Campaign Finance Report

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

Filer Identificati Number :	on 202	2C0708			Repo Filed			CANE	OID	ATE	√	CC	MMITTEE		LOB	BYIS	Г	
Name of Filing C	Committee, Candi	date or L	obbyist:		GREE	ΞN,	GWE	NDOLY	N V	ERON	VIC/	4						
Street Address:																		
City:								State:					Zip Code	e: 19	132			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY							AY ARY	PC	OST-	3.		AMENDME REPORT?	NT	Yes		Vo	\
(place X to the right of	6TH TUESDAY PRE-ELECTION	4. 2ND FRIDAY PRE- 5. 30 DAY PO						POST- 6.			TERMINAT REPORT?	TION	Yes	ן ו	No	\		
report type)	ANNUAL REPOR	Г 7.	Year 2022					NG MET					PAPER		\	DIS	KETTE	
Name of Office S	Sought by Candid	ate:	•		-			DATE	OF	ELEC	СТІ	ON	District Number	Office Code	Par	ty Co	de Cou Cod	
								МО		DAY	Y	/EAR	190	STH	DEI	1	51	
REPRESENTATIVE IN THE GENERAL ASSEMBLY								1	.1		8	2022	<u> </u>	(SEE IN	STRUCTI	ONS FO	R CODES	5)
	Receipts and	МО	DAY	YEAR	1			МО	I	DAY	١	YEAR	FOF	OFFI	CE USE	ONL	Y	
Expenditures	from:		1 1	2	022	T	0		5		2	2022						
A. Amount Bro	ught Forward Fro	m Last R	eport				\$					0.00						
B. Total Moneta	ary Contributions	And Rec	eipts (Fron	1 Sche	dule 1	I)	\$					380.00						
C. Total Funds	Available (Sum C	f Lines A	and B)				\$					380.00						
D. Total Expend	ditures (From Scl	nedule II	I)				\$					0.00						
E. Ending Cash	Balance (Subtra	ct Line D	From Line	C)			\$					380.00						
F. Value Of In-	Kind Contribution	s Receiv	ed (From S	chedu	le II)		\$					0.00						
G. Unpaid Debt	s And Obligation	s (From S	Schedule IV	/)			\$					0.00						
				AFF	'IDA	VI٦	ΓSE	CTIO	٧									
PART I - If this is	s a Committee re	ort, trea	surer sign	here. 1	If this	s is	a Car	ndidate	rep	ort, c	and	lidate si	gn here.					
I swear (or affirm) correct and comple) that this report, in ete.	cluding the	e attached sc	hedules	filed	on p	paper	or by ele	ctro	nic me	ediui	m, are to	the best of	my kno	wledge	and b	elief , t	rue
Sworn to and subs	cribed before me th day of	is	20						-			Signatur	e of Person	Submit	ting Re	ort		
	Signat						<u>-</u>		-				Printe	ed Name	.			
My Commission Ex	-								-				Email					_
	мо	Di	AY	YR			-			Are	ea Co	ode	Daytime	Teleph	one Nu	mber		
Part II- If this is	a report of a car	ididate's	authorized	Comn	nittee	, Ca	andid	ate sha	II si	ign he	ere.							
I swear (or affirm) No 320) as amende	that to the best of ed.	my knowle	edge and beli	ief this	politio	cal	comm	ittee has	not	t violat	ted a	ny provis	ions of the	act of J	une 3,1	937 (I	P.L. 133	33,
Sworn to and subsc		;							-			s	ignature of	Candid	ate			-
	day of —— ————						•		-				Printed	Name				-
	Signature								_									_
My Commission Exp	ires												Email					
	мо	D.	AY	YR					-	Area	Code	2	Day	time T	elephor	ne Nur	nber	_

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	Period		
GREEN, GWENDOLYN VERONICA	From:	1/1/20	<u>)22</u> To:	5/2/2022
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting) Period	(1)	\$	0.00
2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)				
Contributions Received From Political Committees (Part A)			\$	0.00
All Other Contributions (Part B)			\$	0.00
TOTAL for the Reporting) Period	(2)	\$	0.00
3. Contributions Received Over \$250.00 (From Part C and Part D)				
Contributions Received From Political Committees (Part C)			\$	0.00
All Other Contributions (Part D)			\$	0.00
TOTAL for the Reporting) Period	(3)	\$	0.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting) Period	(4)	\$	380.00
Γ				
Total Monetary Contributions and Receipts During this Reporting Period (Add an totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	380.00

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		Reporting	Period			
			From:		То	!	
		•		DATE			AMOUNT
Full Name of Contributing Co	ommittee		МО	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					

PAGE TOTAL\$ 0.00

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

0.00

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.

