Commonwealth of Pennsylvania

Campaign Finance Statement



File this in lieu of a full report only if aggregate receipts, expenditures, or liabilities incurred each did not exceed \$250.00 during the reporting period.

NAME OF FILING COMMITTEE O	FILER IDENTIFICATION NUMBER: 2024		REPORT FILED ON BEHALF OF:		Candidate
NAME OF FILING COMMITTEE, C	CANDIDATE OR LOBE	3YIST	GREEN, CASSAND	PRA	
STREET ADDRESS					
CITY		STATE		ZIP CODE 19139	,
TYPE OF REPORT 2nd Fr	riday Pre-Primary				
NAME OF OFFICE SOUGHT B	Y CANDIDATE	REPRESENTA ASSEMBLY	ATIVE IN THE GENER	RAL	
DISTRICT CODE 10th	Legislative District		PARTY C	CODE DEM	
DATE OF ELECTION	11/5/2024				
DATES OF REPORTING PERIO	OD	1/1/2024	то	4/8/2024	For Office Use Only
AMENDMENT REPORT?	NO	TERM:	INATION REPORT	? NO	
CASH BALANCE AT THE EN	ND OF REPORTING	i	0.00		
TOTAL AMOUNT OF FILER DEBTS OR LIABILITIES A' REPORTING PERIOD:			0.00		
PART I - If statement is filed on behalf of a If statement is filed on behalf of a If statement is filed on behalf of a	a Candidate, the Can			asurer must sign here.	
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MY COMMISION EXPIRES

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