
Purpose of Expenditure Fliers	Category/ Type 004	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: NV District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Rosen, Jacky, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 269109.03		Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee UNITE HERE TIP STATE & LOCAL FUND		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 20 / 2018	
Mailing Address 275 7th Ave FI 16		Amount 1709.81	
City New York	State NY	Zip Code 10001-8408	Transaction ID : VTDBCAAB9E3
Purpose of Expenditure Fliers	Category/ Type 004	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: NV District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Heller, Dean, , ,		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 269109.03		Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	15062.03
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
Working People Rising

Full Name (Last, First, Middle Initial) of Payee UNITE HERE TIP STATE & LOCAL FUND		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 21 / 2018	
Mailing Address 275 7th Ave FI 16		Amount 1998.70	
City New York	State NY	Zip Code 10001-8408	
Purpose of Expenditure Canvassing Services		Category/ Type	001
Name of Federal Candidate Supported or Opposed by Expenditure: Heller, Dean, , ,		Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President	
Calendar Year-To-Date Per Election for Office Sought		269109.03	
		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Transaction ID : VTDBCA9V102

Full Name (Last, First, Middle Initial) of Payee UNITE HERE TIP STATE & LOCAL FUND		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 21 / 2018	
Mailing Address 275 7th Ave FI 16		Amount 7994.80	
City New York	State NY	Zip Code 10001-8408	
Purpose of Expenditure Canvassing Services		Category/ Type	001
Name of Federal Candidate Supported or Opposed by Expenditure: Rosen, Jacky, , ,		Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President	
Calendar Year-To-Date Per Election for Office Sought		269109.03	
		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Transaction ID : VTDBCA9V110

Full Name (Last, First, Middle Initial) of Payee UNITE HERE TIP STATE & LOCAL FUND		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 22 / 2018	
Mailing Address 275 7th Ave FI 16		Amount 2628.99	
City New York	State NY	Zip Code 10001-8408	
Purpose of Expenditure Canvassing Services		Category/ Type	001
Name of Federal Candidate Supported or Opposed by Expenditure: Heller, Dean, , ,		Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President	
Calendar Year-To-Date Per Election for Office Sought		269109.03	
		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Transaction ID : VTDBCA9V9C2

(a) SUBTOTAL of Itemized Independent Expenditures.....	12622.49
(b) SUBTOTAL of Unitemized Independent Expenditures	0.00
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	12622.49

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
Working People Rising

Full Name (Last, First, Middle Initial) of Payee UNITE HERE TIP STATE & LOCAL FUND		Date of Public Distribution/Dissemination 09 / 22 / 2018	
Mailing Address 275 7th Ave FI 16		Amount 10515.96	
City New York	State NY	Zip Code 10001-8408	Transaction ID : VTDBCA9V9D0
Purpose of Expenditure Canvassing Services	Category/Type 001	Office Sought: <input checked="" type="checkbox"/> Senate <input type="checkbox"/> House <input type="checkbox"/> President	State: NV District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Rosen, Jacky, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 269109.03		Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee UNITE HERE TIP STATE & LOCAL FUND		Date of Public Distribution/Dissemination 09 / 23 / 2018	
Mailing Address 275 7th Ave FI 16		Amount 887.60	
City New York	State NY	Zip Code 10001-8408	Transaction ID : VTDBCA9VND5
Purpose of Expenditure Canvassing Services	Category/Type 001	Office Sought: <input checked="" type="checkbox"/> Senate <input type="checkbox"/> House <input type="checkbox"/> President	State: NV District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Heller, Dean, , ,		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 269109.03		Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee UNITE HERE TIP STATE & LOCAL FUND		Date of Public Distribution/Dissemination 09 / 23 / 2018	
Mailing Address 275 7th Ave FI 16		Amount 3550.41	
City New York	State NY	Zip Code 10001-8408	Transaction ID : VTDBCA9VNE3
Purpose of Expenditure Canvassing Services	Category/Type 001	Office Sought: <input checked="" type="checkbox"/> Senate <input type="checkbox"/> House <input type="checkbox"/> President	State: NV District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Rosen, Jacky, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 269109.03		Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	14953.97
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
Working People Rising

Full Name (Last, First, Middle Initial) of Payee UNITE HERE TIP STATE & LOCAL FUND		Date of Public Distribution/Dissemination 09 / 24 / 2018	
Mailing Address 275 7th Ave FI 16		Amount 2918.01	
City New York	State NY	Zip Code 10001-8408	
Purpose of Expenditure Canvassing Services		Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Heller, Dean, , ,		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 269109.03		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Transaction ID : VTDBCA9WEP0

Full Name (Last, First, Middle Initial) of Payee UNITE HERE TIP STATE & LOCAL FUND		Date of Public Distribution/Dissemination 09 / 24 / 2018	
Mailing Address 275 7th Ave FI 16		Amount 11672.05	
City New York	State NY	Zip Code 10001-8408	
Purpose of Expenditure Canvassing Services		Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Rosen, Jacky, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 269109.03		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Transaction ID : VTDBCA9WEQ7

Full Name (Last, First, Middle Initial) of Payee UNITE HERE TIP STATE & LOCAL FUND		Date of Public Distribution/Dissemination 09 / 25 / 2018	
Mailing Address 275 7th Ave FI 16		Amount 3854.34	
City New York	State NY	Zip Code 10001-8408	
Purpose of Expenditure Canvassing Services		Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Heller, Dean, , ,		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 269109.03		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Transaction ID : VTDBCA9WXJ0

