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				Repo		:	CAND	DATE	~	CC	OMMITTE		LOB	BYIST		
Name of Filing C	ommittee, Candi	date or L	obbyist	t:		CAROL	YN (CAF	RLUCCIO)								
Street Address:																		
City:									State:				Zip Cod	e: 19	9422			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FF PRIMA		PRE-	2. X		DA RIMA		POST-	3.		AMENDMI REPORT?	ENT	Yes		No	/
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FF		PRE-	- 5.		DA ECT	Y TON	POST-	6.		TERMINA' REPORT?	TION	Yes	֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֡֓֓֡֓֓֓֡֓֓֡֓֡	No	\
report type)	ANNUAL REPOR	r 7.	Year 2	2023					IG METH				PAPER		V	DISI	ETTE	
Name of Office S	ought by Candid	ate:				•			DATE C	F ELE	СТІ	ON	District Number	Office Code	Pai	rty Cod	le Cou	
THE TIPE OF THE	E CURRENE COL	IDT							МО	DAY	,	YEAR	-1	SPM	REF)	•	
JUSTICE OF TH	E SUPREME COL	IKI							11		7	2023		(SEE IN	STRUCTI	ONS FO	R CODES	5)
Summary of		МО	DAY	'	YEAR				МО	DAY	,	YEAR	FOI	OFFI	CE USE	ONL	Y	
Expenditures	irom:		3	28	20)23	ТО		5		1	2023						
A. Amount Bro	ught Forward Fro	m Last R	eport					\$		((25,	775.59)						
B. Total Monet	ary Contributions	And Rec	eipts (I	From	Sched	lule I)		\$				0.00						
C. Total Funds	Available (Sum (of Lines A	and B))				\$		((25,	775.59)						
D. Total Expend	ditures (From Sc	nedule II	I)					\$			1	,482.89						
E. Ending Cash	Balance (Subtra	ct Line D	From L	ine C)			\$		(27,	258.48)						
F. Value Of In-	Kind Contribution	ns Receiv	ed (Fro	m Scl	hedule	e II)		\$				0.00						
G. Unpaid Debt	s And Obligation	s (From S	Schedul	le IV)	١			\$				0.00			,			
					AFFI	[DAV	IT S	SE	CTION									
PART I - If this is																		
I swear (or affirm) correct and comple	that this report, in ete.	cluding the	e attache	ed sche	edules	filed o	n pap	per c	or by elect	ronic m	ediu	ım, are to	the best of	my kno	wledge	and b	elief , t	rue
Sworn to and subs	cribed before me th day of	is	20									Signatur	e of Person	Submit	ting Re	port		_
	Signat	ure					_						Print	ed Name	•			_
My Commission Ex	xpires												Email					
	мо	D	AY		YR					Ar	ea C	ode	Daytime	Teleph	one Nu	mber		
Part II- If this is	a report of a car	ndidate's	author	ized C	Commi	ittee,	Cano	dida	ate shall	sign h	ere.							
I swear (or affirm) No 320) as amende	that to the best of ed.	my knowl	edge and	d belief	f this p	politica	l cor	mmi	ittee has r	ot viola	ted	any provis	ions of the	act of J	une 3,1	937 (F	.L. 133	33,
Sworn to and subsc	ribed before me thi day of	5	26									S	ignature of	Candid	ate			- $ $
							_						Printed	l Name				-
My Commission Exp	Signature	ı					_						Email					-
, солинавіон ехр							_											_
	МО	D	AY		YR					Area	Cod	e	Da	ytime T	elephor	ne Nun	nber	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
CAROLYN CARLUCCIO	From:	3/28/202	<u>3</u> To:	5/1/2023
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
			<u> </u>	
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

	his Part to itemize onl with an aggregate val	-			-			
Name of Filing Comm	ittee or Candidate		Re	porting	Period			
			From:		То	:		
		1			DATE			AMOUNT
Full Name of Contribution	ng Committee			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

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 Cand	idate		Rep	oorting P	eriod			
			Fro	m:):		
					DATE		АМ	OUNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

PAGE TOTAL \$ 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 Candi	date		Reporting	Period				
			From:			То:		
				DA	TE		Α	MOUNT
Full Name of Contributing Commit	tee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on S	Schedule I, Detail	ed Summary 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					
			Fror	n:		To) :	
				D	ATE		А	MOUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plu	s 4)					
Employer Name		•		Occupa	tion		•	
Employer Mailing Address/Principal Plac Business	e of	City			State		Zip Coo	de (Plus 4)
Enter Grand Total of Part C on Sche	dule I, Detailed S	ummary Page	Section	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 Perio	od			
			From:			To:		
				D	ATE			AMOUNT
Full Name				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
Receipt Description	·	·					•	
Enter Grand Total of Part E	on Schedule I. Detailed	d Summary Page	Section	4			ı	PAGE TOTAL
	Journal 1, Betailet	a cannual y 1 age,	2000011	••			\$	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 Perio	od						
CAROLYN CARLUCCIO	From:	3/28/2023 To:	5/1/2023					
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR								
TOTAL for the Reporting Pe	eriod (1)	\$	0.00					
. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART 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 Candid	ate		Reporting	g Period			
			From:			То:	
				DATE			AMOUNT
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 S	chedule II In-Kir	nd Contributions Deta	iled Sum	mary Pag	ле Г		PAGE TOTAL
Section 2.	incudic 11, 111 Kii	ia contributions beta	nea Sam	illial y I as	, ,		PAGE TOTAL
						\$	0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate					Reporting	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					Occupa	ation			
Employer Mailing Address/Principal Plad Business	ce of	City	Sta	ite	Zip 4)	Code(Plus	Descri	ption	of Contribution
Enter Grand Total of Part G on Sch	edule II, I	n-Kind	Contributions	Deta	ailed				PAGE TOTAL
Summary Page, Section 3.									0.00

