

Campaign Finance Report

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

Filer Identification Number:	8000074	Report Filed By:	CANDIDATE	1.	COMMITTEE	2.	X	LOBBYIST	3.
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Name of Filing Committee, Candidate or Lobbyist:
 Pennsylvanians For Representative Mark Cohen

Street Address:
 105 Cliffwood Road

City: Philadelphia State: PA Zip Code: 19115

TYPE OF REPORT	6th Tuesday Pre-Primary	1.	2nd Friday Pre-Primary	2.	30 Day Post Primary	3.	Amendment Report?	YES	NO	X
	6th Tuesday Pre-Election	4.	2nd Friday Pre-Election	5.	30 Day Post Election	6.	Termination Report?	YES	NO	X
	Annual Report	7.	YEAR	2016						

Name of Office Sought by Candidate: Representative in the General Assembly	DATE OF ELECTION	District Number:	Office Code:	Party Code:	County Code:
	MO. DAY YEAR	202	STH	DEM	51

Summary of Receipts and Expenditures from:	MO.	DAY	YEAR	To	MO.	DAY	YEAR	FOR OFFICE USE ONLY	
A. Amount Brought Forward From Last Report								\$ 3.79	
B. Total Monetary Contributions and Receipts (From Schedule I)								\$ -	
C. Total Funds Available (Sum of Lines A and B)								\$ 3.79	
D. Total Expenditures (From Schedule III)								\$ 1.25	
E. Ending Cash Balance (Subtract Line D from Line C)								\$ 2.54	
F. Value of In-Kind Contributions Received (From Schedule II)								\$ 22.68	
G. Unpaid Debts and Obligations (From Schedule IV)								\$ 78,159.08	

AFFIDAVIT SECTION

PART I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules, on paper or computer diskette, are to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this

_____ day of _____ 20 _____

_____ Signature _____

My commission expires _____ MO. DAY YEAR

_____ Signature of Person Submitting Report _____

_____ Printed Name _____

_____ Area Code _____ Daytime Telephone Number _____

PART II - If this is a report of a Candidate's Authorized Committee, candidate shall sign here.

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, No 320) as amended.

Sworn to and subscribed before me this

_____ day of _____ 20 _____

_____ Signature _____

My commission expires _____ MO. DAY YEAR

_____ Signature of Candidate _____

_____ Printed Name _____

_____ Area Code _____ Daytime Telephone Number _____

Based on DSEB-502 (7-99)

SCHEDULE I
Contributions And Receipts

Detailed Summary Page

Name of Filing Committee or Candidate Pennsylvanians For Representative Mark Cohen	Reporting Period From _____ To _____
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1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period (1)	\$ -

2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)	
Contributions Received from Political Committees (Part A)	\$ -
All Other Contributions (Part B)	\$ -
TOTAL for the Reporting Period (2)	\$ 0

3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)	
Contributions Received from Political Committees (Part C)	\$ -
All Other Contributions (Part D)	\$ -
TOTAL for the Reporting Period (3)	\$ 0

4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)	
TOTAL for the Reporting Period (4)	\$ -

TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B.)	\$ 0
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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 Pennsylvanians For Representative Mark Cohen	Reporting Period From _____ To _____
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1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR

TOTAL for the Reporting Period (1)	\$ -
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2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)

TOTAL for the Reporting Period (2)	\$ 22.68
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3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250 (FROM PART G)

TOTAL for the Reporting Period (3)	\$ -
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TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1, 2 and 3; also enter this amount on Page 1, Report Cover Page, Item F.	\$ 22.68
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SCHEDULE II

Part F

In-kind Contributions Received

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate Pennsylvanians For Representative Mark Cohen			Reporting Period From _____ To _____			
Full Name of Contributor Donald Wittenberg			MO. 10	DAY 27	YEAR 2016	\$ 8.91
Mailing Address 105 Cliffwood Road						
City Philadelphia	State PA	Zip Code (Plus 4) 19115				
Description of Contribution Copying						
Full Name of Contributor Donald Wittenberg			MO. 10	DAY 27	YEAR 2016	\$ 3.77
Mailing Address 105 Cliffwood Road						
City Philadelphia	State PA	Zip Code (Plus 4) 19115				
Description of Contribution Postage						
Full Name of Contributor Donald Wittenberg			MO. 10	DAY 27	YEAR 2016	\$ 10.00
Mailing Address 105 Cliffwood Road						
City Philadelphia	State PA	Zip Code (Plus 4) 19115				
Description of Contribution Notary Fee						
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.						Part F Total \$ 22.68