(a) SUBTOTAL of Itemized Independent Expenditures.....	18444.40
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
Working People Rising

Full Name (Last, First, Middle Initial) of Payee UNITE HERE TIP STATE & LOCAL FUND		Date of Public Distribution/Dissemination 09 / 25 / 2018	
Mailing Address 275 7th Ave FI 16		Amount 11563.01	
City New York	State NY	Zip Code 10001-8408	Transaction ID : VTDBCA9WXK8
Purpose of Expenditure Canvassing Services	Category/Type 001	Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: NV District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Rosen, Jacky, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 269109.03		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee UNITE HERE TIP STATE & LOCAL FUND		Date of Public Distribution/Dissemination 09 / 26 / 2018	
Mailing Address 275 7th Ave FI 16		Amount 3798.07	
City New York	State NY	Zip Code 10001-8408	Transaction ID : VTDBCA9XMJ7
Purpose of Expenditure Canvassing Services	Category/Type 001	Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: NV District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Heller, Dean, , ,		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 269109.03		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee UNITE HERE TIP STATE & LOCAL FUND		Date of Public Distribution/Dissemination 09 / 26 / 2018	
Mailing Address 275 7th Ave FI 16		Amount 11394.22	
City New York	State NY	Zip Code 10001-8408	Transaction ID : VTDBCA9XMK5
Purpose of Expenditure Canvassing Services	Category/Type 001	Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: NV District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Rosen, Jacky, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 269109.03		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	26755.30
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
Working People Rising

Full Name (Last, First, Middle Initial) of Payee UNITE HERE TIP STATE & LOCAL FUND		Date of Public Distribution/Dissemination 09 / 27 / 2018	
Mailing Address 275 7th Ave FI 16		Amount 3976.67	
City New York	State NY	Zip Code 10001-8408	
Purpose of Expenditure Canvassing Services		Category/Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Heller, Dean, , ,		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 269109.03		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Transaction ID : VTDBCA9YRJ5

Full Name (Last, First, Middle Initial) of Payee UNITE HERE TIP STATE & LOCAL FUND		Date of Public Distribution/Dissemination 09 / 27 / 2018	
Mailing Address 275 7th Ave FI 16		Amount 11930.01	
City New York	State NY	Zip Code 10001-8408	
Purpose of Expenditure Canvassing Services		Category/Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Rosen, Jacky, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 269109.03		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Transaction ID : VTDBCA9YRK3

Full Name (Last, First, Middle Initial) of Payee UNITE HERE TIP STATE & LOCAL FUND		Date of Public Distribution/Dissemination 09 / 28 / 2018	
Mailing Address 275 7th Ave FI 16		Amount 2815.67	
City New York	State NY	Zip Code 10001-8408	
Purpose of Expenditure Canvassing Services		Category/Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Heller, Dean, , ,		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 269109.03		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Transaction ID : VTDBCA9Z1R2

(a) SUBTOTAL of Itemized Independent Expenditures.....	18722.35
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
Working People Rising

Full Name (Last, First, Middle Initial) of Payee UNITE HERE TIP STATE & LOCAL FUND		Date of Public Distribution/Dissemination 09 / 28 / 2018	
Mailing Address 275 7th Ave FI 16		Amount 8447.00	
City New York	State NY	Zip Code 10001-8408	
Purpose of Expenditure Canvassing Services		Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Rosen, Jacky, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 269109.03		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee UNITE HERE TIP STATE & LOCAL FUND		Date of Public Distribution/Dissemination 09 / 29 / 2018	
Mailing Address 275 7th Ave FI 16		Amount 3895.61	
City New York	State NY	Zip Code 10001-8408	
Purpose of Expenditure Canvassing Services		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Horsford, Steven, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 82228.40		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee UNITE HERE TIP STATE & LOCAL FUND		Date of Public Distribution/Dissemination 09 / 29 / 2018	
Mailing Address 275 7th Ave FI 16		Amount 2962.67	
City New York	State NY	Zip Code 10001-8408	
Purpose of Expenditure Canvassing Services		Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Heller, Dean, , ,		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 269109.03		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	15305.28
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
Working People Rising

Full Name (Last, First, Middle Initial) of Payee UNITE HERE TIP STATE & LOCAL FUND		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 29 / 2018	
Mailing Address 275 7th Ave FI 16		Amount 8887.99	
City New York	State NY	Zip Code 10001-8408	
Purpose of Expenditure Canvassing Services		Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Rosen, Jacky, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 269109.03		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Transaction ID : VTDBCA9ZEK0

Full Name (Last, First, Middle Initial) of Payee UNITE HERE TIP STATE & LOCAL FUND		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 30 / 2018	
Mailing Address 275 7th Ave FI 16		Amount 1485.80	
City New York	State NY	Zip Code 10001-8408	
Purpose of Expenditure Canvassing Services		Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Heller, Dean, , ,		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 269109.03		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Transaction ID : VTDBCA9ZV32

Full Name (Last, First, Middle Initial) of Payee UNITE HERE TIP STATE & LOCAL FUND		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 30 / 2018	
Mailing Address 275 7th Ave FI 16		Amount 2971.60	
City New York	State NY	Zip Code 10001-8408	
Purpose of Expenditure Canvassing Services		Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Rosen, Jacky, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 269109.03		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Transaction ID : VTDBCA9ZV40

(a) SUBTOTAL of Itemized Independent Expenditures.....	13345.39
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	351337.43