Campaign Finance Report

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

| | | | | | | | | | | | | | _ | | | |
|---|-----------------------------|----------|-------------|-----------------------|--|-------------------|----------------|-------------|------------|--------|----------|------------------------|---------------|--------------|----------|---|
| Filer Identificati Number : | ion | 20010 | 07 | | | Report Filed B | y : | CANDI | DATE | | СОММ | 4ITTEE | ✓ | LOBI | BYIST | |
| Name of Filing C | Committee, Ca | ndida | te or Lo | obbyist: | | ELECT J | JDGE | DENIS F | P. COHE | EN | | | | | | |
| Street Address: | C/O GLE | NN F F | ROSENI | Blem (Mon | NTGON | 1ERY MC | CRAC | CKEN),17 | '35 MAF | RKET | STREE | ET 19TH | FLOOR | | | |
| City: | PHILADE | LPHIA | | | | | | State: | PA | | | Zip Co | de: 19 | 103-7 | 545 | |
| TYPE OF REPORT | 6TH TUESDAY PRE-PRIMARY | | 1. | 2ND FRIDA PRIMARY | ND FRIDAY PRE- 2. 30 DAY RIMARY PRIMARY | | | | POST- 3. | | | AMENDMENT REPORT? | | Yes | No | > |
| (place X to the right of | 6TH TUESDAY PRE-ELECTION | | 4. | 2ND FRIDA ELECTION | Y PRE | | 30 DA ELECT | | POST- | 6. | | TERMINATION REPORT? | | Yes | No | Image: A start of the start of |
| report type) | ANNUAL REP | ORT | 7. X | Year 2022 | | | | IG METHO | | | | PAPER | | \checkmark | DISKE | TTE |
| Name of Office S | Sought by Car | didate | e: | | | | | DATE O | F ELEC | CTIO | N | District Number | | Par | ty Code | County Code |
| | | ~~~~~ | | | | | | мо | DAY | YE | AR | | CPJ | | | |
| JUDGE OF THE | COURT OF C | ОММС | JN PLE | AS | | | | 11 | | 8 | 2022 | | (SEE INS | STRUCTI | ONS FOR | CODES) |
| Summary of | • | nd | мо | DAY | YEAR | 1 | | мо | DAY | YE | AR | FC | OR OFFIC | E USE | ONLY | |
| Expenditures | s from: | | 1 | L1 29 | 2 | 022 T | D | 12 | 3 | 1 | 2022 | | | | | |
| A. Amount Bro | ught Forward | From | Last R | eport | | | \$ | | | | 0.00 | | | | | |
| B. Total Monet | ary Contribut | ions A | nd Rec | eipts (Fron | 1 Sche | dule I) | \$ | | | | 0.00 | | | | | |
| C. Total Funds Available (Sum Of Lines A and B) \$ 0.00 | | | | | | | | | | | | | | | | |
| D. Total Expen | ditures (From | Sche | dule II | I) | | | \$ | | | | 0.00 | | | | | |
| E. Ending Cash | Balance (Sub | otract | Line D | From Line | C) | | \$ | | | 2,00 | 9.14 | | | | | |
| F. Value Of In- | Kind Contribu | itions | Receive | ed (From S | chedu | le II) | \$ | | | | 0.00 | | | | | |
| G. Unpaid Deb | ts And Obligat | tions (| (From S | chedule IV | ') | | \$ | | | | 0.00 | | | | | |
| | | | | | AFF | IDAVI | SE | CTION | | | | | | | | |
| PART I - If this is | s a Committee | e repo | rt, trea | surer sign | here. I | If this is | a Can | didate re | eport, ca | andid | ate sig | jn here. | | | | |
| I swear (or affirm correct and compl | | t, inclu | iding the | attached sc | hedules | s filed on p | aper | or by elect | ronic me | dium, | are to t | he best o | of my knov | vledge | and beli | ef , true |
| Sworn to and subs | scribed before m day of | ne this | | 20 | | | | | | Si | gnature | e of Perso | on Submitt | ing Rep | oort | |
| | | gnature | e | - | | | | | | | | Prin | ited Name | • | | |
| My Commission E | xpires | - | | | | | | | | | | Ema | nil | | | |
| | мо | | D/ | AY | YR | | • | | Area | a Code | 3 | Daytin | ne Teleph | one Nu | mber | |
| Part II- If this is | a report of a | candi | idate's | authorized | Comn | nittee, Ca | ndid | ate shall | sign he | re. | | | | | | |
| I swear (or affirm) No 320) as amende | | st of my | y knowle | edge and beli | ef this | political | commi | ittee has n | ot violato | ed any | , provis | ions of th | e act of Ju | une 3,1 | 937 (P.L | . 1333, |
| Sworn to and subso | cribed before me day of | e this | | 20 | | | | | | | S | ignature | of Candida | ate | | |
| | | | | | | | | | | | | Printe | ed Name | | | |
| My Commission Exp | Signa bires | iture | | | | | | | | | | Ema | nil | | | |
| | M | D | D/ | AY | YR | | | | Area C | Code | | D | aytime Te | elephor | e Numb | er |