SCHEDULE III

Statement Of Expenditures

Name of Filing Committee or Candidate Pennsylvanians For Representative Mark Cohen			Reporting Period From _____ To _____			
To Whom Paid Wells Fargo			MO. 11	DAY 2	YEAR 2016	\$ 1.25
Mailing Address PO Box 5190						
City Sioux Falls		State SD	Zip Code (Plus 4) 57117-5190			
Description of Expenditure Bank Fee						
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						Schedule III Total \$ 1.25

SCHEDULE IV

Statement Of Unpaid Debts

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Name of Filing Committee or Candidate Pennsylvanians For Representative Mark Cohen					Reporting Period From _____ To _____		
Name of Creditor Mark Cohen					Outstanding Balance of Debt \$ 743.70		
Mailing Address 1415 Brighton Street				Date Debt Incurred	MO.	DAY	YEAR
City Philadelphia					12	14	2014
State PA		Zip Code (Plus 4) 19111					
Description of Debt Reimburse Travel - Hotel							
Name of Creditor Mark Cohen					Outstanding Balance of Debt \$ 12,850.00		
Mailing Address 1415 Brighton Street				Date Debt Incurred	MO.	DAY	YEAR
City Philadelphia					5	18	2014
State PA		Zip Code (Plus 4) 19111					
Description of Debt Loan							
Name of Creditor Mark Cohen					Outstanding Balance of Debt \$ 200.00		
Mailing Address 1415 Brighton Street				Date Debt Incurred	MO.	DAY	YEAR
City Philadelphia					12	17	2014
State PA		Zip Code (Plus 4) 19111					
Description of Debt Reimburse Website Design							
Name of Creditor Mark Cohen					Outstanding Balance of Debt \$ 565.38		
Mailing Address 1415 Brighton Street				Date Debt Incurred	MO.	DAY	YEAR
City Philadelphia					2	8	2015
State PA		Zip Code (Plus 4) 19111					
Description of Debt Reimburse Cell Phone							
Name of Creditor Mark Cohen					Outstanding Balance of Debt \$ 2,900.00		
Mailing Address 1415 Brighton Street				Date Debt Incurred	MO.	DAY	YEAR
City Philadelphia					3	4	2015
State PA		Zip Code (Plus 4) 19111					
Description of Debt Reimburse Sherrie Cohen for Council							

SCHEDULE IV

Statement Of Unpaid Debts

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Name of Filing Committee or Candidate Pennsylvanians For Representative Mark Cohen					Reporting Period From _____ To _____		
Name of Creditor Mark Cohen					Outstanding Balance of Debt \$ 2,900.00		
Mailing Address 1415 Brighton Street				Date Debt Incurred	MO.	DAY	YEAR
					6	4	2015
City Philadelphia		State PA	Zip Code (Plus 4) 19111				
Description of Debt Reimburse Sherrie Cohen for Council							
Name of Creditor Mark Cohen					Outstanding Balance of Debt \$ 10,000.00		
Mailing Address 1415 Brighton Street				Date Debt Incurred	MO.	DAY	YEAR
					6	21	2015
City Philadelphia		State PA	Zip Code (Plus 4) 19111				
Description of Debt Loan							
Name of Creditor Mark Cohen					Outstanding Balance of Debt \$ 500.00		
Mailing Address 1415 Brighton Street				Date Debt Incurred	MO.	DAY	YEAR
					7	26	2015
City Philadelphia		State PA	Zip Code (Plus 4) 19111				
Description of Debt Reimburse donation to Friends of Johanna McLinto							
Name of Creditor Mark Cohen					Outstanding Balance of Debt \$ 5,000.00		
Mailing Address 1415 Brighton Street				Date Debt Incurred	MO.	DAY	YEAR
					4	18	2016
City Philadelphia		State PA	Zip Code (Plus 4) 19111				
Description of Debt Loan							
Name of Creditor Mark Cohen					Outstanding Balance of Debt \$ 40,000.00		
Mailing Address 1415 Brighton Street				Date Debt Incurred	MO.	DAY	YEAR
					4	20	2016
City Philadelphia		State PA	Zip Code (Plus 4) 19111				
Description of Debt Loan							

SCHEDULE IV

Statement Of Unpaid Debts

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Name of Filing Committee or Candidate Pennsylvanians For Representative Mark Cohen					Reporting Period From _____ To _____			
Name of Creditor Mark Cohen						Outstanding Balance of Debt \$ 2,500.00		
Mailing Address 1415 Brighton Street				Date Debt Incurred	MO.	DAY	YEAR	
City Philadelphia					State PA	Zip Code (Plus 4) 19111	5	31
Description of Debt Loan								
Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.							Schedule IV Total \$ 78,159.08	