

Campaign Finance Report

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

Filer Identification Number : 20200026		Report Filed By :		CANDIDATE		COMMITTEE <input checked="" type="checkbox"/>		LOBBYIST			
Name of Filing Committee, Candidate or Lobbyist: RONI GREEN FOR 190											
Street Address: 3519 W ALLEGHENY AVENUE											
City: PHILADELPHIA					State: PA		Zip Code: 19132				
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST-PRIMARY	3.	AMENDMENT REPORT?	Yes	No <input checked="" type="checkbox"/>		
	6TH TUESDAY PRE-ELECTION	4. X	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6.	TERMINATION REPORT?	Yes	No <input checked="" type="checkbox"/>		
	ANNUAL REPORT	7.	Year 2024	FILING METHOD () CHECK ONE			PAPER <input checked="" type="checkbox"/>	DISKETTE			
Name of Office Sought by Candidate:					DATE OF ELECTION			District Number	Office Code	Party Code	County Code
REPRESENTATIVE IN THE GENERAL ASSEMBLY					MO DAY YEAR			190	STH	DEM	51
					11 5 2024			(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO		MO	DAY	YEAR	FOR OFFICE USE ONLY	
		5	14	2024			9	16	2024		
A. Amount Brought Forward From Last Report					\$ 24,038.84						
B. Total Monetary Contributions And Receipts (From Schedule I)					\$ 1,275.00						
C. Total Funds Available (Sum Of Lines A and B)					\$ 25,313.84						
D. Total Expenditures (From Schedule III)					\$ 14,276.27						
E. Ending Cash Balance (Subtract Line D From Line C)					\$ 11,037.57						
F. Value Of In-Kind Contributions Received (From Schedule II)					\$ 0.00						
G. Unpaid Debts And Obligations (From Schedule IV)					\$ 0.00						

AFFIDAVIT SECTION

PART I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules filed on paper or by electronic medium, are to the best of my knowledge and belief, true correct and complete.

Sworn to and subscribed before me this

day of 20

Signature of Person Submitting Report

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

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

day of 20

Signature of Candidate

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

SCHEDULE I
CONTRIBUTIONS AND RECEIPTS
Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period
RONI GREEN FOR 190	From: <u>5/14/2024</u> To: <u>9/16/2024</u>

1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor	
TOTAL for the Reporting Period (1)	\$ 25.00

2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)	
Contributions Received From Political Committees (Part A)	\$ 250.00
All Other Contributions (Part B)	\$ 0.00
TOTAL for the Reporting Period (2)	\$ 250.00

3. Contributions Received Over \$250.00 (From Part C and Part D)	
Contributions Received From Political Committees (Part C)	\$ 1,000.00
All Other Contributions (Part D)	\$ 0.00
TOTAL for the Reporting Period (3)	\$ 1,000.00

4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)	
TOTAL for the Reporting Period (4)	\$ 0.00

Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)	\$ 1,275.00
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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 RONI GREEN FOR 190	Reporting Period From: <u>5/14/2024</u> To: <u>9/16/2024</u>
<div style="display: flex; justify-content: space-between;"> DATE AMOUNT </div>	

Full Name of Contributing Committee			MO	DAY	YEAR	\$ 250.00
PA AFL CIO COPE			8	30	2024	
Mailing Address 600 N 2ND ST						
City HARRISBURG	State PA	Zip Code (Plus 4) 17101-1092				

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

PAGE TOTAL
\$ 250.00

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 Candidate	Reporting Period
RONI GREEN FOR 190	From: <u>5/14/2024</u> To: <u>9/16/2024</u>

				DATE			AMOUNT	
Full Name of Contributing Committee				MO	DAY	YEAR	\$	500.00
MCCLINTON, JOANNA FRIENDS OF				6	17	2024		
Mailing Address PO BOX 16668								
City PHILADELPHIA		State PA	Zip Code (Plus 4) 19139-9998					
Full Name of Contributing Committee				MO	DAY	YEAR	\$	500.00
CVS HEALTH POLITICAL ACTION COMMITTEE				8	30	2024		
Mailing Address 1275 PENNSYLVANIA AVE, NW STE 700								
City WASHINGTON		State DC	Zip Code (Plus 4) 20004					

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

PAGE TOTAL
\$ 1,000.00

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	Reporting Period
	From: To:

			DATE			AMOUNT	
Full Name of Contributor			MO	DAY	YEAR	\$ 0.00	
Mailing Address							
City	State	Zip Code (Plus 4)					
Employer Name			Occupation				
Employer Mailing Address/Principal Place of Business		City		State		Zip Code (Plus 4)	

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

PAGE TOTAL	
\$	0.00

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	Reporting Period From: To:
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				DATE	AMOUNT		
Full Name				MO	DAY	YEAR	\$ 0.00
Mailing Address							
City	State	Zip Code (Plus 4)					
Receipt Description							

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

PAGE TOTAL
\$ 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 Period	
RONI GREEN FOR 190		From: <u>5/14/2024</u> To: <u>9/16/2024</u>	
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR			
TOTAL for the Reporting Period (1)		\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)			
TOTAL for the Reporting Period (2)		\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Period (3)		\$	0.00
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, Reports Cover Page, Item F.)		\$	0.00

SCHEDULE II
PART F
IN-KIND CONTRIBUTIONS RECEIVED
VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate	Reporting Period From: To:
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			DATE			AMOUNT
Full Name of Contributor			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				
Description of Contribution:						
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.						PAGE TOTAL \$ 0.00

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

Name of Filing Committee or Candidate				Reporting Period			
				From:		To:	
				DATE		AMOUNT	
Full Name of Contributor				MO	DAY	YEAR	\$ 0.00
Mailing Address							
City	State	Zip Code(Plus 4)					
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business		City	State	Zip Code(Plus 4)	Description of Contribution		
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.						PAGE TOTAL 0.00	

