

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)

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☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Rosen for Nevada

Full Name (Last, First, Middle Initial) ActBlue			Date of Receipt M M / D D / Y Y Y Y Y 10 / 09 / 2018	
Mailing Address PO Box 441146			Transaction ID : VR0S7QJ4SQ8E	
City West Somerville	State MA	Zip Code 02144-0031	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C C00401224		Memo Item <input checked="" type="checkbox"/>		
Name of Employer		Occupation Conduit total listed in Agg. field		
Receipt For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 4346765.95		

Note: Above Contribution earmarked through this organization.

Full Name (Last, First, Middle Initial) Moore, Mary, Annis, ,			Date of Receipt M M / D D / Y Y Y Y Y 10 / 08 / 2018	
Mailing Address 518 Thelma Dr			Transaction ID : VR0S7QJ5PQ8	
City San Antonio	State TX	Zip Code 78212-2458	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		Memo Item <input type="checkbox"/>		
Name of Employer Not Employed		Occupation Retired		
Receipt For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1055.00		

* Earmarked Contribution: See Below

Full Name (Last, First, Middle Initial) ActBlue			Date of Receipt M M / D D / Y Y Y Y Y 10 / 09 / 2018	
Mailing Address PO Box 441146			Transaction ID : VR0S7QJ5PQ8E	
City West Somerville	State MA	Zip Code 02144-0031	Amount of Each Receipt this Period 100.00	
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Receipt For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 4346765.95		

Note: Above Contribution earmarked through this organization.

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

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