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 :	on	20010	07				Repor Filed I		CA	NDII	NDIDATE COMMITTEE LOBBYIST								
Name of Filing C	ommittee,	Candida	te or Lo	bbyis	st:	E	LECT .	JUDGE	DEN	IIS F	. COH	EN							
Street Address:	C/O GL	ENN F.	ROSEN	IBLUM	I (MOI	NTGOM	IERY N	1CCR/	ACKEN	N),1	735 M	ARKE	T STRE	ET 19TH	l FLOOR				
City:	PHILAD	ELPHIA	ı						State	e:	PA			Zip Cod	ie: 19	103-7	'505		
TYPE OF REPORT	6TH TUESDA PRE-PRIMAR		1.	2ND F PRIM	RIDAY ARY	PRE-	2.	30 DA		Р	OST-	3.		AMENDMENT REPORT?		Yes		lo	\
(place X to the right of	6TH TUESDA PRE-ELECTION		4.	2ND F		PRE-	5.	30 DA		Р	POST- 6.			TERMINATION REPORT?		Yes	ľ	lo	/
report type)	ANNUAL REPORT 7. X Year 2023 FILING METHOD () CHECK ONE									PAPER		\	DISK	ETTE					
Name of Office S	ought by Ca	andidate	e:						DAT	ЕΟ	F ELE	СТІО	N	District Number	Office Code	Pai	ty Cod	e Cour	
JUDGE OF THE	COURT OF	COMMO	N DIE	۸С					МО		DAY	YE	AR		CPJ				
JODGE OF THE	COOKT OF	COMM	JIN PLL/	43						11		7	2023		(SEE INS	TRUCTI	ONS FO	R CODES	5)
Summary of		and	МО	DA	Υ	YEAR		_	МО		DAY	YE	AR	FO	R OFFIC	E USE	ONL	1	
Expenditures	irom:		1	11	28	202	23 T	0		12		31	2023						
A. Amount Bro	ught Forwa	rd From	Last R	eport				\$					0.00						
B. Total Moneta	ary Contribu	utions A	nd Rec	eipts ((From	Sched	ule I)	\$					0.00						
C. Total Funds	Available (S	Sum Of	Lines A	and E	3)			\$					0.00						
D. Total Expend	ditures (Fro	m Sche	dule II	[)				\$					0.00						
E. Ending Cash	Balance (S	ubtract	Line D	From	Line C	:)		\$				2,0	09.14						
F. Value Of In-	Kind Contril	butions	Receive	ed (Fr	om Sc	hedule	II)	\$					0.00						
G. Unpaid Debt	s And Oblig	ations (From S	chedu	ıle IV))		\$					0.00						
						AFFII	DAVI	T SE	CTIO	NC									
PART I - If this is	a Committ	ee repo	rt, trea	surer	sign h	ere. If	this is	a Cai	ndidat	te re	port, c	andio	date sig	ın here.					
I swear (or affirm) correct and comple		ort, inclu	ding the	attach	ned sch	edules f	iled on	paper	or by e	electr	onic m	edium	, are to t	he best o	f my know	/ledge	and be	elief , tr	ue
Sworn to and subs	cribed before day of	me this		20								s	ignature	of Perso	n Submitt	ing Re	oort		_
		Signatur	•	-				<u>-</u>						Prin	ted Name				_
My Commission Ex		o.g.i.atai	_							•				Ema	il				_
	мс)	D#	λY		YR				,	Are	ea Cod	le	Daytim	e Teleph	one Nu	mber		
Part II- If this is	a report of	a candi	idate's	autho	rized (Commit	ttee, C	andid	ate sl	nall s	sign he	ere.							
I swear (or affirm) No 320) as amende		est of m	y knowle	dge ar	nd belie	f this p	olitical	comm	ittee h	as no	ot viola	ted an	y provis	ions of th	e act of Ju	ine 3,1	937 (P	.L. 133	3,
Sworn to and subsc		me this											s	ignature o	of Candida	te			-
	day of — —			20 -				_						Drinta	d Name				_
	Sia	nature						-											_
My Commission Exp	_										_			Ema	il				
		мо	D#	λY		YR		-			Area	Code		Da	aytime Te	lephor	ne Nun	ber	-

