FEC FORM 1	STATEMENT OF ORGANIZATION (See instructions)	Office use only
1. NAME OF COMMITTEE (in f	ull) (Check if name Example: If typying, type over the lines	12FE4M5
Americans for	Representative Cohen	
ADDRESS (number and s	treet)	
(Check if addre is changed)	ss Philadelphia	PA 19115 -
		STATE ZIP CODE
COMMITTEE'S E-MAI		
1		
COMMITTEE'S WEB	PAGE ADDRESS (URL)	
COMMITTEE'S FAX N 2159248480		
2. DATE 02	/ D D / Y Y Y 13 / 2007	
3. FEC IDENTIFICA	TION NUMBER C C00388892	
4. IS THIS STATEM	ENT X NEW (N) OR AMENDED (A)	
I certify that I have examin	ned this Statement and to the best of my knowledge and belief it is true, correct and	complete
Type or Print Name of ⁻	Treasurer John J. French	
Signature of Treasurer	Electronically Filed by John J. French	Date 02 / 13 / Y Y Y Y 02
NOTE: Submission of fal	se, erroneous, or incomplete information may subject the person signing this Stater ANY CHANGE IN INFORMATION SHOULD BE REPORTED W	
Office Use Only	For further information cc Federal Election Commissio Toll Free 800-424-9530 Local 202-694-1100	

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5. TYPE OF COMMITTEE (Che	eck One)												
(a) X This committee	ee is a principal campaign committee. (Complete the candidate information below.)												
(b) This committee information be	ee is an authorized committee, and is NOT a principal campaign committee. (Complete elow.)	⇒ the candidate											
Name of Mark E	B. Cohen												
Candidate Party Affiliation	Office Sought: X House Senate President	State PA District 13											
(c) This committee	e supports/opposes only one candidate, and is NOT an authorized committee.												
Name of Candidate													
(d) This committee	This committee is a (National, State (Democratic, Republican, etc.) Pa												
(e) This committee	e is a separate segregated fund												
(f) This committee committee.	e supports/opposes more than one Federal candidate, and is NOT a separate segrega	ated fund or party											
6. Name of Any Connected Or	rganization or Affiliated Committee												
1		1											
Mailing Address													
	CITY STATE	ZIP CODE 🛦											
Relationship													
Type of Connected Organizati	ion:												
Corporation	Corporation w/o Capital Stock Labor Org	anization											
Membership Organiz	zation Trade Association Cooperativ	re											

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Write or Type Co	mmittee Name			
Americans	s for Representa	tive Cohen		
		fy by name, address, (phone number oks and records.	optional), and position of t	ne person in
Full Name	John J. F	rench		
Mailing Addre	ss _	105 Cliffwood Road		
	-	Philadelphia	PA	19115 _
Title or Positic	on ∀	CITY A	STATE	ZIP CODE
			Telephone number	
3. Treasurer: name and a	List the name an ddress of any de	d address (phone number optional) of signated agent (e.g., assistant treasurer	the treasurer of the comm).	ittee; and the
Full Name of Treasurer	John J. F	rench		
Mailing Addre	SS	105 Cliffwood Road		
	_	Philadelphia	PA	19115
Title or Positic	on ¥		STATE	ZIP CODE 🛦
		· ·	Telephone number	
Full Name of Designated Agent				
Mailing Addre	ss _			
	_			_
Title or Positic		CITY A	STATE A	ZIP CODE
			Telephone number	

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9.	Banks or Other I safety deposit box Name of Bank, De	(es or	r mai	intai	ins				oan	ks	or c	othe	er de	epc	osito	orie	s in	wh	lich	the	e co	mm	nitte	e d	epc	osite	s fu	nds	s, h	old	s ao	000	unt	s, r	ent	3			
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