Campaign Finance Report

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

Filer Identificat	ion 2021	C0296			Repor	t	CAND	IDATE	\checkmark	СС	OMMITTEI		LOB	BYIST	
Number :					Filed	-									
Name of Filing (Committee, Candic	late or L	obbyist:		CAROL	INE T	URNER								
Street Address:											_				
City:							State:				Zip Cod	e: 19	147		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE	- 2. X	30 DA PRIM		POST-	3.		AMENDMI REPORT?			Nc	\checkmark
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE	5.	30 DA ELEC		POST-	6.		TERMINA REPORT?	TION	Yes	No	\checkmark
report type)	ANNUAL REPORT	7.	Year 2021				FILING METHOD () CHECK ONE				PAPER		\checkmark	DISKE	TTE
Name of Office S	L Sought by Candida	te:					DATE C	OF ELE	CTION		District Number	Office Code	Par	ty Code	County Code
			46				мо	DAY	YEA	R	1	СРЈ	DEN	1	
JUDGE OF THE	COURT OF COMM	ION PLE	AS				11	L	2 2	2021		(SEE INS	TRUCTI	ONS FOR	CODES)
	Receipts and	мо	DAY	YEAR	Ł		мо	DAY	YEA	R	FO	R OFFIC	E USE	ONLY	
Expenditures from: 3 30 2021 TO 5 3 2021															
A. Amount Bro	ught Forward Fro	m Last R	eport			\$				0.00					
B. Total Monet	B. Total Monetary Contributions And Receipts (From Schedule I						\$ 3,500.00								
C. Total Funds Available (Sum Of Lines A and B)							5		3,50	0.00					
D. Total Expen	ditures (From Sch	edule II	I)			\$;		89,21	1.63					
E. Ending Cash	Balance (Subtrac	t Line D	From Line	C)		\$	5	(85,711	.63)	-				
F. Value Of In-	Kind Contribution	s Receiv	ed (From S	chedu	le II)	\$			(0.00	-				
G. Unpaid Deb	ts And Obligations	(From S	Schedule IV	()		\$	\$ 3,500.00								
				AFF	IDAV	IT SE	CTION								
	s a Committee rep														
correct and compl) that this report, inc ete.	luaing the	e attached sc	nedule	s filed or	paper	or by elect	tronic m	edium, a	reto	the best of	ту кпом	viedge	and beli	ef , true
Sworn to and subs	cribed before me thi day of	S	20						Sig	nature	e of Person	Submitt	ing Rep	oort	
	Signatu	Ire				_					Print	ed Name			
My Commission E	-										Email				
	мо	D	AY	YR				Ar	ea Code		Daytime	e Telepho	one Nu	mber	
Part II- If this is	a report of a can	didate's	authorized	Comn	nittee, (Candid	late shall	sign h	ere.						
I swear (or affirm) No 320) as amend) that to the best of (ed.	ny knowle	edge and beli	ef this	political	comm	nittee has r	not viola	ted any _l	provis	ions of the	act of Ju	ine 3,1	937 (P.L	1333,
Sworn to and subso	ribed before me this day of		20							s	ignature o	f Candida	ite		
						_					Printeo	l Name			
My Commission Exp	Signature					_					Emai				
						_									
	мо	D	AY	YR				Area	Code		Da	ytime Te	elephor	e Numb	er

SCHEDULE I **CONTRIBUTIONS AND RECEIPTS**

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
CAROLINE TURNER	From:	<u>3/30/202</u>	<u>1</u> To:	<u>5/3/2021</u>
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	J 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)			\$	3,500.00
TOTAL for the Reporting	g Period	(3)	\$	3,500.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting	g Period	(4)	\$	0.00
				1
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			\$	3,500.00