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

-				
Name of Filing Committee or Candidate	Reporting	g Period		
ELECT JUDGE DENIS P. COHEN	From:	11/28/202	<u>3</u> To:	12/31/2023
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	J Period	(2)	\$	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 an 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

	this Part to itemize onl with an aggregate val							
Name of Filing Comm	Name of Filing Committee or Candidate				Period			
			Fr	om:		То	:	
		•			DATE			AMOUNT
Full Name of Contributi	ing Committee			МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus	4)					
	•	•		•	•	•	$\overline{}$	PAGE TOTAL

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

PAGE TOTAL \$0.00

ALL OTHER CONTRIBUTIONS

\$50.01 TO \$250.00

Use this Part to itemize all other contributions with an aggregate value from \$50.01 to \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part A)

Name of Filling Committee of Candidate					Reporting Period From: To:				
					DATE			AMOUNT	
Full Name of Contributor				МО	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plus 4)	1						

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

PAGE TOTAL \$ 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 Candi	me of Filing Committee or Candidate			Reporting Period						
			From:			То:				
				DA	TE		Α	MOUNT		
Full Name of Contributing Commit	tee			мо	DAY	YEAR				
Mailing Address							\$	0.00		
City	State	Zip Cod	e (Plus 4)							
								PAGE TOTAL		
Enter Grand Total of Part C on S	Schedule I, Detail	ed Summary Pa	age, Sectio	n 3.			\$	0.00		

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	me of Filing Committee or Candidate				Reporting Period					
			Froi	From: To:						
				D	ATE		А	MOUNT		
Full Name of Contributor				мо	DAY	YEAR				
Mailing Address							\$	0.00		
City	State	Zip Code (Plu	s 4)							
Employer Name		•		Occupa	tion		•			
Employer Mailing Address/Principal Plac Business	e of	City		•	State		Zip Cod	de (Plus 4)		
Enter Grand Total of Part C on Sche	dule I, Detailed S	ummary Page	, Secti	on 3.			P \$	PAGE TOTAL 0.00		

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		Report	ting Perio	od			
			From:			To:		
				D	ATE		AM	OUNT
Full Name				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
Receipt Description	•	•		•	•			
Enter Grand Total of Part E o	on Schedule I. Detailer	d Summary Page	Section	4			PA	GE TOTAL
	,,,	. Junimary 1 ago,	5000.011				\$	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 Per	iod	
ELECT JUDGE DENIS P. COHEN	From:	<u>11/28/2023</u> To:	12/31/2023
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTO	R	
TOTAL for the Reporting Pe	eriod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	T F)		
TOTAL for the Reporting Pe	eriod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	eriod (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,		\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candid	ate		Reportin	g Period			
	From:			To:			
				DATE			AMOUNT
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 S	chedule II, In-Kir	nd Contributions Deta	iled Sun	nmary Pag	ge,		PAGE TOTAL
Section 2.						\$	0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate	Name of Filing Committee or Candidate				Re	porting l	Period			
					Fro	om:		To:		
					•		DATE			AMOUNT
Full Name of Contributor						МО	DAY	YEAR		
Mailing Address									\$ \$	0.00
City	State		Zip Code(I	Plus 4)						
Employer of Contributor						Occupa	ition			
Employer Mailing Address/Principal Plac Business	ce of	City		State		Zip 4)	Code(Plus	Descr	ption	of Contribution
Enter Grand Total of Part G on Sch Summary Page, Section 3.	edule II, I	in-Kind	Contributi	ons De	etaile	ed				PAGE TOTAL 0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or (ame 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)	Descri	ption of Ex	penditure						
							PAGE TOTAL				
Enter Grand Total of Expen	laitures on Page 1, Re	port Cover Page, Item D).			\$	0.00				