

# CAMPAIGN FINANCE REPORT

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

<b>Filer Identification Number:</b>	<b>Report Filed By:</b>	CANDIDATE <sup>1.</sup>	COMMITTEE <sup>2.</sup> XX	LOBBYIST <sup>3.</sup>
<b>Name of Filing Committee, Candidate or Lobbyist:</b> ELECT SHERRIE COHEN TO COUNCIL <span style="float:right">06/11000003</span>				
<b>Street Address:</b> 5635 N. 16 St.,				
<b>City:</b> PHILADELPHIA		<b>State:</b> PA	<b>Zip Code:</b> 19141 -	
<b>TYPE OF REPORT</b> <small>(place X to the right of report type)</small>	<input checked="" type="checkbox"/> 6TH TUESDAY PRE-PRIMARY <sup>1.</sup>	<input type="checkbox"/> 2ND FRIDAY PRE-PRIMARY <sup>2.</sup>	<input type="checkbox"/> 30 DAY POST PRIMARY <sup>3.</sup>	<input type="checkbox"/> AMENDMENT REPORT? YES <input type="checkbox"/> NO
	<input type="checkbox"/> 6TH TUESDAY PRE-ELECTION <sup>4.</sup>	<input type="checkbox"/> 2ND FRIDAY PRE-ELECTION <sup>5.</sup>	<input type="checkbox"/> 30 DAY POST ELECTION <sup>6.</sup>	<input type="checkbox"/> TERMINATION REPORT? YES <input checked="" type="checkbox"/> XXX NO
	<input type="checkbox"/> ANNUAL REPORT <sup>7.</sup>	<input type="checkbox"/> YEAR	<b>FILING METHOD</b> <input checked="" type="checkbox"/> CHECK ONE	<input checked="" type="checkbox"/> PAPER <input type="checkbox"/> DISKETTE

<b>Name of Office Sought by Candidate:</b> Philadelphia City Council	<b>DATE OF ELECTION</b>	<b>District Number</b>	<b>Office Code</b>	<b>Party Code</b>	<b>County Code</b>
	MO. DAY YEAR 05 15 07		OTH	DEM	51
<small>(SEE INSTRUCTIONS FOR CODES)</small>					

<b>Summary of Receipts and Expenditures from:</b>	<b>MO.</b>	<b>DAY</b>	<b>YEAR</b>		<b>MO.</b>	<b>DAY</b>	<b>YEAR</b>	<b>FOR OFFICE USE ONLY</b>
	7	5	2006	To	9	5	2006	OFFICE DOCUMENTS UNIT 05 SEP - 6 AM 9:20 DOCUMENTS UNIT
A. Amount Brought Forward From Last Report	\$				0			
B. Total Monetary Contributions and Receipts (From Schedule I)	\$				0			
C. Total Funds Available (Sum of Lines A and B)	\$				0			
D. Total Expenditures (From Schedule III)	\$				0			
E. Ending Cash Balance (Subtract Line D from Line C)	\$				0			
F. Value of In-Kind Contributions Received (From Schedule II)	\$				0			
G. Unpaid Debts and Obligations (From Schedule IV)	\$				0			

**AFFIDAVIT SECTION**

**PART I:** If this is a Committee report, treasurer signs 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 <u>5<sup>th</sup></u> day of <u>September</u> 20 <u>06</u> <i>Pauline Borkon</i> Signature My commission expires <u>9 - 13 - 2009</u> MO. DAY YR.	} <i>Freda R Egnal</i> Signature of Person Submitting Report FREDA EGNAL Printed Name 215 472-6468 Area Code Daytime Telephone Number
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**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 <u>5<sup>th</sup></u> day of <u>September</u> 20 <u>06</u> <i>Pauline Borkon</i> Signature My commission expires <u>9 - 13 - 06</u> MO. DAY YR.	} <i>Sherrie Cohen</i> Signature of Candidate SHERRIE COHEN Printed Name 215 620-3396 Area Code Daytime Telephone Number
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# CONTRIBUTIONS AND RECEIPTS

