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 202	3C0159			Rep File			CAN	NDII	DATE	\	C	OMMITTE	E	LOB	BYIS'	Г	
Name of Filing C	ommittee, Candi	date or L	obbyist:		CARL	UC	CIO,	CARO	LYN	I T.								
Street Address:																		
City:								State	:				Zip Coo	ie: 19	9422			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1. X	2ND FRIDA PRIMARY	Y PRE	- 2		30 DA PRIMA		Р	OST-	3.		AMENDM REPORT?		Yes		No	\
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE	- 5		30 DA		Р	OST-	6.		TERMINA REPORT?		Yes	1 [No	/
report type)	ANNUAL REPORT	7.	Year 2023					NG ME					PAPER		V	DIS	KETTE	
Name of Office S	Sought by Candida	ate:	•		-	•		DATI	E O	F ELE	СТІ	ON	District Number	Office Code	Pa	rty Co	de Cou Cod	
								МО		DAY	,	YEAR	-1	SPM	REI)	1000	
JUSTICE OF TH	E SUPREME COU	RT							11		7	2023		(SEE IN	ISTRUCTI	ONS FO	R CODES	S)
Summary of		МО	DAY	YEAR				МО		DAY	1	YEAR	FO	R OFFI	CE USE	ONL	Y	
Expenditures	from:		1 1	. 20	023	T	0		3		27	2023						
A. Amount Bro	ught Forward Fro	m Last R	eport				\$					0.00						
B. Total Monet	ary Contributions	And Rec	eipts (Fron	n Sche	dule :	I)	\$					0.00						
C. Total Funds	Available (Sum O	f Lines A	and B)				\$					0.00						
D. Total Expend	ditures (From Sch	nedule II	I)				\$				25	,775.59						
E. Ending Cash	Balance (Subtrac	t Line D	From Line	C)			\$			(25,	775.59)	1					
F. Value Of In-	Kind Contribution	s Receiv	ed (From S	chedu	le II)		\$					0.00	_					
G. Unpaid Debt	s And Obligations	s (From S	Schedule IV	/)			\$					0.00			'			
				AFF	IDA'	VI٦	ΓSE	CTIC	N									
	a Committee rep		_										_					
I swear (or affirm) correct and complete	that this report, incete.	cluding the	e attached sc	hedules	filed	on p	paper	or by e	lectr	onic m	ediu	m, are to	the best o	f my kno	wledge	and b	elief , t	rue
Sworn to and subs	cribed before me thi day of	is	20									Signatur	e of Perso	n Submit	ting Re	port		_
	Signate						-						Prin	ted Nam	e			
My Commission Ex	cpires						_		•				Ema	il				_
	МО	D	AY	YR						Are	ea C	ode	Daytim	e Telepi	none Nu	ımber		
Part II- If this is	a report of a can	didate's	authorized	Comn	nittee	, Ca	andid	ate sh	all s	sign he	ere.							
I swear (or affirm) No 320) as amende	that to the best of ed.	my knowl	edge and beli	ief this	politi	cal	comm	ittee ha	as no	ot viola	ted a	any provis	sions of the	e act of J	une 3,1	937 (1	P.L. 133	33,
Sworn to and subsc	ribed before me this day of	;	20									5	ignature o	of Candid	ate			-
							•						Printe	d Name				-
My Commission Exp	Signature						•		•				Ema	il				-
																		_
	МО	D	AY	YR						Area	Cod	e	Da	aytime 1	elepho	ne Nui	nber	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
CARLUCCIO, CAROLYN T.	From:	1/1/202	<u>3</u> To:	<u>3/27/2023</u>
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 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 Commit	tee or Candidate	R	eporting	Period			
		Fi	rom:		То	:	
		•		DATE			AMOUNT
Full Name of Contributin	g 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.

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.

Name of Filing Com	nittee or Candidate		Repor	rting P	eriod			
			From:	:		To) :	
					DATE			AMOUNT
Full Name of Contribut	cor			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)						
						<u> </u>		PAGE TOTAL