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			Re	porting I	Period			
	Fr			om:		:		
					DATE			AMOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus	4)					
							Γ	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 Candidat	e			orting P	eriod				
	From: To:								
					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 S	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 Candic	late		Reporting	J Period				
			From:			То:		
				DA	TE		А	MOUNT
Full Name of Contributing Committe	ee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
						ſ		PAGE TOTAL
Enter Grand Total of Part C on S	chedule I, Detail	led Summary 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 Candi	date			Reporting Period						
CAROLINE TURNER				Fror	n:	<u>3/30/2</u>	<u>021</u> To	D:	<u>5/3/2021</u>	
					DA	ATE		АМС	TNUC	
Full Name of Contributor FREDERICK HAWKINS					мо	DAY	YEAR			
Mailing 29 ALDWYN LN								\$	1,000.00	
City VILLANOVA	State PA		p Code (Plus 9085	4)	4	28	2021			
Employer Name AC HAWKINS CO				Occupation			CONSULTANT			
Employer Mailing Address/Principal Place of City Business			City			State		Zip Code	(Plus 4)	
29 ALDWYN LN			VILLANO	VA		PA		19085		
Full Name of Contributor FREDERICK HAWKINS					мо	DAY	YEAR			
Mailing 29 ALDWYN LN								\$	2,500.00	
City VILLANOVA	State PA		p Code (Plus 9085	4)	4	29	2021			
Employer Name AC HAWKINS CC)				Occupat	tion (CONSUL	TANT		
Employer Mailing Address/Principa Business	l Place of		City			State		Zip Code	(Plus 4)	
29 ALDWYN LN			VILLANO	VA		PA		19085		
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Se				Sectio	on 3.			PA	GE TOTAL	
	,		,					\$	3,500.00	

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		Report	ting Perio	od				
			From:			То:	:		
				D	ATE			AMOUNT	
Full Name				мо	DAY	YEAR			
Mailing Address							\$	i	0.00
City	State	Zip Code (Plus 4)						
Receipt Description					1	1			
Enter Grand Total of Part E	on Schodulo I. Dotailog		Section	4				PAGE TOT	AL
		i Suillilai y Page,	Section				\$		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		
CAROLINE TURNER	From:	<u>3/30/2021</u> то:	<u>5/3/2021</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			Reporting Period						
			From:		То:				
				DATE		АМО	UNT		
Full Name of Contributor			мо	DAY	YEAR				
Mailing Address						\$	0.00		
City	State	Zip Code (Plus 4)	,						
Description of Contribution:									
Enter Grand Total of Part F on Sched Section 2.	iled Sum	mary Pag	je,	PAGE	TOTAL				
					4	6	0.00		

0.00

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

Name of Filing Committee or Candid	ame of Filing Committee or Candidate				Re	porting P	eriod			
					Fro	om:		То:		
							DATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address								\$	0.00	
City	State		Zip Code(Pl	lus 4)						
Employer of Contributor	I				Occupation			•		
Employer Mailing Address/Principal Place of City State Business				State	Zip Code(Plus 4) Description o			of Contribution		
				_						PAGE TOTAL

Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.	PAGE

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reporti	ng Period					
CAROLINE TURNER			From	<u>3/3(</u>	0/2021	То:	<u>5/3/2021</u>		
				DATE			AMOUNT		
To Whom Paid SQUARESPACE			мо	DAY	YEAR				
Mailing Address EIGHT CLARKSON S	T 12TH FL		1	22	2021	\$	27.56		
City NEW YORK	State NY	Zip Code (Plus 4) 10014		Description of Expenditure WEBSITE HOSTING					
To Whom Paid SQUARESPACE			мо	DAY	YEAR				
Mailing Address EIGHT CLARKSON ST 12TH FL			1	28	2021	\$	20.21		
City NEW YORK State Zip Code (Plus 4) NY 10014				Description of Expenditure WEBSITE HOSTING					
To Whom Paid TURNER FOR JUDGE PAC			мо	DAY	YEAR				
Mailing Address 745 S 10TH ST			1	22	2021	\$	2,000.00		
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19147		ition of Exp IGN LOAN	penditure	1			
To Whom Paid TURNER FOR JUDGE PAC			мо	DAY	YEAR				
Mailing Address 745 S 10TH ST			2	1	2021	\$	22,500.00		
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19147		otion of Exp IGN LOAN	penditure				
To Whom Paid TURNER FOR JUDGE PAC		мо	DAY	YEAR					
Mailing Address 745 S 10TH ST			2	4	2021	\$	500.00		
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19147		otion of Exp IGN LOAN	penditure				

