2009 OCT 22 AM 8: 16

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FEC FORM 1			EMENT ANIZAT		2003	Office Use Only	
1. NAME OF COMMITTEE (in	ı full)	(Check i is chang		Example:If typing, tover the lines.	ype 12FE4	1M5	
Sohen f	joir C	ongre	<u>در ب</u>	11111	11111		لــــا
ADDRESS (number a	nd street)	2000	Marke	+ Stree	et Su	ite 500	
(Check if action is changed)		Phila	delph	id	PA	1,9,1,0,3 -	
			CITY	(STATE	ZIP CODE	
COMMITTEE'S E-MA (Check if is change	address	S (Please provide	only one e-mai	laddress) Wardcoh	enforce	ongress.com	?
COMMITTEE'S WEB	address	RESS (URL) HOWA	RDCO	HENFO	RCONG	-RESS.COM	1
2. DATE Ü	Ö S	\$ 200	ď				
3. FEC IDENTIFIC	CATION NUI	MBER	C	en e	. .		
4. IS THIS STATE	MENT X	NEW (N)	OR	AMENDED) (A)		
Type or Print Name	of Treasurer	Statement and Bref	to the best of the Dul	nny knowledge and	·	rrect and complete.	— Pŏ
	false, erroneo		•	subject the person s	signing this Stateme	ent to the penalties of 2 U.S.C.	<u> </u>
Office Use Only				For further information (Federal Election (Toll Free 800-424	Commission	FEC FORM 1 (Revised 02/2009)	

TYPE O	COMMITTEE	<u> </u>	
Candid	ite Committee:		
(a) >	This committee is a principal campaign committee. (Complete the candidate	information belov	w.)
(p)	This committee is an authorized committee, and is NOT a principal campai information below.)	gn committee. (Co	emplete the candidate
Name of Candidat	Howard A. Cohen		
Candidate Party Affi	ation Rep. Office Sought: House Senate	President	State PA
(c) ·	This committee supports/opposes only one candidate, and is NOT an author	orized committee.	
Name of Candidate			
Party C	ommittee:		
(d)	(National, State This committee is a or subordinate) committee of the	1	(Democratic, Republican, etc.) Party.
Politica	Action Committee (PAC):	•	
(e)	This committee is a separate segregated fund. (Identify connected organization)	ion on line 6.) Its c	onnected organization is a:
	Corporation Corporation w/o Capital	Stock	Labor Organization
	Membership Organization Trade Association		Cooperative
	In addition, this committee is a Lobbyist/Registrant PAC.		
(f)	This committee supports/opposes more than one Federal candidate, and is committee. (i.e., nonconnected committee)	NOT a separate	segregated fund or party
	In addition, this committee is a Lobbyist/Registrant PAC.		
	In addition, this committee is a Leadership PAC. (Identify sponsor on li	ne 6.)	
Joint Fu	ndraising Representative:	—	
(g)	This committee collects contributions, pays fundraising expenses and disburse committees/organizations, at least one of which is an authorized committee of		
(h)	This committee collects contributions, pays fundraising expenses and disburses committees/organizations, none of which is an authorized committee of a feder		two or more political
С	mmittees Participating in Joint Fundraiser		
1.	FEC ID	number C	
2.	FEC ID	number C	
3.	FEC ID	number C	
4.	FEC ID	number C	

FEC Form 1 (Revised 02	/2009)	Page 3
Write or Type Committee Name		
Cohen fo	- Congress	
	ganization, Affiliated Committee, Joint Fundraising F	Representative, or Leadership PAC Sponsor
None	1	
Mailing Address		
<u> </u>		
•	CITY	STATE ZIP CODE
Relationship: Connected (Organization Affiliated Committee Joint Fundrai	sing Representative Leadership PAC Sponsor
 Custodian of Records: Identification books and records. 	y by name, address (phone number optional) and p	osition of the person in possession of committee
Full Name Bret	+ Oubin	
	2000 Market Street	Suite 500
ł		
i	Philadelphia	1 PA 119/1031-
Title or Position	CITY	STATE ZIP CODE
Treasurer	Telephone	number 215-496-9200
8. Treasurer: List the name and any designated agent (e.g., as	address (phone number optional) of the treasurer of sistant treasurer).	the committee; and the name and address of
Full Name of Treasurer	+ Dubin 2000 Market Street	Suite 500
Mailing Address [Philadelphia	PA 19103- STATE ZIP CODE
Title or Position	Telephone	715 491 916

ZIP CODE

Full Name of Designated Agent

Mailing Address

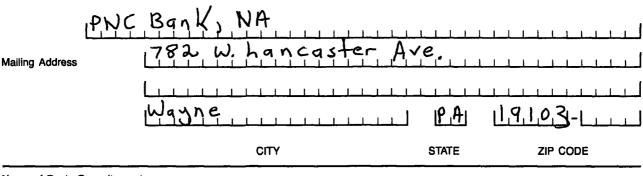
STATE

Telephone number

Name of Bank, Depository, etc.

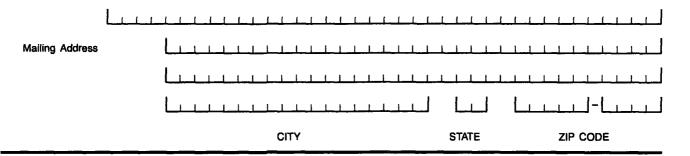
safety deposit boxes or maintains funds.

FEC Form 1 (Revised 02/2009)



CITY

Name of Bank, Depository, etc.



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No Postmark				
Overnight Delivery Service (Specify):	Shipping Date			
Next Busines	s Day Delivery			
Received from House Records & Registration Office	Date of Receipt			
Received from Senate Public Records Office	Date of Receipt			
Received from Electronic Filing Office	Date of Receipt			
Other (Specify):	eceipt or Postmarked			
InU	10/33/09			
PREPARER (3/2005)	DATE PREPARED			