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period				
CAROLYN CARLUCCIO	From	3/28/2023	То:	5/1/2023	

					DATE		AMOUNT
To Whom Paid SUNOCO LP				МО	DAY	YEAR	
Mailing Address	8111 WESTCHESTER	R DRIVE		4	15	2023	\$ 77.00
City DALLAS		State PA	Zip Code (Plus 4) 75225	Descrip GAS	otion of Exp	penditure	
To Whom Paid SUNOCO LP				МО	DAY	YEAR	
Mailing Address	8111 WESTCHESTER	R DRIVE		4	21	2023	\$ 86.01
City DALLAS		State Zip Code (Plus 4) PA 75225				penditure	
To Whom Paid SUNOCO LP				МО	DAY	YEAR	
Mailing Address	8111 WESTCHESTER	111 WESTCHESTER DRIVE			26	2023	\$ 86.00
City DALLAS		State PA	Zip Code (Plus 4) 75225	Descrip GAS	otion of Exp	penditure	
To Whom Paid SUNOCO LP				МО	DAY	YEAR	
Mailing Address	8111 WESTCHESTER	R DRIVE		4	28	2023	\$ 71.26
City DALLAS		State PA	Zip Code (Plus 4) 75225	Descrip GAS	otion of Exp	penditure	
To Whom Paid SUNOCO LP				МО	DAY	YEAR	
Mailing Address	8111 WESTCHESTER	R DRIVE		4	30	2023	\$ 71.26
City DALLAS		State Zip Code (Plus 4) PA 75225			otion of Exp	penditure	

To Whom Paid CROSBY STORES				DAY	YEAR			
Mailing Address 100 W GENESEE ST			4	22	2023	\$		77.27
City LOCKPORT	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
20 0.1. 0.1.	NY	14094	Description of Expenditure GAS					
To Whom Paid TURKEY HILL			МО	DAY	YEAR			
Mailing Address 1904 FRUITVILLE PIKE			4	17	2023	\$		68.01
City LANCASTER	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
	PA	17601	Description of Expenditure GAS					
To Whom Paid COMFORT INN			МО	DAY	YEAR			
Mailing Address 10750 COLUMBIA PIKE			3	31	2023	\$		138.86
City SILVER SPRING State Zip Code (Plus 4)			Description of Expenditure					
	I MD	1 20001	LODGE	VC				
	MD	20901	LODGI	NG				
To Whom Paid EMBASSEY SUITES	MD	20901	LODGII	DAY	YEAR			
EMBASSEY SUITES	MD JES BRANCH DRIVE	20901			YEAR 2023	\$		38.00
Mailing Address 7930 JON		Zip Code (Plus 4)	MO 4	DAY 29	2023	\$		38.00
EMBASSEY SUITES Mailing Address 7930 JON	IES BRANCH DRIVE		MO 4	DAY 29	2023	\$		38.00
Mailing Address 7930 JON	IES BRANCH DRIVE	Zip Code (Plus 4)	MO 4 Descrip	DAY 29	2023	\$		38.00
EMBASSEY SUITES Mailing Address 7930 JON City MCLEAN To Whom Paid HAMPTON INN	IES BRANCH DRIVE	Zip Code (Plus 4)	MO 4 Descrip	DAY 29 etion of Exp	2023 penditure	\$		38.00 368.52
Mailing Address 7930 JON City MCLEAN To Whom Paid HAMPTON INN Mailing Address 7930 JON	IES BRANCH DRIVE State VA	Zip Code (Plus 4)	MO 4 Descrip PARKIN MO	DAY 29 otion of Exp IG DAY 24	2023 penditure YEAR 2023			
Mailing Address 7930 JON City MCLEAN To Whom Paid HAMPTON INN Mailing Address 7930 JON	State VA JES BRANCH DRIVE	Zip Code (Plus 4) 22102	MO 4 Descrip PARKIN MO	DAY 29 Ition of Exp DAY 24	2023 penditure YEAR 2023			
Mailing Address 7930 JON City MCLEAN To Whom Paid HAMPTON INN Mailing Address 7930 JON	State VA JES BRANCH DRIVE State VA State	Zip Code (Plus 4) 22102 Zip Code (Plus 4)	MO 4 Descrip PARKIN MO 4 Descrip	DAY 29 Ition of Exp DAY 24	2023 penditure YEAR 2023			
Mailing Address 7930 JON City MCLEAN To Whom Paid HAMPTON INN Mailing Address 7930 JON City MCLEAN To Whom Paid CARBON COUNTY PARKING	State VA JES BRANCH DRIVE State VA State	Zip Code (Plus 4) 22102 Zip Code (Plus 4)	MO 4 Description MO 4 Description 4 Description LODGII	DAY 29 Ition of Exp IG DAY 24 Ition of Exp IG	2023 Penditure YEAR 2023 Penditure			
Mailing Address 7930 JON City MCLEAN To Whom Paid HAMPTON INN Mailing Address 7930 JON City MCLEAN To Whom Paid CARBON COUNTY PARKING	State VA VA State VA State VA VA	Zip Code (Plus 4) 22102 Zip Code (Plus 4)	MO 4 Description MO 4 Description MO 4 A Description A A A A A	DAY 29 DAY 24 Stion of Exp NG DAY	2023 Penditure YEAR 2023 Penditure YEAR 2023	\$		368.52

