Campaign Finance Report

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

Filer Identificat Number :	ion 202	20629			Repo Filed		CAN	DID	ATE		СОМ	MITTEE	✓	LOBI	BYIST		
Name of Filing (Committee, Candi	date or Lo	bbyist:	!	JUDGE	CAR	LUCCIO	FOR	SUPR	REME	COUF	۲T					
Street Address:	PO BOX 115	85															
City:	HARRISBURG	3					State:	F	PA			Zip Co	de: 17	17108			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE-	- 2.		DAY MARY	PO	ST- 3	3.		AMENDMENT Yes No REPORT?					/
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE	- 5.	30 I ELE	DAY CTION	PO	POST- 6.			TERMIN REPORT		Yes	No	D	</td
report type)	ANNUAL REPOR	7 . X	Year 2022				ING MET) CHECK					PAPER		\checkmark	DISKI	TTE	
Name of Office	L Sought by Candid	ate:			I		DATE	OF	ELEC	TIO	N	District Number	Office Code	Par	ty Code	Coun	
							мо	D	DAY	YE	AR	Number	code	REP	,	leone	
									8	3	2022		(SEE INS	TRUCTI	ONS FOR	CODES)	
Summary of Receipts and MO DAY YEAR							мо	C	DAY	YE	AR	FC	OR OFFIC	E USE	ONLY		
Expenditures from: 11 29 2022								12	3:	1	2022						
A. Amount Brought Forward From Last Report							\$				0.00						
B. Total Monet	dule I))	\$				0.00										
C. Total Funds		\$				0.00											
D. Total Expen	ditures (From Scl	nedule III	:)				\$				0.00						
E. Ending Cash	Balance (Subtra	ct Line D I	From Line	C)			\$				0.00						
F. Value Of In-	Kind Contribution	ns Receive	ed (From S	chedu	le II)		\$				0.00						
G. Unpaid Deb	ts And Obligation	s (From S	chedule IV	()			\$				0.00						
				AFF	IDAV	IT S	ECTIO	Ν									
	s a Committee re		-					-			-						
I swear (or affirm correct and compl) that this report, in ete.	cluding the	attached sc	hedules	s filed o	n pape	er or by ele	ectro	nic mec	lium,	are to t	the best o	f my knov	vledge	and bel	ief , tru	ie
Sworn to and sub	scribed before me th day of	is	20					_		Si	ignature	e of Perso	n Submitt	ing Rep	oort		-
	Signat	ure						_				Prin	ted Name				-
My Commission E	xpires							_				Ema	il				-
	MO	DA	Y	YR					Area	Cod	e	Daytin	ne Teleph	one Nu	mber		
Part II- If this is	a report of a car	ididate's a	authorized	Comm	nittee,	Cand	idate sha	ıll si	gn her	·e.							
	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 subso	cribed before me this day of	5	20					-			s	ignature	of Candida	ite			-
			20					-				Printe	ed Name				-
My Commission Exp	Signature											Ema	il				-
								_									_
	МО	DA	Y	YR					Area C	ode		D	aytime Te	lephon	e Numl	ber	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page Name of Filing Committee or Candidate **Reporting Period** JUDGE CARLUCCIO FOR SUPREME COURT From: <u>11/29/2022</u> **To:** 12/31/2022 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor 0.00 \$ **TOTAL for the Reporting Period** (1) 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B) \$ 0.00 **Contributions Received From Political Committees (Part A)** 0.00 All Other Contributions (Part B) \$ **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 0.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 0.00 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E) 0.00 **TOTAL for the Reporting Period** (4) \$ Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount \$ 0.00 totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)

PAGE 3

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 Candid	ate		Repo	orting I	Period			
F				From: To:				
					DATE			AMOUNT
Full Name of Contributing Committee			1	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		Rep	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 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 Cand	lidate		Reporting	Period				
			From:			То:		
				DA	TE		А	MOUNT
Full Name of Contributing Commit	ttee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
						ſ		PAGE TOTAL
Enter Grand Total of Part C on	Schedule I, Detail	ed 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 Candidate	Reporting Period	
	From:	То:

				D	ATE		АМ	OUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zi	p Code (Plus 4)					
Employer Name				Occupat	tion			
Employer Mailing Address/Principal P Business	lace of		City		State		Zip Code	(Plus 4)
Enter Grand Total of Part C on Sc	hedule I <i>,</i> Deta	iled Sumr	narv Page, Secti	on 3.		Γ	PA	GE TOTAL
	,		, . <u>.</u>	-			\$	0.00

I

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	e		Report	ing Perio	bd				
			From:			То:	:		
				D	ATE			AMOUN	r
Full Name				мо	DAY	YEAR			
Mailing Address							4	\$	0.00
City	State	Zip Code (Plus 4)						
Receipt Description						1			
Enter Grand Total of Part E on Sche	lule T. Detailed	Summary Page	Section	4				PAGE TO	TAL
	ale 1, Detailed	Summary ruge,	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	Reportin	g Period		
JUDGE CARLUCCIO FOR SUPREME COURT	From:	<u>11/29/2022</u>	То:	<u>12/31/2022</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRI	BUTOR		
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, 3		ter \$		0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate			Reporting	g Period				
			From:			То:		
				DATE		АМО	UNT	
Full Name of Contributor			мо	DAY	YEAR			
Mailing Address	Mailing Address					\$	0.00	
City	State	Zip Code (Plus 4)	,					
Description of Contribution:								
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detaile Section 2.				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 Candidat	e				Re	porting P	eriod			
					Fro	om:		То:		
					I		DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(P	Plus 4)						
Employer of Contributor			1			Occupat	tion		I	
Employer Mailing Address/Principal Pl Business	ace of	City		State		Zip 4)	Code(Plus	Descri	ption o	f Contribution
										PAGE TOTAL

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

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reporti	ng Period				
						То:		
		AMOUNT						
To Whom Paid	To Whom Paid				YEAR			
Mailing Address						\$	0.00	
City	City State Zip Code (Plus 4)			otion of Ex	penditure			
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.							PAGE TOTAL	
	on Page 1, Report C	over Page, Item L				\$	0.00	