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		A	MOUNT
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 Scheo	lule 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			Rep	orting Pe	riod			
			Fror	n:		To):	
				D	ATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (Plu	s 4)					
Employer Name		•		Occupa	tion			
Employer Mailing Address/Principal Pla	ce of Business	City		•	State		Zip Co	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		Report	ing Peri	od			
			From:			To:		
				D	ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address	_						\neg	
City	State	Zip Code (Plus 4)					
Receipt Description	•	•			•	•	•	
			.	_				PAGE TOTAL
Enter Grand Total of Part	E on Schedule 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								
CARLUCCIO, CAROLYN T.	From:	<u>1/1/2023</u> To:	<u>3/27/2023</u>						
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR									
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 Can	didate		Reportin	g Period				
			From:			To	·	
				DATE			AMOUNT	
Full Name of Contributor			МО	DAY	YEAR			
Mailing Address						7 \$		0.00
City	State	Zip Code (Plus 4)						
Description of Contribution:	•	•	•	•		·		
					-			
Enter Grand Total of Part F or	n Schedule II, In-Ki	nd Contributions Detai	ailed Summary Page,			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	orting	Period				
				Fro	m:		To:			
						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	V	State	e Zip	Code(Plus 4)	Descr	ript	ion of Contribution	on
Enter Grand Total of Part G on Scho	edule II, In-Kir	nd C	Contributions De	etaile	ed				PAGE TO	ΓAL
Summary Page, Section 3.	,									0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Per	iod		
CARLUCCIO, CAROLYN T.	From	1/1/2023	То:	<u>3/27/2023</u>

					DATE			AMOUNT	
To Whom Paid				МО	DAY	YEAR			
JUDGE CARLUCCIO FO	R SUPREME COU	RT		MO		ILAK			
Mailing Address PO	BOX 85			3	27	2023	\$	25,000.00	
City BLUE BELL		State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
		PA	19422	LOAN T	O CAMPAI	GN COMM	1ITTEE		
To Whom Paid				мо	DAY	YEAR			
SUNOCO LP				MO		ILAK			
Mailing Address 811	1 WESTCHESTER	R DRIVE		2	9	2023	\$	64.86	
City DALAS		State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	I		
		TX	75225	GAS					
To Whom Paid				мо	DAY	YEAR			
PARK HARRISBURG				PIO		ILAK			
Mailing Address 223	WALNUT STREE	T SUITE 1		2 9 2023 \$					
City HARRISBURG		State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
	PA 17101				G				
To Whom Paid				МО	DAY	YEAR			
WAWA									
Mailing Address 260	WEST BALTIMO	RE PIKE		2	21	2023	\$	30.99	
City WAWA		State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
		PA	19063	GAS					
To Whom Paid				мо	DAY	YEAR			
PANARA BREAD				110		1 Z / LIK			
Mailing Address 363	30 S GEYER RD #	100		3	2	2023	\$	17.57	
City ST. LOUIS		State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
		МО	63127	LUNCH					
To Whom Paid				мо	DAY	YEAR			
WAWA				NO TO		ILAK			
Mailing Address 260	WEST BALTIMO	RE PIKE		3	2	2023	\$	49.36	
City WAWA		State	Zip Code (Plus 4)	Descrip	l tion of Exp	enditure	<u> </u>		
		PA	19063	GAS					
		•	•	•					

To Whom Paid							
SAGE CAFE INC		МО	DAY	YEAR			
Mailing Address 22 W POMFRET ST			3	10	2023	\$	38.36
City CARLISLE State Zip Code (Plus 4)			Description of Expenditure				
	PA	17103	LUNCH				
To Whom Paid			мо	DAY	YEAR		
EMBASSY SUITES			MO	DAT	TEAR		
Mailing Address 7930 JONES BRANCH DRIVE		3	10	2023	\$	417.76	
City MCLEAN	State	Zip Code (Plus 4)	Description of Expenditure LODGING				
	VA	22102					
To Whom Paid			МО	DAY	YEAR		
SHEETZ			1410		ILAK		
1							
Mailing Address 5700 6TH AVE			3	11	2023	\$	82.19
Mailing Address 5700 6TH AVE City ALTOONA	State	Zip Code (Plus 4)		11		\$	82.19
	State PA	Zip Code (Plus 4) 16602				\$	82.19
			Descrip GAS	tion of Exp	enditure	\$	82.19
City ALTOONA			Descrip			\$	82.19
City ALTOONA To Whom Paid	PA		Descrip GAS	tion of Exp	enditure	\$	62.50
City ALTOONA To Whom Paid GULF OIL	PA		Descrip GAS MO	tion of Exp	YEAR 2023		
City ALTOONA To Whom Paid GULF OIL Mailing Address 80 WILLIAM STREE	PA ET SUITE 400	16602	Descrip GAS MO	DAY 23	YEAR 2023		
City ALTOONA To Whom Paid GULF OIL Mailing Address 80 WILLIAM STREE	PA ET SUITE 400 State MA	Zip Code (Plus 4) 02481	MO 3 Descript GAS	DAY 23	YEAR 2023		