To Whom Paid CROWNE PLAZA HARRISBURG MO DAY YEAR	
Mailing Address 23 SOUTH SECOND STREET 4 13 2023 \$	10.00
City HARRISBURG State PA Zip Code (Plus 4) Description of Expenditure	
To Whom Paid LIBERTY PLACE PHILA - PARKING MO DAY YEAR	
Mailing Address 44 SOUTH 16TH STREET 4 12 2023 \$	40.00
City PHILADELPHIA PA 19102 Description of Expenditure PARKING	
To Whom Paid SUBWAY - BROOKVILLE PA MO DAY YEAR	
Mailing Address 301 WEST MAIN STREET 4 21 2023 \$	23.59
City BROOKVILLE PA 2ip Code (Plus 4) Description of Expenditure MEAL	
City BROOKVILLE State Zip Code (Plus 4) Description of Expenditure	
City BROOKVILLE State PA 15825 Description of Expenditure MEAL To Whom Paid MO DAY YEAR	4.29
City BROOKVILLE State PA 15825 Description of Expenditure MEAL To Whom Paid SHEETZ MO DAY YEAR Mailing Address	4.29
City BROOKVILLE State PA 15825 Mo Description of Expenditure MEAL To Whom Paid SHEETZ Mo DAY YEAR 4 24 2023 \$ City ALTOONA State Zip Code (Plus 4) 15825 Description of Expenditure MEAL YEAR 4 24 2023 \$	4.29
City BROOKVILLE State PA 15825 MO DAY YEAR Mailing Address 5700 6TH AVE City ALTOONA To Whom Paid PA State PA Description of Expenditure MEAL MO DAY YEAR 2ip Code (Plus 4) 16602 Description of Expenditure MEAL To Whom Paid MO DAY YEAR PA To Whom Paid	4.29
City BROOKVILLE State PA 15825 MO DAY YEAR Milling Address 5700 6TH AVE PA To Whom Paid State PA Eity ALTOONA State PA To Whom Paid SHEETZ MO DAY YEAR \$ Description of Expenditure MEAL To Whom Paid State PA 16602 MO DAY YEAR PA To Whom Paid Sheet Paid Code (Plus 4) 16602 MO DAY YEAR	
State PA 15825 Description of Expenditure MEAL	
City BROOKVILLE State PA 15825 MO DAY VEAR Miling Address 5700 6TH AVE To Whom Paid SHEETZ MO DAY VEAR 2ip Code (Plus 4) 15825 MO DAY VEAR 2ip Code (Plus 4) 16602 Description of Expenditure MEAL To Whom Paid SHEETZ MO DAY VEAR 4 24 2023 \$ City ALTOONA State PA 16602 MO DAY VEAR PA Description of Expenditure MEAL To Whom Paid SHEETZ MO DAY VEAR VEAR A 22 2023 \$ City ALTOONA State PA Description of Expenditure MEAL To Whom Paid SHEETZ MO DAY VEAR PA Description of Expenditure GAS To Whom Paid	

To Whom Paid SHEETZ			МО	DAY	YEAR		
Mailing Address 5700 6TH AVE				30	2023	\$	61.01
City ALTOONA State Zip Code (Plus 4) PA 16602				Description of Expenditure GAS			
To Whom Paid SHEETZ			МО	DAY	YEAR		
Mailing Address 5700 6TH AVI	Ē		4	1	2023	\$	72.00
City ALTOONA	State PA	Zip Code (Plus 4) 16602	Description of Expenditure GAS				
To Whom Paid SHEETZ			МО	DAY	YEAR		
Mailing Address 5700 6TH AVI	E		4	4	2023	\$	53.39
City ALTOONA	State PA	Zip Code (Plus 4) 16602	Description of Expenditure GAS				
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D							PAGE TOTAL
Enter Grand Fotor of Expendit	a.c. on lage 1, K	cport cover rage, stem b				\$	1,482.89