# **Campaign Finance Report**

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

Filer Identifica	tion	20200	0.26			Repor	t	CANDI	DATE	CO	IMITTEE	✓	LOBI	BYIST			
Number :						Filed I	By :					•					
Name of Filing	Committee,	, Candida	ite or Lo	bbyist:		RONI G	GREE	N FOR 190	)								
Street Address	:																
City:	PHILA	DELPHIA	L.				State: PA				Zip Co	<b>Zip Code:</b> 19132					
TYPE OF REPORT	6TH TUESI PRE-PRIMA		1.	2ND FRIDA PRIMARY	Y PRE	- 2.	30 D PRIN	DAY I MARY	POST-	3.	AMENDI REPORT		Yes	No	· 🗸		
(place X to the right of	6TH TUESI PRE-ELECT		4.	2ND FRIDA ELECTION	y pre	E- 5. <b>X</b>		DAY I CTION	POST-	6.	TERMIN REPORT		Yes	No	· /		
report type)	ANNUAL I	REPORT	7.	<b>Year</b> 2024				ING METHO ) CHECK O			PAPER		$\checkmark$	DISKE	TTE		
Name of Office	Sought by	Candidat	e:					DATE O	F ELEC	TION	District Number		Par	ty Code	County Code		
								мо	DAY	YEAR	190	STH	DEN	1	51		
REPRESENTAT	IIVE IN THE	= GENER	AL ASSE	-MBLY				11		5 202	4	(SEE INS	STRUCTI	ONS FOR	CODES)		
Summary of	f Receipts	and	мо	DAY	YEAR	2		мо	DAY	YEAR	F(	OR OFFIC	E USE	ONLY			
Expenditure	es from:			9 17	2	024 <b>T</b>	Ο	10	2	1 202	4						
A. Amount Bro	ought Forw	ard From	Last Re	eport			9	\$		11,037.5	7						
B. Total Mone	tary Contril	butions A	nd Rece	eipts (From	Sche	dule I)		\$	15.00								
C. Total Funds	s Available	(Sum Of	Lines A	and B)				\$		11,052.5	7						
D. Total Expe	nditures (Fr	rom Sche	dule III	:)				\$		4,554.8	1						
E. Ending Cas	h Balance (	Subtract	Line D I	From Line (	C)			\$		6,497.7	5						
F. Value Of In	-Kind Contr	ributions	Receive	ed (From S	chedu	le II)		\$		0.0	2						
G. Unpaid Deb	ots And Obli	igations (	(From S	chedule IV	)			\$		0.0	D						
					AFF	IDAVI	T S	ECTION									
PART I - If this	is a Commi	ttee repo	ort, treas	surer sign	here. 🛛	If this is	s a Ca	andidate re	eport, ca	andidate s	ign here.						
I swear (or affirm correct and comp		eport, inclu	iding the	attached scl	hedule	s filed on	pape	r or by elect	ronic me	dium, are t	o the best o	of my knov	vledge	and beli	ef , true		
Sworn to and sub	oscribed befor day of	re me this		20						Signatu	ire of Perso	on Submitt	ing Rep	oort			
		Signatur	•				_				Prii	nted Name					
My Commission I	Expires	Signatur	~								Ema	ail					
	M	10	DA	Y	YR		_		Area	a Code	Daytir	ne Teleph	one Nu	mber			
Part II- If this i	s a report o	of a cand	idate's a	authorized	Comn	nittee, C	Candi	date shall	sign he	re.							
I swear (or affirm No 320) as amend		best of m	y knowle	dge and beli	ef this	political	com	mittee has n	ot violate	ed any prov	isions of th	ne act of Ju	ine 3,1	937 (P.I	1333,		
Sworn to and subs	scribed before day of	e me this		20							Signature	of Candida	ite				
·							_				Print	ed Name					
My Commission Ex		ignature					_				Ema	ail					
	-						_										
		мо	DA	Y	YR	1			Area C	ode	C	Daytime Te	elephon	e Numb	er		

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period						
RONI GREEN FOR 190	From:	<u>9/17/202</u>	<u>24</u> To:	<u>10/21/2024</u>			
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor							
TOTAL for the Reporting	J Period	(1)	\$	15.00			
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	\$	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	J Period	(3)	\$	0.00			
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)							
TOTAL for the Reporting	J Period	(4)	\$	0.00			
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			\$	15.00			