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
RONI GREEN FOR 190	From <u>5/14/2024</u> To: <u>9/16/2024</u>

DATE				AMOUNT
To Whom Paid				
TD Bank				
Mailing Address	1701 Marlton Pike E, Suite 200	MO	DAY	YEAR
		5	17	2024
City	Cherry Hill	State	NJ	Zip Code (Plus 4)
				08003
Description of Expenditure				ATM Fee
				\$ 3.00
To Whom Paid				
Malcolm for PA PAC				
Mailing Address	PO Box 3307	MO	DAY	YEAR
		6	14	2024
City	Philadelphia	State	PA	Zip Code (Plus 4)
				19130
Description of Expenditure				Contribution
				\$ 1,000.00
To Whom Paid				
PA HDCC				
Mailing Address	PO Box 35	MO	DAY	YEAR
		6	24	2024
City	Harrisburg	State	PA	Zip Code (Plus 4)
				17108
Description of Expenditure				Contribution
				\$ 1,500.00
To Whom Paid				
Ultimate Services Nationwide, Inc				
Mailing Address	3391 LONG BEACH ROAD	MO	DAY	YEAR
		6	20	2024
City	OCEANSIDE	State	NY	Zip Code (Plus 4)
				11572
Description of Expenditure				Waste management for event
				\$ 337.00
To Whom Paid				
Citizens for Keith Harris				
Mailing Address	2426 N 27TH ST	MO	DAY	YEAR
		8	13	2024
City	Philadelphia	State	PA	Zip Code (Plus 4)
				19130
Description of Expenditure				Contribution
				\$ 500.00
To Whom Paid				
28th Ward Democratic Executive Committee				
Mailing Address	2740 N 24th St	MO	DAY	YEAR
		8	13	2024
City	Philadelphia	State	PA	Zip Code (Plus 4)
				19130
Description of Expenditure				Contribution
				\$ 800.00

To Whom Paid			MO	DAY	YEAR	\$ 1,000.00
PA HDCC						
Mailing Address PO Box 35			8	21	2024	
City Harrisburg	State PA	Zip Code (Plus 4) 17108	Description of Expenditure Contribution			
To Whom Paid			MO	DAY	YEAR	\$ 0.38
ActBlue Technical Services						
Mailing Address 366 Summer St			7	31	2024	
City Somerville	State MA	Zip Code (Plus 4) 02144	Description of Expenditure Credit Card Processing			
To Whom Paid			MO	DAY	YEAR	\$ 0.78
Stripe						
Mailing Address 354 Oyster Point Boulevard			7	31	2024	
City South San Francisco	State CA	Zip Code (Plus 4) 94080	Description of Expenditure Credit Card Processing			
To Whom Paid			MO	DAY	YEAR	\$ 3.00
TD Bank						
Mailing Address 1701 Marlton Pike E, Suite 200			8	22	2024	
City Cherry Hill	State NJ	Zip Code (Plus 4) 08003	Description of Expenditure ATM Fee			
To Whom Paid			MO	DAY	YEAR	\$ 3.00
TD Bank						
Mailing Address 1701 Marlton Pike E, Suite 200			8	22	2024	
City Cherry Hill	State NJ	Zip Code (Plus 4) 08003	Description of Expenditure ATM Fee			
To Whom Paid			MO	DAY	YEAR	\$ 307.40
WristbandBros.com						
Mailing Address 1005 Main St, Suite 8130			8	29	2024	
City Pawtucket	State RI	Zip Code (Plus 4) 02860	Description of Expenditure Wristband printing			
To Whom Paid			MO	DAY	YEAR	\$ 600.00
Concerned Women on the Move						
Mailing Address 4129 Brown Street			8	30	2024	
City Philadelphia	State PA	Zip Code (Plus 4) 19104	Description of Expenditure Event sponsorship			
To Whom Paid			MO	DAY	YEAR	\$ 700.00
GWENDOLYN VERONICA GREEN						
Mailing Address 3519 W ALLEGHENY AVENUE			9	6	2024	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19132	Description of Expenditure Reimbursement for Canvassers			

To Whom Paid DuBose Printing			MO	DAY	YEAR	\$ 977.22
Mailing Address 7592 Haverford Ave Suite A			9	16	2024	
City Philadelphia	State PA	Zip Code (Plus 4) 19151	Description of Expenditure Printing			

To Whom Paid PA HDCC			MO	DAY	YEAR	\$ 6,000.00
Mailing Address PO Box 35			9	9	2024	
City Harrisburg	State PA	Zip Code (Plus 4) 17108	Description of Expenditure Contribution			

To Whom Paid T-Tyme Entertainment			MO	DAY	YEAR	\$ 200.00
Mailing Address PO Box 564			8	22	2024	
City Glenolden Park	State PA	Zip Code (Plus 4) 19036	Description of Expenditure DJ for event			

To Whom Paid Payment Alliance International, Inc			MO	DAY	YEAR	\$ 4.49
Mailing Address 2101 High Wickham Place			8	22	2024	
City Louisville	State KY	Zip Code (Plus 4) 40245	Description of Expenditure ATM Fee			

To Whom Paid GWENDOLYN VERONICA GREEN			MO	DAY	YEAR	\$ 120.00
Mailing Address 3519 W ALLEGHENY AVENUE			5	17	2024	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19132	Description of Expenditure Partial Reimbursement for Meetings/Meals			

To Whom Paid GWENDOLYN VERONICA GREEN			MO	DAY	YEAR	\$ 220.00
Mailing Address 3519 W ALLEGHENY AVENUE			9	16	2024	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19132	Description of Expenditure Partial Reimbursement for event expenses			

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL
						\$ 14,276.27