SCHEDULE I **CONTRIBUTIONS AND RECEIPTS**

Detailed Summary Page

| Name of Filing Committee or Candidate | Reporting | g Period | | |
|---|-----------|------------------|-------|-------------------|
| ELECT JUDGE DENIS P. COHEN | From: | <u>11/29/202</u> | 2 To: | <u>12/31/2022</u> |
| 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor | | | | |
| TOTAL for the Reporting | g Period | (1) | \$ | 0.00 |
| 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B) | | | | |
| Contributions Received From Political Committees (Part A) | | | \$ | 0.00 |
| All Other Contributions (Part B) | \$ | 0.00 | | |
| TOTAL for the Reporting | \$ | 0.00 | | |
| 3. Contributions Received Over \$250.00 (From Part C and Part D) | | | | |
| Contributions Received From Political Committees (Part C) | | | \$ | 0.00 |
| All Other Contributions (Part D) | | | \$ | 0.00 |
| TOTAL for the Reporting | g Period | (3) | \$ | 0.00 |
| 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E) | | | | |
| TOTAL for the Reporting | g Period | (4) | \$ | 0.00 |
| | | | | |
| Total Monetary Contributions and Receipts During this Reporting Period (Add ar totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa | | | \$ | 0.00 |

PART A CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

Use this Part to itemize only contributions received from political committees with an aggregate value from \$50.01 to \$250.00 in the reporting period.

| Name of Filing Committee or Candidate | | | | | Reporting Period | | | | | | |
|---------------------------------------|-------|----------------|-----|-----|------------------|------|----|------------|--|--|--|
| | | | Fre | om: | | То | : | | | | |
| | | | | | DATE | | | AMOUNT | | | |
| Full Name of Contributing Committee | | | | мо | DAY | YEAR | | | | | |
| Mailing Address | | | | | | | \$ | 0.00 | | | |
| City | State | Zip Code (Plus | 4) | | | | | | | | |
| | | | | | | | Γ | PAGE TOTAL | | | |

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

0.00

\$

| Use this Part to ite | mize all other 0.01 to \$250.(| 1 TO \$250.00 contribution 00 in the repo | s wi ortin | ith an ng peri | aggreg iod. | | | rom |
|--------------------------------------|-----------------------------------|---|---------------|-------------------|----------------|------|----|------------|
| Name of Filing Committee or Candidat | e | | Rep Fror | oorting P | eriod | То |): | |
| | | | | | DATE | | | AMOUNT |
| | | | _ | | | I | 1 | AMOUNT |
| Full Name of Contributor | | | | мо | DAY | YEAR | | |
| Mailing Address | | | | | | | \$ | 0.00 |
| City | State | Zip Code (Plus 4) | | | | | | |
| | | | | | | | | PAGE TOTAL |
| Enter Grand Total of Part A on S | Schedule I, Detail | ed Summary Pag | e, Se | ection 2 | <u>.</u> | | \$ | 0.00 |

PART C Contributions Received From Political Committees

OVER \$250.00

Use this Part to itemize only contributions received from Political committees with an aggregate value from Over \$250.00 in the reporting period.

| Name of Filing Committee or Can | ndidate | | Reporting | g Period | | | | |
|---------------------------------|-----------------------|---------------|-------------|----------|-----|------|----|------------|
| | | | From: | | | То: | | |
| | | | | DA | TE | | А | MOUNT |
| Full Name of Contributing Comm | nittee | | | мо | DAY | YEAR | | |
| Mailing Address | | | | | | | \$ | 0.00 |
| City | State | Zip Cod | e (Plus 4) | | | | | |
| | | | | | | ſ | | PAGE TOTAL |
| Enter Grand Total of Part C or | n Schedule I, Detaile | ed Summary Pa | age, Sectio | n 3. | | | \$ | 0.00 |

PART D ALL OTHER CONTRIBUTIONS

OVER \$250.00

Use this Part to itemize all other contributions with an aggregate value of

over \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part C.)