# 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: To:					
		·			DATE			AMOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plus 4	4)						
								PAGE TOTAL	
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. (Exclude contributions from political committees reported in Part A)										
Name of Filing Committee or Candida	te		Rep	orting P	eriod					
			Fror	From: To				0:		
					DATE			AMOUNT		
Full Name of Contributor				мо	DAY	YEAR				
Mailing Address	_	_					\$	0.00		
City State Zip Code (Plus 4)										
								PAGE TOTAL		
Enter Grand Total of Part A on	Schedule I, Detail	ed Summary Pag	je, Se	ection 2	2.		\$	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 Candidate			Reporting Period						
				То:					
				DA	TE			AMOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR		0.00	
Mailing Address							- \$	0.00	
City	State	Zip Cod	e (Plus 4)						
								PAGE TOTAL	
Enter Grand Total of Part C on Sched	lule I, Detailed Sun	nmary Pa	age, Sectio	n 3.			\$	0.00	

## 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						Т	To:		
				D	ATE		АМ	IOUNT	
Full Name of Contributor				мо	DAY	YEAR	\$	0.00	
Mailing Address									
City	State	Zip Code (Pl	ıs 4)						
Employer Name				Occupation					
Employer Mailing Address/Principal Plac	ce of Business	City		•	State		Zip Code	e (Plus 4)	
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ummary Page	e, Sectio	on 3.			P#	<b>AGE TOTAL</b> 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 Candidat	Name of Filing Committee or Candidate			ing Perio	d			
				D	ATE		AMOUNT	
Full Name				мо	DAY	YEAR	\$ 0	.00
Mailing Address								
City	State	Zip Code (	Plus 4)					
Receipt Description								
		- <b>-</b>	o				PAGE TOTAL	
Enter Grand Total of Part E on Sche	ule I, Detailed	Summary Page,	Section	4.			\$ 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>9/17/2024</u> <b>то:</b>	<u>10/21/2024</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
TOTAL for the Reporting Pe	riod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	TF)		
TOTAL for the Reporting Pe	riod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	riod (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, 1		\$	0.00

## SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate Re			Reporting Period					
F			From:			То:		
				DATE			AMOUNT	
Full Name of Contributor			мо	DAY	YEAR			
Mailing Address		_				<b>7</b> \$		0.00
City	State	Zip Code (Plus 4)						
Description of Contribution:			1					
Enter Grand Total of Part F on Sched Section 2.	ule II, In-Kind Co	ontributions Deta	iled Sum	mary Pag	je,		PAGE TOTA	AL.
						\$		0.00

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

Name of Filing Committee or Candidate				Reporting Period				
	Fro	From:						
					DATE		AMOUNT	
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$ 0.00	
City	State	Zip Code(Plus 4)						
Employer of Contributor		•		Occupa	ation			
Employer Mailing Address/Principal Plac	e of Business	City	State	e Zip	Code(Plus 4)	Descri	ption of Contribution	
Enter Grand Total of Part G on Sch Summary Page, Section 3.	edule II, In-Kind	d Contributions D	etaile	d			<b>PAGE TOTAL</b> 0.00	

## SCHEDULE III STATEMENT OF EXPENDITURES

Name	e of Filing Committee or Candid	ate		Reporti	ng Period						
RONI	I GREEN FOR 190			From	<u>9/1</u>	<u>7/2024</u>	To:	<u>10/21/2024</u>			
					DATE			AMOUNT			
To Wh	nom Paid			мо	DAY	YEAR					
Demo	ocratic Campaign Committee of	f Philadelphia									
Mailin	ng Address			9	27	2024	\$	500.00			
City	Philadelphia	State	Zip Code (Plus 4)	Descrip	Description of Expenditure						
		PA	19123	Contrib	ution						
To Wh	nom Paid			мо	DAY	YEAR					
DuBos	se Printing										
Mailing Address					3	2024	\$	304.02			
City Philadelphia State Zip Code (Plus 4)					Description of Expenditure						
PA 19151				Printing	Printing						
To Whom Paid				мо	DAY	YEAR					
Demo	ocratic Campaign Committee of	f Philadelphia		MO							
Mailin	ig Address			10	4	2024	\$	3,750.00			
City	Philadelphia	State	Zip Code (Plus 4)	Description of Expenditure							
		PA	19123	Contribution							
To Wh	nom Paid			мо	DAY	YEAR					
ActBlu	ue Technical Services			_							
Mailin	ng Address			10	1	2024	\$	0.23			
City	Somerville	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure					
		MA	02144	Credit o	card proces	ssing					
To Wh	nom Paid			мо	DAY	YEAR					
Stripe	2										
Mailin	ng Address			9	24	2024	\$	0.56			
CitySouth San FranciscoStateZip Code (Plus 4)			Descrip	tion of Exp	enditure						
CA 94080				Credit card processing							
Entor	Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item I			D				PAGE TOTAL			
Enter		es on Page 1, Re	sport cover Page, Item	υ.			\$	4,554.81			
							1				