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FEC FORM 2

STATEMENT OF CANDIDACY

					_
1. (a) Name of Candidate (in full)					
Cohn, Joseph, , ,					
(b) Address (number and street) 61 Fenimore Rd	☐ Check if addre	ss changed		Candidate's FEC Identification Number H4NJ03213	
(c) City, State, and ZIP Code				3. Is This New Amende	d
Lumberton	N.	J 08048	3	Statement X (N) OR (A)	
4. Party Affiliation	5. Office Sought			trict of Candidate	
DEMOCRATIC PARTY	House		NJ	03	
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE					
7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2024 (year of election)					
NOTE: This designation should be filed with the appropriate office listed in the instructions.					
(a) Name of Committee (in full)					
Joe Cohn for Congre	ess				
(b) Address (number and street)					
3111 Route 38					
Ste 11-85					
(c) City, State, and ZIP Code					
Mount Laurel			NJ	08054	
 8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE: This designation should be filed with the principal campaign committee. (a) Name of Committee (in full) (b) Address (number and street) (c) City, State, and ZIP Code 					
					_
	minea this Statement and to	ne dest of i	niy knowleage a	and belief it is true, correct and complete.	
Signature of Candidate				Date	
Cohn, Joseph, , ,				01/17/2024	
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.					
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