## Detailed Summary Page

Name of Filing Committee or Candidate ELECT SHERRIE COHEN TO COUNCIL	Reporting Period From <u>7/5/2006</u> To <u>9/5/2006</u>
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<b>1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR</b>		
TOTAL for the Reporting Period	(1)	\$ <u>0</u>

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

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

<b>4. OTHER RECEIPTS, REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)</b>		
TOTAL for the Reporting Period	(4)	\$ <u>0</u>

<b>TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING THIS REPORTING PERIOD</b> (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B.)	\$ <u>0</u>
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PART A

**CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES**

\$50.01 TO \$250.00

Use this Part to itemize only contributions received from political committees with an aggregate value from \$50.01 to \$250.00 in the reporting period.

Name of Filing Committee or Candidate <b>ELECT SHERRIE COHEN TO COUNCIL</b>	Reporting Period From <u>7/5/2006</u> To <u>7/5/2006</u>
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				DATE	AMOUNT		
				MO.	DAY	YEAR	
Full Name of Contributing Committee							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
		-					\$
Full Name of Contributing Committee							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
		-					\$
Full Name of Contributing Committee							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
		-					\$
Full Name of Contributing Committee							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
		-					\$
Full Name of Contributing Committee							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
		-					\$
Full Name of Contributing Committee							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
		-					\$
Full Name of Contributing Committee							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
		-					\$
Full Name of Contributing Committee							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
		-					\$
Full Name of Contributing Committee							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
		-					\$

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

PAGE TOTAL
\$ <u>                    </u>

PART B  
**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 Filing Committee or Candidate <p style="text-align: center;">ELECT SHERRIE COHEN TO COUNCIL</p>	Reporting Period From <u>7/5/2006</u> To <u>9/5/2006</u>
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				DATE			AMOUNT
				MO.	DAY	YEAR	\$
Full Name of Contributor							\$ /
Mailing Address							
City	State	Zip Code (Plus 4)					
Full Name of Contributor							\$ /
Mailing Address							
City	State	Zip Code (Plus 4)					
Full Name of Contributor							\$ /
Mailing Address							
City	State	Zip Code (Plus 4)					
Full Name of Contributor							\$ /
Mailing Address							
City	State	Zip Code (Plus 4)					
Full Name of Contributor							\$ /
Mailing Address							
City	State	Zip Code (Plus 4)					
Full Name of Contributor							\$ /
Mailing Address							
City	State	Zip Code (Plus 4)					
Full Name of Contributor							\$ /
Mailing Address							
City	State	Zip Code (Plus 4)					
Full Name of Contributor							\$ /
Mailing Address							
City	State	Zip Code (Plus 4)					
Full Name of Contributor							\$ /
Mailing Address							
City	State	Zip Code (Plus 4)					

PAGE TOTAL  
\$ 0

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

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 over \$250.00 in the reporting period.

Name of Filing Committee or Candidate <b>ELECT SHERRIE COHEN TO COUNCIL</b>	Reporting Period From <u>7/5/2006</u> To <u>9/5/2006</u>
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				DATE			AMOUNT
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
		-					\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
		-					\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
		-					\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
		-					\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
		-					\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
		-					\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
		-					\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
		-					\$

PAGE TOTAL  
\$                     

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

PART D  
**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 <b>ELECT SHERRIE COHEN TO COUNCIL</b>	Reporting Period From <u>7/5/2006</u> To <u>9/5/2006</u>
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				DATE	AMOUNT		
				MO.	DAY	YEAR	
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							

Enter Grand Total of Part D on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL

