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	20230	C0159				port ed B		CANDI	DATE	√	СО	MMITTEE		LOBI	BYIST		
Name of Filing C	committe	e, Candida	ate or L	obbyist:		CAF	RLUC	CCIO,	CAROLY	N T.								_
Street Address:																		
City:									State:				Zip Code	e: 19	422			
TYPE OF REPORT	6TH TUES		1. X	2ND FRIDA PRIMARY	Y PRE	-	2.	30 DA PRIMA		POST-	3.		AMENDME REPORT?	NT	Yes	No	1	
(place X to the right of	6TH TUES		4.	2ND FRIDA ELECTION	Y PRE	≣-	5.	30 DA ELECT		POST-	6.		TERMINAT REPORT?	TION	Yes	No	-	
report type)	ANNUAL	REPORT	7.	Year 2023					IG METH				PAPER		√	DISKE	TTE	
Name of Office S	L Sought by	· Candidat	:e:						DATE C	F ELE	CTI	ON	District Number	Office Code	Par	ty Code	Count	,
									МО	DAY	Υ	EAR	-1	SPM	REP	'	code	
JUSTICE OF TH	E SUPRE	ME COUR	T						11		7	2023		(SEE INS	TRUCTI	ONS FOR	CODES)	_
Summary of	Receipts	s and	МО	DAY	YEAR	ł			МО	DAY	Y	EAR	FOF	OFFIC	E USE	ONLY		
Expenditures	from:			1 1	2	023	Т	0	3	:	27	2023						
A. Amount Bro	ught Forv	ward From	Last R	eport	•			\$		•	•	0.00	1					
B. Total Moneta	ary Contr	ibutions A	and Rec	eipts (From	Sche	dule	e I)	\$				0.00						
C. Total Funds	Available	(Sum Of	Lines A	and B)				\$				0.00						
D. Total Expend	ditures (I	From Sche	dule II	I)				\$			25,	775.59						
E. Ending Cash	Balance	(Subtract	Line D	From Line	C)			\$		(25,7	75.59)						
F. Value Of In-	Kind Con	tributions	Receive	ed (From S	chedu	le II	I)	\$				0.00						
G. Unpaid Debt	s And Ob	ligations	(From S	Schedule IV	')			\$				0.00		'				
					AFF	·ID/	AVI	T SE	CTION									
PART I - If this is	s a Comm	ittee repo	ort, trea	surer sign	here.	If th	nis is	a Can	ndidate r	eport, o	candi	idate sig	jn here.					
I swear (or affirm) correct and comple		report, incli	uding the	attached sc	hedule	s file	d on	paper (or by elect	tronic m	ediun	n, are to t	the best of	my know	/ledge	and beli	ef , true	Þ,
Sworn to and subs	cribed befo	ore me this		20								Signature	of Person	Submitti	ing Rep	ort		•
	_	Signatur	e					- -					Printe	d Name				•
My Commission Ex	cpires							_					Email					
		МО	D	AY	YR					Are	ea Co	de	Daytime	Telepho	one Nu	mber		╝
Part II- If this is	a report	of a cand	idate's	authorized	Comn	nitte	ee, C	andida	ate shall	sign h	ere.							
I swear (or affirm) No 320) as amende		e best of m	y knowle	edge and beli	ef this	poli	tical	commi	ittee has r	ot viola	ted a	ny provis	ions of the	act of Ju	ne 3,1	937 (P.L	. 1333,	
Sworn to and subsc	ribed befo day of	re me this		20								s	ignature of	Candida	te			·
								-					Printed	Name				۱.
	:	Signature						-										.
My Commission Exp	ires												Email					
	_	мо	D	AY	YR	l l		-		Area	Code		Day	time Te	lephon	e Numb	er	

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
			1	
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 Committe	ee or Candidate		Re	porting	Period			
			Fr	om:		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.

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 Commit	tee or Candidate		Rep	orting P	eriod			
			Froi	m:		To	o:	
		I			DATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)				Ī	l	

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							- \$		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			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							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 Period		
CARLUCCIO, CAROLYN T.	From:	1/1/2023 To:	<u>3/27/2023</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
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 Cand	e of Filing Committee or Candidate		Reporting 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 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				Re	porting	Period				
				Fro	m:		To:			
						DATE			AMOUN	т
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address								1	\$	0.00
City	State		Zip Code(Plus 4)							
Employer of Contributor					Occup	oation				
Employer Mailing Address/Principal Pla	ce of Business	Cit	ty	Stat	e Zi	p Code(Plus 4)	Descr	ipti	ion of Contribu	tion
Enter Grand Total of Part G on Sch	edule II, In-K	ind	Contributions D	etaile	ed				PAGE T	OTAL
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 Wh	om Paid			МО	DAY	YEAR		
JUDGI	E CARLUCCIO FOR SUPR	REME COURT						
Mailin	g Address			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 Wh	om Paid			МО	DAY	YEAR		
SUNO	CO LP			МО	DAT	ILAK		
Mailin	g Address			2	9	2023	\$	64.86
City	DALAS	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
		TX	75225	GAS				
To Wh	om Paid			МО	DAY	YEAR		
PARK	HARRISBURG			МО	DAI	ILAK		
Mailin	g Address			2	9	2023	\$	12.00
City	City HARRISBURG State Zip Code (Plus 4			Descrip	tion of Exp	enditure	<u>I</u>	
		PA	17101	PARKIN	IG			
To Wh	om Paid	·	·	l Mo	DAY	VEAD		
WAWA	A			МО	DAY	YEAR		
Mailin	g Address			2	21	2023	\$	30.99
City	WAWA	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	<u>I</u>	
		PA	19063	GAS				
To Wh	om Paid			МО	DAY	YEAR		
PANA	ra Bread			МО	DAT	TEAR		
Mailin	g Address			3	2	2023	\$	17.57
City	ST. LOUIS	State	Zip Code (Plus 4)	Descrip	l tion of Exp	enditure	<u> </u>	
		МО	63127	LUNCH				
To Wh	om Paid			МО	DAY	VEAD		
	١			МО	DAY	YEAR		
WAWA	1			_			1.	
	g Address			3	2	2023	\$	49.36
WAWA Mailin		State	Zip Code (Plus 4)		2 tion of Exp		\$	49.36

To Whom Paid					DAY	YEAR			
SAGE CAFE INC				МО		ILAK			
Mailing Address					10	2023	\$	38.36	
City CARLISLE		State	Zip Code (Plus 4)	Description of Expenditure					
		PA	17103	LUNCH					
To Whom Paid					DAY	YEAR			
EMBASSY SUITES					DAT	TEAR			
Mailing Address					10	2023	\$	417.76	
City MCLEAN		State	Zip Code (Plus 4)	Description of Expenditure					
		VA	22102	LODGING					
To Whom Paid					DAY	YEAR			
SHEETZ				МО	DA1	ILAK			
Mailing Address					11	2023	\$	82.19	
City ALTOONA	State Zip Code (Plus 4)				Description of Expenditure				
		PA	16602	GAS					
To Whom Paid					DAY	YEAR			
GULF OIL				МО	DA1	ILAK			
Mailing Address				3	23	2023	\$	62.50	
City WELLESLEY H	ILLS	State	Zip Code (Plus 4)	Description of Expenditure					
	MA 02481 GAS								
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.								PAGE TOTAL	
Enter Grand Total o	f Expenditures o	on Page 1, Report	Cover Page, Item D	-			\$	25,775.59	