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	20220	C0708				Repor Filed		CA	ANDIDATE COMMITTEE LOBBYIST					Т				
Name of Filing C	ommittee	, Candida	ate or Lo	obbyi	st:	G	REEN	, GWE	NDO	LYN	VERO	NIC	CA						-
Street Address:																			
City:									State	e:				Zip Cod	l e: 19	132			
TYPE OF REPORT	6TH TUES PRE-PRIM		1.	2ND PRIM	FRIDAY ARY	PRE-	2.	30 DA				AMENDMENT REPORT?		Yes] [No	\		
(place X to the right of	6TH TUES PRE-ELEC		4.	2ND ELEC	FRIDAY TION	PRE-	5.	30 DA		Р	OST-	6.		TERMINA REPORT?		Yes	1 1	No	/
report type)	ANNUAL	REPORT	7. X	Year	2022				NG MI CHEC					PAPER		\	DIS	KETTE	
Name of Office S	ought by	Candidat	e:				-	-	DAT	ΈO	F ELE	СТ	ION	District Number	Office Code	Pai	rty Co	de Cou Cod	
REPRESENTATI	VF IN TH	F GENER	AI ASS	FMRI	Υ				МО		DAY		YEAR	190	STH	DEI	М	51	
	V_ 1	COLITER	7127100							11		8	2022		(SEE IN	STRUCTI	ONS FO	OR CODES	S)
Summary of Expenditures		and	МО	DA		YEAR			МО		DAY		YEAR	FO	R OFFI	CE USE	ONL	Y	
]	L1	29	20	22 1	ГО		12		31	2022	<u> </u>					
A. Amount Bro	ught Forw	ard From	ı Last R	eport				\$					335.00	_					
B. Total Moneta	ary Contri	butions A	And Rec	eipts	(From	Sched	ule I)	\$	i				452.33	_					
C. Total Funds Available (Sum Of Lines A and B) \$ 787.33																			
D. Total Expenditures (From Schedule III) \$ 0.00																			
E. Ending Cash Balance (Subtract Line D From Line C)						\$)				787.33	1							
F. Value Of In-	Kind Cont	ributions	Receive	ed (Fi	rom Sc	hedule	e II)	\$;				0.00						
G. Unpaid Debt	s And Obl	igations	(From S	ched	ule IV))		\$;				0.00						
						AFFI	DAV:	IT SE	CTI	NC									
PART I - If this is	a Commi	ttee repo	ort, trea	surer	sign h	ere. If	this i	s a Ca	ndida	te re	port, o	can	didate si	gn here.					
I swear (or affirm) correct and comple		eport, inclu	uding the	attac	hed sch	edules	filed on	paper	or by	electi	ronic m	ediu	ım, are to	the best of	my knov	wledge	and b	elief , t	rue
Sworn to and subs	cribed befo day of	re me this		20									Signatur	e of Persor	Submit	ting Re	port		
		Signatur	·e	-				_						Print	ed Name	e			_
My Commission Ex	pires													Emai	I				_
	Ī	чо	D/	ΑY		YR					Ar	ea C	Code	Daytim	e Teleph	one Nu	ımber		
Part II- If this is	a report	of a cand	idate's	autho	rized (Commi	ittee, (Candid	late s	hall	sign h	ere							
I swear (or affirm) No 320) as amende		e best of m	y knowle	edge a	nd belie	f this p	oolitical	comm	ittee l	nas n	ot viola	ted	any provi	sions of the	act of J	une 3,1	937 (P.L. 133	33,
Sworn to and subsc		e me this												Signature o	f Candid	ate			-
	day of			20 -				_						Printe	d Name				-
	S	ignature						_											_
My Commission Exp	ires													Emai	i				
	_	мо	D	AY		YR		_			Area	Cod	le	Da	ytime T	elephoi	ne Nu	nber	_

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period						
GREEN, GWENDOLYN VERONICA	From:	11/29/202	<u>2</u> To:	12/31/2022			
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor							
TOTAL for the Reporting	g 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	g 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	g Period	(3)	\$	0.00			
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)							
TOTAL for the Reporting	g Period	(4)	\$	452.33			
Total Monetary Contributions and Receipts During this Reporting Period (Add ar totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	452.33			

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

	his Part to itemize onl with an aggregate val	-			-			
Name of Filing Comm	ittee or Candidate		Reporting Period					
			Fre	om:		То	:	
		1			DATE			AMOUNT
Full Name of Contribution	ng Committee			МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4))					
	•	•			•	•		PAGE TOTAL

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

0.00

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 Cand	idate		Rep	Reporting Period					
			From: To):		
					DATE		АМ	OUNT	
Full Name of Contributor				МО	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plus 4)						

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

PAGE TOTAL \$0.00

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 Candi	date		Reporting	Period				
			From:			То:		
				DA	TE		Α	MOUNT
Full Name of Contributing Commit	tee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on S	Schedule I, Detail	ed Summary 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.)

ame of Filing Committee or Candidate			Rep	orting Pe	riod				
				Fror	n:		То):	
					D	ATE		A	MOUNT
Full Name of Contributor					мо	DAY	YEAR		
Mailing Address City State Zip Code (Plus 4)								\$	0.00
City	State	Zi	p Code (Plus	4)					
Employer Name	•	•			Occupa	tion		•	
Employer Mailing Address/Principal Pla Business	ce of		City			State		Zip Cod	le (Plus 4)
Enter Grand Total of Part C on Sch	edule I, Deta	iled Sumr	mary Page,	Section	on 3.			P	O.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 Committee or Candidate	Reporting Pe	Period				
GREEN, GWENDOLYN VERONICA	From:	<u>11/29/2022</u> To:	12/31/2022			

			D	ATE		AMOUNT
Full Name RONI GREEN FOR 190				DAY	YEAR	
Mailing Address 3519 W ALLEGHENY AVENUE				7	2022	\$ 452.33
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19132	12	,	2022	
Receipt Description Reimburse	ment: Misc					

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

PAGE TOTAL \$ 452.33

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 Per	iod						
GREEN, GWENDOLYN VERONICA	From:	<u>11/29/2022</u> To:	12/31/2022					
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS 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	rt 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 Candidat	:e		Reporting	g Period			
			From:			То:	
				DATE			AMOUNT
Full Name of Contributor			МО	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					
Description of Contribution:							
Enter Grand Total of Part F on Sch	andula II. In-Kir	nd Contributions Data	ilad Sum	mary Pag			DACE TOTAL
Section 2.	iedule II, III-KII	ia contributions Deta	iiieu Suiii	iliai y Pag	, je,		PAGE TOTAL
						\$	0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate	ame of Filing Committee or Candidate				Re	porting	Period				
					Fro	om:		То:	То:		
					•		DATE			AMOUNT	
Full Name of Contributor						мо	DAY	YEAR			
Mailing Address								\$	0.00		
City	State		Zip Code(I	Plus 4)							
Employer of Contributor	1		•			Occupa	ation				
Employer Mailing Address/Principal Pla Business	ace of	City		State		Zip 4)	Code(Plus	Descri	ption	of Contribution	
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.				ed				PAGE TOTAL 0.00			

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or	ame of Filing Committee or Candidate					Reporting Period				
			From			То:				
				DATE			AMOUNT			
To Whom Paid	мо	DAY	YEAR							
Mailing Address						\$	0.00			
City	State	Zip Code (Plus 4)	Description of Expenditure							
							PAGE TOTAL			
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item).			\$	0.00			