PART E  
**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 <b>ELECT SHERRIE COHEN TO COUNCIL</b>	Reporting Period From <u>7/5/2006</u> To <u>9/5/2006</u>
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Full Name						
Mailing Address						
City	State	Zip Code (Plus 4) -	MO.	DAY	YEAR	Amount \$ <u>0</u>
Receipt Description						
Full Name						
Mailing Address						
City	State	Zip Code (Plus 4) -	MO.	DAY	YEAR	Amount \$ <u>0</u>
Receipt Description						
Full Name						
Mailing Address						
City	State	Zip Code (Plus 4) -	MO.	DAY	YEAR	Amount \$ <u>0</u>
Receipt Description						
Full Name						
Mailing Address						
City	State	Zip Code (Plus 4) -	MO.	DAY	YEAR	Amount \$ <u>0</u>
Receipt Description						
Full Name						
Mailing Address						
City	State	Zip Code (Plus 4) -	MO.	DAY	YEAR	Amount \$ <u>0</u>
Receipt Description						
Full Name						
Mailing Address						
City	State	Zip Code (Plus 4) -	MO.	DAY	YEAR	Amount \$ <u>0</u>
Receipt Description						

PAGE TOTAL \$ <u>0</u>
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Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

# 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 ELECT SHERRIE COHEN TO COUNCIL	Reporting Period From <u>7/5/2006</u> To <u>9/5/2006</u>
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<b>1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED -- VALUE OF \$50.00 OR LESS PER CONTRIBUTOR</b>	
TOTAL for the Reporting Period	(1) \$ <u>0</u>

<b>2. IN-KIND CONTRIBUTIONS RECEIVED -- VALUE OF \$50.01 TO \$250.00 (FROM PART F)</b>	
TOTAL for the Reporting Period	(2) \$ <u>0</u>

<b>3. IN-KIND CONTRIBUTION RECEIVED -- VALUE OVER \$250.00 (FROM PART G)</b>	
TOTAL for the Reporting Period	(3) \$ <u>0</u>

TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F.)	\$ <u>0</u>
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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 <b>ELECT SHERRIE COHEN TO COUNCIL</b>	Reporting Period From <u>7/5/2006</u> To <u>9/5/2006</u>
--	---

				DATE			AMOUNT
Full Name of Contributor	MO.	DAY	YEAR	MO.	DAY	YEAR	\$
							0
Mailing Address							0
City	State	Zip Code (Plus 4)					0
Description of Contribution:							
							0
Mailing Address							0
City	State	Zip Code (Plus 4)					0
Description of Contribution:							
							0
Mailing Address							0
City	State	Zip Code (Plus 4)					0
Description of Contribution:							
							0
Mailing Address							0
City	State	Zip Code (Plus 4)					0
Description of Contribution:							
							0
Mailing Address							0
City	State	Zip Code (Plus 4)					0
Description of Contribution:							
							0
Mailing Address							0
City	State	Zip Code (Plus 4)					0
Description of Contribution:							

Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.

PAGE TOTAL  
\$ 0

SCHEDULE II  
PART G  
**IN-KIND CONTRIBUTIONS RECEIVED**  
VALUE OVER \$250.00

Name of Filing Committee or Candidate <b>ELECT SHERRIE COHEN TO COUNCIL</b>	Reporting Period From <u>7/5/2006</u> To <u>9/15/2006</u>
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				DATE	AMOUNT
Full Name of Contributor	MO.	DAY	YEAR		
				\$	<del>0</del>
Mailing Address	MO.	DAY	YEAR	\$	<del>0</del>
City	MO.	DAY	YEAR	\$	<del>0</del>
State					
Zip Code (Plus 4)					
Employer of Contributor	Occupation				
Employer Mailing Address/Principal Place of Business	Description of Contribution				
				\$	<del>0</del>
Mailing Address	MO.	DAY	YEAR	\$	<del>0</del>
City	MO.	DAY	YEAR	\$	<del>0</del>
State					
Zip Code (Plus 4)					
Employer of Contributor	Occupation				
Employer Mailing Address/Principal Place of Business	Description of Contribution				
				\$	<del>0</del>
Mailing Address	MO.	DAY	YEAR	\$	<del>0</del>
City	MO.	DAY	YEAR	\$	<del>0</del>
State					
Zip Code (Plus 4)					
Employer of Contributor	Occupation				
Employer Mailing Address/Principal Place of Business	Description of Contribution				
				\$	<del>0</del>
Mailing Address	MO.	DAY	YEAR	\$	<del>0</del>
City	MO.	DAY	YEAR	\$	<del>0</del>
State					
Zip Code (Plus 4)					
Employer of Contributor	Occupation				
Employer Mailing Address/Principal Place of Business	Description of Contribution				
				\$	<del>0</del>
Mailing Address	MO.	DAY	YEAR	\$	<del>0</del>
City	MO.	DAY	YEAR	\$	<del>0</del>
State					
Zip Code (Plus 4)					
Employer of Contributor	Occupation				
Employer Mailing Address/Principal Place of Business	Description of Contribution				

Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.

PAGE TOTAL \$ <del>0</del>
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# STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate <b>ELECT SHERRIE COHEN TO COUNCIL</b>	Reporting Period From <u>7/5/2006</u> To <u>9/5/2006</u>
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To Whom Paid	MO.	DAY	YEAR	Amount
				\$ <u>0</u>
Mailing Address		Description of Expenditure		
City	State	Zip Code (Plus 4)		
		-		
To Whom Paid	MO.	DAY	YEAR	Amount
				\$ <u>0</u>
Mailing Address		Description of Expenditure		
City	State	Zip Code (Plus 4)		
		-		
To Whom Paid	MO.	DAY	YEAR	Amount
				\$ <u>0</u>
Mailing Address		Description of Expenditure		
City	State	Zip Code (Plus 4)		
		-		
To Whom Paid	MO.	DAY	YEAR	Amount
				\$ <u>0</u>
Mailing Address		Description of Expenditure		
City	State	Zip Code (Plus 4)		
		-		
To Whom Paid	MO.	DAY	YEAR	Amount
				\$ <u>0</u>
Mailing Address		Description of Expenditure		
City	State	Zip Code (Plus 4)		
		-		
To Whom Paid	MO.	DAY	YEAR	Amount
				\$ <u>0</u>
Mailing Address		Description of Expenditure		
City	State	Zip Code (Plus 4)		
		-		
To Whom Paid	MO.	DAY	YEAR	Amount
				\$ <u>0</u>
Mailing Address		Description of Expenditure		
City	State	Zip Code (Plus 4)		
		-		

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

PAGE TOTAL
\$ <u>0</u>

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 <b>ELECT SHERRIE COHEN TO COUNCIL</b>	Reporting Period From <u>7/5/2006</u> To <u>9/5/2006</u>
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Name of Creditor				Outstanding Balance of Debt \$ <u>0</u>	
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR	
City	State	Zip Code (Plus 4)			
Description of Debt					

Name of Creditor				Outstanding Balance of Debt \$ <u>0</u>	
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR	
City	State	Zip Code (Plus 4)			
Description of Debt					

Name of Creditor				Outstanding Balance of Debt \$ <u>0</u>	
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR	
City	State	Zip Code (Plus 4)			
Description of Debt					

Name of Creditor				Outstanding Balance of Debt \$ <u>0</u>	
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR	
City	State	Zip Code (Plus 4)			
Description of Debt					

Name of Creditor				Outstanding Balance of Debt \$ <u>0</u>	
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR	
City	State	Zip Code (Plus 4)			
Description of Debt					

Name of Creditor				Outstanding Balance of Debt \$ <u>0</u>	
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR	
City	State	Zip Code (Plus 4)			
Description of Debt					

Name of Creditor				Outstanding Balance of Debt \$ <u>0</u>	
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR	
City	State	Zip Code (Plus 4)			
Description of Debt					

Name of Creditor				Outstanding Balance of Debt \$ <u>0</u>	
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR	
City	State	Zip Code (Plus 4)			
Description of Debt					

Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.

PAGE TOTAL \$ <u>0</u>
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