To Whom Paid TURNER FOR JUDGE PAC				DAY	YEAR			
Mailing Address 745 S 10TH ST				1	2021	\$	2,100.00	
	State	State Zip Code (Plus 4)			l oondituro			
CITY PHILADELPHIA	PA	19147		ition of Exp IGN LOAN	penaltare	I		
To Whom Paid TURNER FOR JUDGE PAC				DAY	YEAR			
Mailing Address 745 S 10TH ST				15	2021	\$	5,000.00	
	State	Zip Code (Plus 4)	Descrir	tion of Ex	 			
City PHILADELPHIA	PA	19147	Description of Expenditure CAMPAIGN LOAN			1		
To Whom Paid TURNER FOR JUDGE PAC				DAY	YEAR			
Mailing Address 745 S 10TH ST			4	2	2021	\$	10,000.00	
City PHILADELPHIA	State	Zip Code (Plus 4)	Description of Expenditure					
	PA	19147	CAMPAIGN LOAN					
To Whom Paid TURNER FOR JUDGE PAC				DAY	YEAR			
Mailing Address 745 S 10TH ST			4	14	2021	\$	10,000.00	
City PHILADELPHIA	State	State Zip Code (Plus 4)) penditure	I		
	PA	19147	-	IGN LOAN				
To Whom Paid TURNER FOR JUDGE PAC				DAY	YEAR			
						1		
Mailing Address 745 S 10TH S	т		4	20	2021	\$	10,000.00	
745 5 10111 5	State	Zip Code (Plus 4)					10,000.00	
745 5 10111 5		Zip Code (Plus 4) 19147	Descrip	20 otion of Exp IGN LOAN			10,000.00	
0'1-1	State		Descrip	tion of Exp			10,000.00	
City PHILADELPHIA	State PA		Descrip CAMPA	otion of Exp IGN LOAN	penditure			
City PHILADELPHIA To Whom Paid TURNER FOR JUDGE PAC Mailing Address 745 S 10TH S	State PA		MO 4	Dition of Exp IGN LOAN DAY 29	YEAR 2021	\$		
City PHILADELPHIA To Whom Paid TURNER FOR JUDGE PAC Mailing Address 745 S 10TH S	State PA	19147	MO Descrip CAMPA MO 4 Descrip	Dition of Exp IGN LOAN DAY	YEAR 2021	\$	10,000.00	
City PHILADELPHIA To Whom Paid TURNER FOR JUDGE PAC Mailing Address 745 S 10TH S	State PA T State PA	19147 Zip Code (Plus 4) 19147	MO Descrip CAMPA MO 4 Descrip CAMPA	DAY 29 Dation of Exp	YEAR 2021	\$		

SCHEDULE IV STATEMENT OF UNPAID DEBTS

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period

Name of Filing Committee or Candidate			Reporting Period					
CAROLINE TURNER				<u>3/30/2021</u> To:				<u>5/3/2021</u>
					DATE			Outstanding Balance of Debt
Name of Creditor FREDERICK HAWKINS				мо	DAY	YEAR		
Mailing Address 29 ALDWYN LN				4	29	2021	\$	3,500.00
City VILLANOVA	State	Zip Code (Pl	us 4)	Description of Debt				
	РА	19085	CASH LOAN					
	•	•						PAGE TOTAL
Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.							\$	3,500.00
1								