### **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 2020	0026			Rep File			CAI	NDII	DATE		СОМ	<b>4ITTEE</b>	<b>✓</b>	LOBE	SYIST		
Name of Filing C	Committee, Candid	ate or Lo	obbyist:		RON	II GI	REEN	FOR	190									
Street Address:																		
City:	PHILADELPHI/	4						State	e:	PA			Zip Cod	<b>de:</b> 19	9132			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE	- 2	2.	30 DA		Р	OST-	3.		AMENDM REPORT		Yes	No		<b>\</b>
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	y pre	Ē- 5	5.	30 DA		Р	OST-	6. <b>X</b>		TERMINA REPORT		Yes	No		<b>\</b>
report type)	ANNUAL REPORT	7.	<b>Year</b> 2024					NG ME					PAPER		<b>\</b>	DISKE	TTE	
Name of Office S	- Sought by Candida	te:						DAT	ΕO	F ELE	СТІО	N	District Number	Office Code	Par	ty Code	Coun	
								МО		DAY	YE	AR	190	STH	DEM	1	51	
REPRESENTATI	VE IN THE GENER	RAL ASS	EMBLY						11		5	2024		(SEE IN	STRUCTIO	ONS FOR (	CODES	)
	Receipts and	МО	DAY	YEAR	ł			МО		DAY	YI	EAR	FO	R OFFI	CE USE	ONLY		
Expenditures	s from:		10 22	2	024	T	0		11	2	25	2024						
A. Amount Bro	ught Forward Fron	n Last R	eport				\$				6,4	197.76						
B. Total Monet	ary Contributions	And Rec	eipts (From	Sche	dule	I)	\$					0.00						
C. Total Funds	Available (Sum Of	Lines A	and B)				\$				6,4	197.76						
D. Total Expend	ditures (From Scho	edule II	I)				\$				3,7	767.10						
E. Ending Cash	Balance (Subtract	Line D	From Line	C)			\$				2,7	'30.66						
F. Value Of In-	Kind Contributions	Receiv	ed (From S	chedu	le II)	)	\$					0.00						
G. Unpaid Debt	s And Obligations	(From S	Schedule IV	)			\$					0.00			1			
				AFF	IDA	VI	ΓSE	CTIC	N									
	s a Committee rep	-	_									_						
I swear (or affirm) correct and comple	) that this report, incl ete.	uding the	e attached sc	hedule	s filed	l on	paper	or by e	electr	onic m	edium	, are to t	he best o	f my kno	wledge a	and beli	ef , tr	ue.
Sworn to and subs	cribed before me this day of	1	20								S	Signature	of Perso	n Submit	ting Rep	ort		_
	Signatu	ra					-						Prin	ted Name	<b>e</b>			-
My Commission Ex	_												Ema	il				-
	мо	D	AY	YR			-		,	Are	ea Coc	le	Daytim	e Telepl	none Nu	mber		
Part II- If this is	a report of a cand	lidate's	authorized	Comn	nitte	e, Ca	andid	ate sh	nall s	sign he	ere.							
I swear (or affirm) No 320) as amende	that to the best of n	ny knowle	edge and beli	ef this	politi	ical	comm	ittee h	as no	ot viola	ted an	y provisi	ions of the	e act of J	une 3,19	937 (P.L	. 1333	3,
Sworn to and subsc	ribed before me this											Si	ignature o	of Candid	ate			- [
	day of						-						Printa	d Name				-
	Signature						-											_
My Commission Exp	_												Ema	il				
	МО	D	AY	YR	1		•			Area	Code		Da	aytime T	elephon	e Numb	er	-

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

, -				
Name of Filing Committee or Candidate	Reporting	g Period		
RONI GREEN FOR 190	From:	10/22/202	2 <u>4</u> To:	11/25/2024
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	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)			\$	0.00
TOTAL for the Reporting	Period	(3)	\$	0.00
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 an totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	0.00

#### **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 Candidat	e	'	Reporting	Period			
			From:		То	:	
				DATE			AMOUNT
Full Name of Contributing Committee			МО	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					

