

**Campaign Finance Statement**

File this in lieu of a full report *only* if aggregate receipts, expenditures, or liabilities, incurred each did not exceed \$250.00 during the reporting period.

<b>Filer Identification Number:</b>	17760767	<b>Report Filed By:</b>	CANDIDATE	1.	COMMITTEE	2.	LOBBYIST	3.			
Name of Filing Committee, Candidate or Lobbyist: Mark Cohen											
Street Address: 451 Penny Lane											
City: Philadelphia			State: PA			Zip Code: 19115					
<b>TYPE OF REPORT</b>	6th Tuesday Pre-Primary	1.	2nd Friday Pre-Primary	2.	30 Day Post Primary	3.	Amendment Report?	Yes	X	No	
	6th Tuesday Pre-Election	4.	2nd Friday Pre-Election	5.	30 Day Post Election	6.	Termination Report?	Yes		No	X
Other 101	Annual Report	7.	YEAR	2019							
Name of Office Sought by Candidate: Other			DATE OF ELECTION			District Number: 202	Office Code: OTH	Party Code: DEM	County Code:		
			MO.	DAY	YEAR						
			5	21	2019						
<b>Dates of Reporting Period</b>		MO.	DAY	YEAR	To	MO.	DAY	YEAR	<b>FOR OFFICE USE ONLY</b>		
		1	1	2019		4	21	2019			
<b>Cash Balance at End of Reporting Period:</b>						\$0.00					
<b>Total Amount of Filer's Outstanding Debts or Liabilities at End of Reporting Period:</b>						\$0.00					

**AFFIDAVIT SECTION****PART I -**

If statement is filed on behalf of a Political Committee or Candidate's Committee, the Treasurer must sign here.

If statement is filed on behalf of a Candidate, the Candidate must sign here.

If statement is filed on behalf of a Contributing Lobbyist, the Lobbyist must sign here.

I swear (or affirm) that the aggregate receipts or disbursements or liabilities incurred during the reporting period indicated above did not exceed two hundred and fifty dollars (\$250.00) and this report is, to the best of my knowledge and belief, true, correct and complete.

**Sworn to and subscribed before me this**

\_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
Signature of Person Submitting Report

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

My Commission expires \_\_\_\_\_  
MO. DAY YEAR

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

**AFFIDAVIT SECTION****PART II -**

If statement is filed on behalf of Candidate's Authorized Committee, the Candidate must sign here.

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, No 320) as amended.

**Sworn to and subscribed before me this**

\_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
Signature of Person Submitting Report

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

My Commission expires \_\_\_\_\_  
MO. DAY YEAR

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number