(Exclu	de contributions fron	n political comm	itte	es re _l	oortea	in Part	A)	
Name of Filing Committe	ee or Candidate		Rep	orting P	eriod			
			Fror	m:		To	o :	
		1			DATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.0
City	State	Zip Code (Plus 4)						
	•	•			•	•		PAGE TOTAL

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

9/13/2025 12:53:03 AM

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 from Over \$250.00 in the reporting period.

Name of Filing Committee or Candidate	nme of Filing Committee or Candidate				Reporting Period					
			From:			То:				
				DA	TE		А	MOUNT		
Full Name of Contributing Committee				мо	DAY	YEAR	\$		0.00	
Mailing Address							7		0.00	
City	State	Zip Cod	e (Plus 4)							
							-	PAGE TO	TAL	
Enter Grand Total of Part C on Scheo	lule I, Detailed Sun	nmary Pa	age, Sectio	n 3.			\$		0.00	

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	nme of Filing Committee or Candidate			orting Pe	riod			
			Fror	n:		To	:	
				D	ATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR	\$	0.00
Mailing Address							1	
City	State	Zip Code (Plu	s 4)					
Employer Name				Occupa	tion			
Employer Mailing Address/Principal Pla	ce of Business	City		•	State		Zip C	ode (Plus 4)
Enter Grand Total of Part C on Scho	dule I, Detailed S	Summary Page,	, Sectio	on 3.		:	\$	PAGE TOTAL 0.00

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 Commit	ame of Filing Committee or Candidate Repor					rting Period					
GREEN, GWENDOLYN	VERONICA			From:		1/1/202	<u>22</u> To:		<u>5/2/2022</u>		
					D	ATE			AMOUNT		
Full Name					мо	DAY	YEAR	\$	125.00		
RONI GREEN FOR 190					MO	DAT	TEAR	_ *	125.00		
Mailing Address		T	1		3	22	2022	1			
City PHILADELPHIA		State	Zip Code (Plus 4)							
		PA	19132								
Receipt Description	Reimbursement	for photography servi	ces				1	l			
Full Name					мо	DAY	YEAR		150.00		
RONI GREEN FOR 190					MO	DAT	TEAK	\$	150.00		
Mailing Address					3	22	2022	1			
City PHILADELPHIA		State	Zip Code (Plus 4)							
		PA	19132								
Receipt Description	Reimbursement	for photography servi	ces				•				
Full Name					мо	DAY	YEAR		105.00		
RONI GREEN FOR 190					МО	DAY	TEAK	\$	105.00		
Mailing Address					3	25	2022				
City PHILADELPHIA		State	Zip Code (Plus 4)							
		PA	19132								
Receipt Description	Mileage Reimbur	sement					•				
							Г		PAGE TOTAL		

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

PAGE TOTAL \$ 380.00

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	Reporting Perio	d	
GREEN, GWENDOLYN VERONICA	From:	<u>1/1/2022</u> To :	<u>5/2/2022</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	PER CONTRIBUTOR		
TOTAL for the Reporting Pe	eriod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	T F)		
TOTAL for the Reporting Pe	eriod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	eriod (3)	\$	0.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page,		\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Ca	ndidate		Reporting Period					
	Fro					To:	То:	
				DATE			AMOUNT	
Full Name of Contributor			мо	DAY	YEAR			
Mailing Address						- \$	0.00	
City	State	Zip Code (Plus 4)						
Description of Contribution:	•		•					
					Г			
Enter Grand Total of Part F of Section 2.	n Schedule II, In-Ki	nd Contributions Detai	led Sum	ımary Pa	ge,		PAGE TOTAL	
						\$	0.00	

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate				Rep	porting	Period			
				Fro	m:		То:		
						DATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR		
Mailing Address				-				\$	0.00
City	State		Zip Code(Plus 4)						
Employer of Contributor					Occup	ation			
Employer Mailing Address/Principal Plac	e of Business	City	у	State	e Zip	Code(Plus 4)	Descri	ption	of Contribution
Enter Grand Total of Part G on Sch	edule II, In-Kin	nd C	Contributions D	etaile	ed				PAGE TOTAL
Summary Page, Section 3.									0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidat	Reporting Period						
			From			То:	
				DATE			AMOUNT
To Whom Paid			мо	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)	Descrip	otion of Exp	enditure		
Futor Cuand Tatal of Francishing	an Dana 1 Dan	aut Caucau Dana Itana D					PAGE TOTAL
Enter Grand Total of Expenditures	Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.					\$	0.00