PAGE TOTAL
0.00

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

## 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.

From: To:  DATE  Full Name of Contributor  MO DAY YEAR  Mailing Address	DATE AMOUNT  I Name of Contributor  MO DAY YEAR  \$ 0.00	-	e or Candidate		Rep	orting P	eriod			
Full Name of Contributor  MO DAY YEAR	I Name of Contributor  MO DAY YEAR  sling Address \$ 0.00				Fro	m:		Te	<b>o</b> :	
MO DAY YEAR	MO DAY YEAR \$ 0.00			'			DATE			AMOUNT
Mailing Address		Full Name of Contributor				мо	DAY	YEAR		
Plaining Address	State Zip Code (Plus 4)	Mailing Address							\$	0.00
City State Zip Code (Plus 4)		City	State	Zip Code (Plus 4)	)					

9/12/2025 10:47:14 PM

#### **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					
			From:			То:			
				DA	TE		P	AMOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR			0.00
Mailing Address							<b>-</b>   \$		0.00
City	State	Zip Cod	e (Plus 4)						
								PAGE TOTA	AL
Enter Grand Total of Part C on Sche	dule I, Detailed Sun	nmary P	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 Candidate	1			Repo	orting Pe	riod			
				Fron	n:		To	):	
					D	ATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR	\$	0.00
Mailing Address									
City	State	Zi	p Code (Plus	s 4)					
Employer Name		•			Occupa	tion			
Employer Mailing Address/Principal Pl	ace of Business		City			State		Zip Co	ode (Plus 4)
Enter Grand Total of Part C on Sch	edule I, Detaile	ed Sumn	nary Page,	Section	on 3.			\$	PAGE TOTAL 0.00

## 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	ing Peri	od			
			From:			To:		
				D	ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (	Plus 4)					
Receipt Description	•	•			•			
Forten Commit Tatal of Boot	F an Cabadala I Batallad	I C B	C					PAGE TOTAL
Enter Grand Total of Part	e on Schedule I, Detalled	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 Peri	od	
RONI GREEN FOR 190	From:	<u>10/22/2024</u> <b>To:</b>	11/25/2024
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	PER CONTRIBUTO	۲	
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 Candi	idate		Reportin	g Period			
			From:			To:	
				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:	•		•	•	•		
Enter Grand Total of Part F on	Schedule II, In-Ki	nd Contributions Detai	led Sum	mary Pag	ge,		PAGE TOTAL
Section 2.						\$	0.00

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

Name of Filing Committee or Candidate				Rep	porting	Period			
				Fro	m:		То:		
						DATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR		
Mailing Address				-				\$	0.00
City	State		Zip Code(Plus 4)						
Employer of Contributor					Occup	ation			
Employer Mailing Address/Principal Plac	e of Business	City	у	State	e Zip	Code(Plus 4)	Descri	ption	of Contribution
Enter Grand Total of Part G on Sch	edule II, In-Kin	nd C	Contributions D	etaile	ed				PAGE TOTAL
Summary Page, Section 3.									0.00

## STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period					
RONI GREEN FOR 190	From	10/2	<u>2/2024</u>	То:	11/25/2024	
		DATE			AMOUNT	
To Whom Paid						

					DATE			AMOUNT
To Who	om Paid			мо	DAY	YEAR		
PA HDC	CC							
Mailing	Address			11	4	2024	\$	1,875.00
City	Harrisburg	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
		PA	17108	Contrib	ution			
To Who	om Paid			МО	DAY	YEAR		
Marla M	Morris			140		ILAK		
Mailing	Address			11	12	2024	\$	1,000.00
City	Philadelphia	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	ı	
		PA	19111	Bookke	eping			
To Who	om Paid			мо	DAY	YEAR		
Dukes I	Bar & Grille			1-10		1 = Alix		
Mailing	Address			11	14	2024	\$	142.10
City	Mechanicsburg	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
		PA	17050	Candida	ite Meal			
To Who	om Paid			мо	DAY	YEAR		
Democi	ratic Campaign Committe	ee of Philadelphia		1-10		12/11		
Mailing	Address			10	25	2024	\$	750.00
City	Philadelphia	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
		PA	19123	Contrib	ution			
								PAGE TOTAL
Enter (	Grand Total of Expend	itures on Page 1, Rep	oort Cover Page, Item D	<b>).</b>			\$	3,767.10