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 2018 | 30420 | | | | port ed B | | CAND | IDATE | | СОМ | 4ITTEE | ✓ | LOBI | BYIST | | |
|---|---------------------------------|------------|------------------------|--------|-------|--------------|----------------|--------------------|-----------|-------------|------------|--------------------|----------------|---------------|-----------|----------|----------|
| Name of Filing C | Committee, Candid | late or L | obbyist: | | CAS | SA IN | I ACT | ION PAC | PAC | | | | | | | | _ |
| Street Address: | 8151 15TH A | VE | | | | | | | | | | | | | | | |
| City: | HYATTSVILLE | | | | | | | State: | MD | | | Zip Cod | le: 20 |)783 | | | |
| TYPE OF REPORT | 6TH TUESDAY PRE-PRIMARY | 1. | 2ND FRIDAY PRIMARY | PRE | - | 2. | 30 DA PRIMA | | POST- | 3. | | AMENDM REPORT | | Yes | No | • | / |
| (place X to the right of | 6TH TUESDAY PRE-ELECTION | 4. | 2ND FRIDAY ELECTION | PRE | - | 5. | 30 DA ELECT | | POST- | 6. X | | TERMINA REPORT | | Yes | No | • | / |
| report type) | ANNUAL REPORT | 7. | Year 2023 | | | | | IG METH CHECK C | | | | PAPER | | $\overline{}$ | DISKE | TTE | |
| Name of Office S | Sought by Candida | ite: | - | | | | | DATE (|)F ELE | CTIC | N | District Number | Office Code | Par | ty Code | Coun | |
| | | | | | | | | МО | DAY | Y | EAR | | 1 | | | | |
| | | | | | | | | 11 | | 7 | 2023 | | (SEE IN | STRUCTI | ONS FOR C | ODES) | , |
| | Receipts and | МО | DAY | YEAR | l | | | МО | DAY | Y | EAR | FO | R OFFI | CE USE | ONLY | | |
| Expenditures | s from: | | 10 24 | 2 | 023 | Т | 0 | 11 | L | 27 | 2023 | | | | | | |
| A. Amount Bro | ught Forward Fro | m Last R | eport | | | | \$ | - | | | 0.00 | | | | | | |
| B. Total Monetary Contributions And Receipts (From Schedule I) \$ 20,000.00 | | | | | | | | | 00.00 | | | | | | | | |
| C. Total Funds Available (Sum Of Lines A and B) \$ 20,000.00 | | | | | | | | | | | | | | | | | |
| D. Total Expenditures (From Schedule III) \$ 20,000.00 | | | | | | | | | | | | | | | | | |
| E. Ending Cash | Balance (Subtrac | t Line D | From Line C |) | | | \$ | | | | 0.00 | | | | | | |
| F. Value Of In- | Kind Contribution | s Receiv | ed (From Sc | hedu | le II | I) | \$ | | | | 0.00 | | | | | | |
| G. Unpaid Debt | s And Obligations | (From S | Schedule IV) | ١ | | | \$ | | | | 0.00 | | | • | | | |
| | | | | AFF | IDA | AVI | T SE | CTION | | | | | | | | | |
| PART I - If this is | s a Committee rep | ort, trea | surer sign h | ere. I | [f th | nis is | a Can | ndidate r | eport, (| candi | date sig | ın here. | | | | | |
| I swear (or affirm) correct and comple |) that this report, inc ete. | luding the | attached sch | edules | file | d on | paper (| or by elec | tronic m | edium | , are to t | he best o | f my kno | wledge | and belie | ef , tru | ıe |
| Sworn to and subs | cribed before me thi day of | s | 20 | | | | | | | | Signature | of Perso | n Submit | ting Rep | ort | | - |
| | Signatu | ıre | | | | | - | | | | | Prin | ted Name | e | | | - |
| My Commission Ex | cpires | | | | | | _ | | | | | Ema | il | | | | _ |
| | мо | D | AY | YR | | | | | Ar | ea Co | de | Daytim | e Teleph | one Nu | mber | | |
| Part II- If this is | a report of a can | didate's | authorized (| Comn | nitte | ee, C | andida | ate shall | sign h | ere. | | | | | | | |
| I swear (or affirm) No 320) as amende | that to the best of led. | my knowl | edge and belie | f this | polit | tical | commi | ittee has i | not viola | ted ar | y provis | ions of th | e act of J | une 3,1 | 937 (P.L. | . 1333 | 3, |
| Sworn to and subsc | ribed before me this day of | | 20 | | | | | | - | | s | ignature o | of Candid | ate | | | - |
| | | | | | | | - | | | | | Printe | d Name | | | | - |
| My Commission Exp | Signature | | | | | | - | | | | | Ema | il | | | | - |
| | | | | | | | - | | | | | | | | • • | | - |
| | МО | D | AY | YR | | | | | Area | Code | | Da | aytime T | elephon | e Numb | er | - 1 |

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

| , - | | | | |
|--|-----------|-----------|--------------|------------|
| Name of Filing Committee or Candidate | Reporting | g Period | | |
| CASA IN ACTION PAC | From: | 10/24/202 | <u>3</u> To: | 11/27/2023 |
| 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 |) 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) | | | \$ | 20,000.00 |
| TOTAL for the Reporting | J Period | (3) | \$ | 20,000.00 |
| 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E) | | | | |
| TOTAL for the Reporting | g Period | (4) | \$ | 0.00 |
| 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 | | | \$ | 20,000.00 |

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

| Name of Filing Committee or Candidate | | | Reporting Period | | | | | |
|---------------------------------------|---------------|-------------------|------------------|------|------|----|--------|--|
| | From: | | | | | : | | |
| | | I | | DATE | | | AMOUNT | |
| Full Name of Contribut | ing Committee | | 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 |

