Campaign Finance Report

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

Filer Identificat	ion	20230	20159			Repo			CANDI	DATE	~	co	OMMITTEI	=	LOBE	BYIST		
Number : Name of Filing	Committee	. Candida	te or Lo	obbvist:		Filed CARLY	-		UCCIO									
		, cuncture				CFILL.	11 -		.00010									
Street Address:													1					
City:									State:				Zip Cod	e: 19	422			
TYPE OF REPORT	6TH TUES PRE-PRIM		1.	2ND FRIDA PRIMARY	Y PRE	- 2.) da' Rima		POST-	3.		AMENDMI REPORT?	ENT	Yes	N	D	\checkmark
(place X to the right of	6TH TUES		4. X	2ND FRIDA ELECTION	y pre	≣- 5.) da .ect		POST-	6.		TERMINATION REPORT?		Yes	N	C	\checkmark
report type)	ANNUAL	REPORT	7.	Year 2023				FILING METHOD () CHECK ONE				PAPER		\checkmark	DISK	ETTE		
Name of Office	Sought by	Candidat	e:						DATE O	F ELE	СТІО	Ν	District Number	Office Code	Par	ty Code	e Cour Code	
JUSTICE OF TH			т						мо	DAY	YE	AR	-1	SPM	REP			
JUSTICE OF IT	IL SUI KLI		1					[11		7	2023		(SEE INS	TRUCTIO	ONS FOR	CODES	;)
Summary of		and	мо	DAY	YEAR	Ł			мо	DAY	YE	AR	FO	R OFFIC	E USE	ONLY		
Expenditure	s from:			6 6	2	023	то		9	:	18	2023						
A. Amount Bro	ought Forw	ard From	Last Re	eport				\$		(27,2	58.48)						
B. Total Monet	B. Total Monetary Contributions And Receipts (From Schedule I							\$		0.00								
C. Total Funds	Available	(Sum Of	Lines A	and B)				\$		(27,25	58.48)						
D. Total Exper	nditures (F	rom Sche	dule III	[)				\$			(1,93	36.92)						
E. Ending Cast	n Balance ((Subtract	Line D	From Line	C)			\$		(29,19	95.40)						
F. Value Of In-	-Kind Cont	ributions	Receive	ed (From S	chedu	le II)		\$				0.00						
G. Unpaid Deb	ts And Obl	ligations	(From S	chedule IV)			\$				0.00						
					AFF	IDAV	IT	SE	CTION									
PART I - If this i	is a Commi	ittee repo	ort, trea	surer sign	here.	If this i	is a	Can	didate re	eport, c	andic	late si	gn here.					
I swear (or affirm correct and comp		eport, inclu	uding the	attached sc	hedule	s filed o	n pap	per o	or by elect	ronic m	edium,	, are to	the best of	my know	ledge	and bel	ief , tr	ue
Sworn to and sub	scribed befo day of	ore me this		20							s	ignatur	e of Person	Submitt	ing Rep	ort		-
							_						Print	ed Name				-
My Commission E	xpires	Signatur	e										Email					-
	-	мо	DA	AY	YR					Are	ea Cod	e	Daytime	e Telepho	one Nu	mber		-
Part II- If this is	a report	of a cand	idate's a	authorized	Comn	nittee,	Can	dida	te shall	sign he	ere.							
I swear (or affirm No 320) as amend		e best of m	y knowle	dge and beli	ef this	politica	l co	mmi	ttee has n	ot viola	ted an	y provis	ions of the	act of Ju	ine 3,19	937 (P.	L. 133	з,
Sworn to and subs		e me this										s	ignature o	f Candida	te			-
	day of												Printer	d Name				_
	s	ignature											Finted	. Name				
My Commission Ex		J											Emai					_
	_	мо	DA	AY	YR	2	_			Area	Code		Da	ytime Te	lephon	e Numl	ber	-

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** CARLYN CARLUCCIO From: <u>6/6/2023</u> **To:** <u>9/18/2023</u> 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.)

