### **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 20	240029				port		CANDI	DATE		СОМ	<b>4ITTEE</b>	✓	LOBI	BYIST		
Name of Filing C	Committee, Cand	idate or L	obbyist:		CAS	S G	REEN	FOR PA									
Street Address: 4800 BROWN ST,APT 102																	
City:	PHILADELPH	-IA						State:	PA			Zip Cod	<b>Zip Code:</b> 19139				
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	AY PRE	- 2	2.	30 DA		POST-	3.		AMENDMENT Yes N REPORT?				<b>~</b>	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA	AY PRI	E- !	5.	30 DA		POST-	6.		TERMINA REPORT	No	<b>~</b>			
report type)	ANNUAL REPOR	₹ <b>T</b> 7. <b>X</b>	<b>Year</b> 2024					NG METHO				PAPER		<b>/</b>	DISKE	TTE	
Name of Office S	- Sought by Candid	date:						DATE 0	F ELE	CTIO	N	District Number	Office Code	Par	ty Code	County Code	
								МО	DAY	YE	AR			DEN	1		
								11		5	2024		(SEE IN	ISTRUCTI	ONS FOR O	CODES)	
Summary of Expenditures	Receipts and	МО	DAY	YEAF	2	_		МО	DAY	YI	AR	FO	R OFFI	CE USE	ONLY		
			11 26	5 2	024	T	0	12		31	2024						
A. Amount Bro	ught Forward Fr	om Last F	Report				\$			10,8	377.58						
B. Total Monet	ary Contribution	s And Rec	ceipts (Fron	n Sche	dule	· I)	\$			13,8	337.33						
C. Total Funds	Available (Sum	Of Lines A	A and B)				\$			24,7	714.91						
D. Total Expen	ditures (From Se	:hedule II	II)				\$			10,5	09.84						
E. Ending Cash	Balance (Subtra	act Line D	From Line	C)			\$			14,2	05.07						
F. Value Of In-	Kind Contribution	ns Receiv	ed (From S	chedu	le II	<b>:</b> )	\$				0.00						
G. Unpaid Debt	s And Obligation	ns (From	Schedule I\	/)			\$				0.00			1			
				AFF	IDA	\VI	T SE	CTION									
PART I - If this is	s a Committee re	eport, trea	asurer sign	here.	If th	is is	a Car	ndidate re	eport, o	candi	date sig	ın here.					
I swear (or affirm) correct and comple		ncluding th	e attached so	hedule	s filed	d on	paper	or by elect	ronic m	edium	, are to t	he best o	f my kno	wledge	and belie	ef , true	
Sworn to and subs	cribed before me t day of	his	20							S	Signature	of Perso	n Submit	ting Rep	oort		
							- -					Prin	ted Name	e			
My Commission Ex	Signa opires	tui E										Ema	il				
	мо	D	PAY	YR					Are	ea Coc	le	Daytim	e Telepi	hone Nu	mber		
Part II- If this is	a report of a ca	ndidate's	authorized	Comr	nitte	e, C	andid	ate shall	sign h	ere.							
I swear (or affirm) No 320) as amende		f my knowl	ledge and bel	ief this	polit	tical	comm	ittee has n	ot viola	ted an	y provis	ions of th	e act of J	une 3,1	937 (P.L	. 1333,	
Sworn to and subsc		is									s	ignature o	of Candid	ate			
	day of						_					Printe	d Name				
	Signatur						-										
My Commission Exp	_											Ema	il				
	МО	D	PAY	YF	t .		-		Area	Code		Da	aytime T	elephor	e Numb	er	

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

Name of Filing Committee or Candidate	Reporting Period							
CASS GREEN FOR PA	From:	11/26/202	<u>4</u> То:	12/31/2024				
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	J 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	J Period	(3)	\$	0.00				
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 ar 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 o	r Candidate	didate Reportir				orting Period					
			From:		То	:					
		•		DATE		АМО	TNUC				
Full Name of Contributing Cor	mmittee		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.

### **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.

(EXCI	lude contributions from	1 political commi	ittee	s re <sub>l</sub>	portea	IN Part	A)	
Name of Filing Commit	ttee or Candidate		Repor	ting P	eriod			
						To	o:	
		•			DATE			AMOUNT
Full Name of Contributor			1	мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)						
	·					•		PAGE TOTAL

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 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						
			From:			То:			
				DA	TE		P	AMOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR		0.0	
Mailing Address							<b>-</b>   \$	0.0	
City	State	Zip Cod	e (Plus 4)						
								PAGE TOTAL	
Enter Grand Total of Part C on Scheo	dule I, Detailed Sun	nmary 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 Candidate				Reporting Period					
Fro						To	То:		
	DATE						AMOUNT		
Full Name of Contributor				мо	DAY	YEAR	\$	0.00	
Mailing Address							1		
City	State	Zip Code (Plu	s 4)						
Employer Name		•		Occupa	tion				
Employer Mailing Address/Principal Pla	ce of Business	City		•	State		Zip C	ode (Plus 4)	
Enter Grand Total of Part C on Scho	dule I, Detailed S	Summary Page,	, Sectio	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				ing Peri	od			
			From:			To:		
				E	ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address								
City	State	Zip Code (Pl	us 4)					
Receipt Description	'							
Futor Coand Total of Dant	Fan Cahadula I Datailad	I Company Dome C	` <b>!</b>	4			ı	PAGE TOTAL
Enter Grand Total of Part	e on Schedule 1, Detailed	i Summary Page, S	ection	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 Per	iod	
CASS GREEN FOR PA	From:	<u>11/26/2024</u> <b>To</b> :	12/31/2024
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	PER 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	TF)		
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	Reporting Period						
	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:	•	-	•	•		•	
Enter Grand Total of Part F on S	chedule 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					porting	Period			
	From:					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 Pl	ace of Business	Ci	ty	Stat	e Ziţ	Code(Plus 4)	Descr	iption	of Contribution
Enter Grand Total of Part G on So	hedule II. In-K	ind	Contributions D	etaile	ed				PAGE TOTAL
Summary Page, Section 3.	,,				"				0.00

## SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period						
			From			То:	
				DATE			AMOUNT
To Whom Paid			мо	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)	Description of Expenditure				
Enter Grand Total of Expenditures	on Page 1 Penert C	Cover Page Item F					PAGE TOTAL
Lines Grand Total of Expenditures	on rage 1, Report C	Lovei Fage, Itelli L	<b>,</b> .			\$	0.00