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 Candi | date | | | Rep | | | | | |
|-----------------------------------|-------|----|-----------------|-----|----|------|------|---------------|--------|
| F | | | From: To | | | o: | | | |
| | | | | | | DATE | | | AMOUNT |
| Full Name of Contributor | | | | | МО | DAY | YEAR | | |
| Mailing Address | | | | | | | | \$ | 0.00 |
| City | State | Zi | p Code (Plus 4) | | | | | | |
| | | | | | | | | $\overline{}$ | |

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.)

| Name of Filing Committee or Candid | ime of Filing Committee or Candidate | | | | | | | |
|--|--------------------------------------|---------------|---------|--------|---------|------------------------|------------|-----------|
| CASA IN ACTION PAC | | | Fror | m: | 10/24/2 | <u>023</u> To : | 1 | 1/27/2023 |
| | | | | D | ATE | | АМО | UNT |
| Full Name of Contributor Commonwealth Communications | | | | мо | DAY | YEAR | | |
| Mailing 121 S Broad St St Address | ddress State State 700 | | | | | | \$ | 20,000.00 |
| City Philadelphia State Zi | | Zip Code (Plu | s 4) | 10 | 24 | 2023 | | |
| | PA | 19107-4544 | | | | | | |
| Employer Name N/A | | | | Occupa | tion | I/A | | |
| Employer Mailing Address/Principal Business | Place of | City | | • | State | | Zip Code (| (Plus 4) |
| N/A | | N/A | | | PA | | 19107-4 | 544 |
| Enter Grand Total of Part C on S | chedule I, Detailed Su | ummary Page, | Section | on 3. | | \$ | | SE TOTAL |
| | | | | | | | | 20,000.00 |
| | | | | | | | | |

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 | | Report | ting Perio | bd | | | |
|-------------------------------|--------------------------|------------------|---------|------------|-----|------|-----|----------|
| | | | From: | | | To: | | |
| | | | | D | ATE | | AM | OUNT |
| Full Name | | | | МО | DAY | YEAR | | |
| Mailing Address | | | | | | | \$ | 0.00 |
| City | State | Zip Code (| Plus 4) | | | | | |
| Receipt Description | • | • | | • | • | • | _ | |
| Enter Grand Total of Part E o | on Schedule I. Detaile | d Summary Page | Section | 4 | | | PAG | GE TOTAL |
| | m deficación 1, detailes | z Sammary r age, | occion | •• | | | \$ | 0.00 |

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 Peri | od | |
|--|----------------|-----------------------|------------|
| CASA IN ACTION PAC | From: | 10/24/2023 To: | 11/27/2023 |
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P | ER CONTRIBUTO | R | |
| 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 Candid | late | | Reportin | g Period | | | |
|------------------------------------|---------------------|-----------------------|----------|----------|-------|-----------|------------|
| | | | From: | | | To: | |
| | | | | 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 S | Schedule II. In-Kir | nd Contributions Deta | iled Sum | mary Pag | ae. F | | PAGE TOTAL |
| Section 2. | | | | ,; | ,-, | \$ | |
| 1 | | | | | | Ψ | 0.00 |

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

| Name of Filing Committee or Candidate | • | | | | Re | porting P | Period | | | |
|--|--------------|---------|------------|---------|-------|-----------|-----------|--------|---------|----------------|
| | | | | | Fro | om: | | To: | | |
| | | | | | | | DATE | | | AMOUNT |
| Full Name of Contributor | | | | | | мо | DAY | YEAR | | |
| Mailing Address | | | | | | | | | \$ | 0.00 |
| City | State | | Zip Code(F | Plus 4) | | | | | | |
| Employer of Contributor | | | | | | Occupat | tion | | | |
| Employer Mailing Address/Principal Pla Business | ce of | City | | State | | Zip 4) | Code(Plus | Descri | ption o | f Contribution |
| Enter Grand Total of Part G on Sci | nedule II, 1 | In-Kind | Contributi | ons De | taile | ed | | | | PAGE TOTAL |
| Summary Page, Section 3. | -, - | | | | | | | | | 0.00 |

STATEMENT OF EXPENDITURES

| Name of Filing Committee or Candi | date | | | Reporting Period | | | | | | |
|---|-------------------|---------|---|-----------------------------|------------|------|--------------|-----------|--|--|
| CASA IN ACTION PAC | | | | From | 11/27/2023 | | | | | |
| | | | | | DATE | | | AMOUNT | | |
| To Whom Paid Ravenna Strategies | | | | мо | DAY | YEAR | | | | |
| Mailing Address 6909 Weedin Pl | ace Northeast Apt | t A105, | | 10 | 24 | 2023 | \$ | 10,000.00 | | |
| City Seattle State Zip Code (Plus 4) WA 98115 | | | 1 | otion of Exp Advertising | | | el McCaffrey | | | |
| To Whom Paid | • | • | | | | | | | | |

| Ravenna Strategies | | | | | МО | DAY | YEAR | | | |
|--------------------------------|---------|-------------------|-------------------------|-----------------------------------|--------|---|------|----|------------|--|
| Mailing Address 6909 Weedin Pl | | 6909 Weedin Place | ace Northeast Apt A105, | | | 24 | 2023 | \$ | 10,000.00 | |
| City | Seattle | | State WA | Zip Code (Plus 4) 98115 | Descri | Description of Expenditure Digital Advertising Opposing Carolyn Carluccio | | | | |
| | | | | | • | | • | | PAGE TOTAL | |

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

\$ 20,000.00