| Name of Filing Committee or Candidate | Reporting Period | |
|---------------------------------------|------------------|-----|
| | From: | То: |

| | | | | D | ATE | | АМС | DUNT |
|---|----------------|----------|------------------|---------|-------|------|----------|----------|
| Full Name of Contributor | | | | мо | DAY | YEAR | | |
| Mailing Address | | | | | | | \$ | 0.00 |
| City | State | Zi | p Code (Plus 4) | | | | | |
| Employer Name | | | | Occupat | tion | - | | |
| Employer Mailing Address/Principal Pl Business | ace of | | City | | State | | Zip Code | (Plus 4) |
| Enter Grand Total of Part C on Sch | edule I, Detai | led Sumr | nary Page, Secti | on 3. | | | PAG | GE TOTAL |
| | - | | | | | | \$ | 0.00 |

I

PART E **OTHER RECEIPTS**

REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC. Use this Part to report refunds received, interest earned, returned checks and

prior expenditures that were returned to the filer.

| Name of Filing Committee or Candidate | Name of Filing Committee or Candidate Report | | | orting Period | | | | | |
|---------------------------------------|--|---------------|---------|---------------|-----|------|----|---------|------|
| | | | From: | | | То: | | | |
| | | | | D | ATE | | | AMOUNT | 1 |
| Full Name | | | | мо | DAY | YEAR | | | |
| Mailing Address | | | | | | | \$ | 5 | 0.00 |
| City | State | Zip Code (| Plus 4) | | | | | | |
| Receipt Description | | | | | | • | • | | |
| Enter Grand Total of Part E on Schedu | ule T. Detailed Summ | nary Page | Section | 4 | | | | PAGE TO | TAL |
| | | illi y i uge, | Section | | | | \$ | | 0.00 |

SCHEDULE II IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD.

Detailed Summary Page

| Name of Filing Committee or Candidate | Reporting Perio | d | |
|---|-----------------|-----------------------|-------------------|
| ELECT JUDGE DENIS P. COHEN | From: | <u>11/29/2022</u> то: | <u>12/31/2022</u> |
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P | ER CONTRIBUTOR | | |
| TOTAL for the Reporting Pe | riod (1) | \$ | 0.00 |
| 2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART | 「 F) | | |
| TOTAL for the Reporting Pe | riod (2) | \$ | 0.00 |
| 3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G) | | | |
| TOTAL for the Reporting Pe | riod (3) | \$ | 0.00 |
| TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, I | | \$ | 0.00 |

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

| Name of Filing Committee or Candidate R | | | | Reporting Period | | | | | |
|--|--------------------|-------------------|----------|------------------|------|------|-------|--|--|
| | | | From: | | | То: | | | |
| | | | | DATE | | АМО | UNT | | |
| Full Name of Contributor | | | мо | DAY | YEAR | | | | |
| Mailing Address | | | | | | \$ | 0.00 | | |
| City | State | Zip Code (Plus 4) | , | | | | | | |
| Description of Contribution: | | | | | | | | | |
| Enter Grand Total of Part F on Sched Section 2. | ule II, In-Kind Co | ontributions Deta | iled Sum | mary Pag | je, | PAGE | TOTAL | | |
| | | | | | 4 | 6 | 0.00 | | |

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED VALUE OVER \$250.00

| Name of Filing Committee or Candidate | | | | | | Reporting Period | | | | |
|---|-------|------|------------|---------|-----|------------------|-----------|--------|----------|--------------|
| | | | | | Fro | om: | | То: | | |
| | | | | | I | | DATE | | | AMOUNT |
| Full Name of Contributor | | | | | | мо | DAY | YEAR | | |
| Mailing Address | | | | | | | | | \$ | 0.00 |
| City | State | | Zip Code(P | Plus 4) | | | | | | |
| Employer of Contributor | | | | | | Occupat | tion | | | |
| Employer Mailing Address/Principal Plac Business | e of | City | | State | | Zip 4) | Code(Plus | Descri | otion of | Contribution |

| Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed | PAGE TOTAL |
|--|------------|
| Summary Page, Section 3. | 0.00 |
| | |

SCHEDULE III STATEMENT OF EXPENDITURES

| Name of Filing Committee or Candidate | | | Reporting Period | | | | |
|---|-------|-------------------|----------------------------|-----|------|-----|------------|
| | | | From | | | То: | |
| | | | DATE | | | | AMOUNT |
| To Whom Paid | | | мо | DAY | YEAR | | |
| Mailing Address | | | | | | \$ | 0.00 |
| City | State | Zip Code (Plus 4) | Description of Expenditure | | | | |
| Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D. | | | | | | | PAGE TOTAL |
| | | | | | | \$ | 0.00 |

5/19/2024 3:51:59 AM