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 20	23C0264			Rep File			CAN	DIE	DATE	*	_ c	OMMITTEI		LOB	BYIS	Т	
Name of Filing C	ommittee, Cand	lidate or L	obbyist:		COY	ΊLΕ,	ANNE	MARI	ΕВ									
Street Address:																		
City:								State:					Zip Cod	e:				
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY								P	POST- 3.			AMENDMI REPORT?	ENT	Yes	/	No	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4. X	2ND FRIDA ELECTION	Y PRE	- [5.	30 DA		P	OST-	6.		TERMINA REPORT?	TION	Yes		No	/
report type)	ANNUAL REPO	₹ T 7.	Year 2023					NG MET					PAPER		\checkmark	DIS	KETTE	
Name of Office S	ought by Candi	date:						DATE	O	F ELE	СТ	ION	District Number	Office Code	Par	ty Co	de Cou Cod	
JUDGE OF THE	COURT OF COM	4MON PLE	AS - PHILA	DELPH	HIA			МО		DAY		YEAR	1	CPJP			51	
			•						11		7	2023		(SEE INS	TRUCTI	ONS F	OR CODE	S)
Summary of Expenditures		МО	DAY	YEAR		_	_	МО		DAY		YEAR	FO	ROFFIC	E USE	ONL	.Υ	
			6 6	20	023	ı	<u>О</u>		9	-	18	2023	3					
	ught Forward F		-				\$					0.00	-					
B. Total Moneta	ary Contribution	s And Rec	eipts (Fron	1 Sche	dule	· I)	\$					0.00)					
C. Total Funds	Available (Sum	Of Lines A	and B)				\$					0.00)					
D. Total Expend	ditures (From S	chedule II	II)				\$					390.00						
E. Ending Cash	Balance (Subtr	act Line D	From Line	C)			\$				(390.00)						
	Kind Contribution		-		le II)	\$					0.00						
G. Unpaid Debt	s And Obligatio	ns (From S	Schedule IV	/)			\$					0.00						
				AFF	IDA	١٧٧	T SE	CTIO	N									
PART I - If this is			_										_					
I swear (or affirm) correct and comple		ncluding the	e attacned sc	neaules	s filed	a on	paper	or by el	ectr	onic me	earu	ım, are to	tne best of	ту кпоч	vieage	and t	eller , t	rue
Sworn to and subs	cribed before me t day of	:his	20						-			Signatu	re of Person	Submitt	ing Re _l	oort		
	Signa	ature					-		-				Print	ed Name				
My Commission Ex	pires						_						Email					
	МО	D	AY	YR						Are	ea C	ode	Daytime	Teleph	one Nu	mber		_
Part II- If this is	a report of a ca	indidate's	authorized	Comm	nitte	e, C	andid	ate sha	all s	ign he	ere.							
I swear (or affirm) No 320) as amende		of my knowl	edge and beli	ief this	polit	ical	comm	ittee ha	s no	t viola	ted	any provi	sions of the	act of Ju	ine 3,1	937 (P.L. 13	33,
Sworn to and subsc	ribed before me th day of	iis	20									;	Signature o	Candida	ite			_
							-						Printed	l Name				-
My Commission Exp	Signatu	re					-		-				Email					_
•							-											_
	мо	D	AY	YR						Area	Cod	le	Da	ytime Te	elephor	ne Nu	mber	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

	-			
Name of Filing Committee or Candidate	Reporting	Period		
COYLE, ANNE MARIE B	From:	6/6/202	<u>3</u> To:	9/18/2023
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
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 Page			\$	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			
			Fre	om:		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 Candida	ite		Rep	oorting P	eriod			
			Fro	m:		To	o:	
					DATE			AMOUNT
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			Repo	orting Pe	riod			
			Fron	n:		To):	
				D	ATE		A	AMOUNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus	s 4)					
Employer Name				Occupat	tion			
Employer Mailing Address/Principal Plac Business	e of	City			State		Zip Co	de (Plus 4)
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ımmary Page,	Section	on 3.			1	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	ting 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	l Summary Page.	Section	4.				PAGE TOTAL
The state of the s	on concedere 1, betained	. Janimary rage,	50000011	••			\$	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		
COYLE, ANNE MARIE B	From:	6/6/2023 To:	9/18/2023
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 Candidat	:e		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 Sch	andula II. In-Kir	nd Contributions Data	ilad Sum	mary Pag			DACE TOTAL
Section 2.	iedule II, III-KII	ia Contributions Deta	iiieu Suiii	iliai y Pag	, je,		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:		
						DAT	E			AMOUNT
Full Name of Contributor					мо	DAY	,	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(Plus	4)						
Employer of Contributor					Оссир	ation				
Employer Mailing Address/Principal Plad Business	ce of	City	Sta	ite	Zi 4)	p Code(Pl)	us	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 C	Candidate		Reporti	ng Period			
COYLE, ANNE MARIE B			From	<u>6/6</u>	5/2023	То:	9/18/2023
				DATE			AMOUNT
To Whom Paid Committee to Elect Anne Mari	e Coyle		МО	DAY	YEAR		
Mailing Address 3802 Pearson Avenue				1	2023	\$	5.00
City Philadelphia State Zip Code (Plus 4) PA 19114			1	otion of Exp			
To Whom Paid Committee to Elect Anne Mari	e Coyle		МО	DAY	YEAR		
Mailing Address 3802 Pears	son Avenue		8	2	2023	\$	225.00
City Philadelphia	State PA	Zip Code (Plus 4) 19114	1	otion of Exp			
To Whom Paid Committee to Elect Anne Mari	e Coyle		мо	DAY	YEAR		
Mailing Address 3802 Pearson Avenue			8	19	2023	\$	160.00
ity Philadelphia State Zip Code (Plus 4) PA 19114				otion of Exp		•	
	l .	l					PAGE TOTAL

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

390.00