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 Candidate				porting	Period			
			Fro	om:		То	:	
					DATE			AMOUNT
Full Name of Contributing Committee				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

\$

PAGE 3

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			orting P	eriod			
			Fro	m:		Тс):	
					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 S	Schedule I, Detail	ed Summary Pag	je, Se	ection 2	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 Can	didate		Reporting	Period				
			From:			То:		
				DA	TE		А	MOUNT
Full Name of Contributing Comm	ittee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
						ſ		PAGE TOTAL
Enter Grand Total of Part C or	n Schedule I, Detaile	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		АМС	DUNT
Full Name of Contributor			мо	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					
Employer Name			Occupat	tion			
Employer Mailing Address/Principal Pla Business	ce of	City		State		Zip Code ((Plus 4)
Enter Grand Total of Part C on Sch	edule I, Detailed S	ummary Page, Sectio	on 3.		\$		бе тота L 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	Candidate		Report	ting Perio	od				
			From:			То:	:		
				D	ATE			AMOUNT	
Full Name				мо	DAY	YEAR			
Mailing Address							\$	i	0.00
City	State	Zip Code (Plus 4)						
Receipt Description					1				
Enter Grand Total of Part E	on Schodulo I. Dotailog		Section	4				PAGE TOT	AL
		i Suillillai y Page,	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	Reporting Period		
CARLYN CARLUCCIO	From:	<u>6/6/2023</u> то:	<u>9/18/2023</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, 3		\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate			Reporting Period					
	Fr					То:		
				DATE		АМО	UNT	
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 Sched Section 2.	iled Sum	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 C	me of Filing Committee or Candidate				Reporting P	Period			
					From:		To:		
						DATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR		
Mailing Address							\$	0.00	
City	State		Zip Code(Plus	4)					
Employer of Contributor			1		Occupa	l tion		1	
Employer Mailing Address/Prin Business	cipal Place of	City	Sta	te	Zip 4)	Code(Plus	Descri	ption of	Contribution
Enter Grand Total of Part G	Con Schedule II	In-Kind	Contributions	Dota	iled				PAGE TOTAL

	<u>.</u>
 Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.	PA

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Co	ommittee or Candidate			Reporti	ng Period			
CARLYN CARLUC	CIO			From	<u>6/0</u>	<u>5/2023</u>	То:	<u>9/18/2023</u>
					DATE			AMOUNT
To Whom Paid SUNOCO				мо	DAY	YEAR		
Mailing Address	8111 WEST CHESTE	R DR #300		6	15	2023	\$	72.00
City DALLAS		State TX	Zip Code (Plus 4) 75225	Descri p GAS	tion of Exp	penditure	2	
To Whom Paid SUNOCO				мо	DAY	YEAR		
Mailing Address	8111 WEST CHESTE	R DR #300		7	8	2023	\$	71.45
CityDALLASStateZip Code (Plus 4)TX75225			Descrip GAS	tion of Exp	penditure	2		
To Whom Paid SUNOCO				мо	DAY	YEAR		
Mailing Address	8111 WEST CHESTE	R DR #300		7	28	2023	\$	44.44
City DALLAS		State TX	Zip Code (Plus 4) 75225	Descrip GAS	tion of Exp	penditure	2	
To Whom Paid SUNOCO				мо	DAY	YEAR		
Mailing Address	8111 WEST CHESTE	R DR #300		7	18	2023	\$	73.00
City DALLAS		State TX	Zip Code (Plus 4) 75225	Descrip GAS	tion of Exp	penditure)	
To Whom Paid SUNOCO				мо	DAY	YEAR		
Mailing Address 8111 WEST CHESTER DR #300			7	22	2023	\$	86.01	
City DALLAS		State TX	Zip Code (Plus 4) 75225	Descrip GAS	tion of Exp	penditure	2	

To Whom Paid HOLIDAY INN EXPRESS					DAY	YEAR			
Mailing Address 225 SINGH DR				8	2	2023	\$	37	' 9.60
City CRANBER		State	Zip Code (Plus 4)	Decerin	tion of Exp				
City CRANBER		РА	16319	LODGIN		benuiture			
To Whom Paid OMNI WILLIAM PENN HOTEL				мо	DAY	YEAR			
Mailing Address 530 WILLIAM PENN PL				7	19	2023	\$	56	5.44
City PITTSBU	GH State Zip Code (Plus 4)			Descrip	tion of Exp	Denditure			
	Kon	РА		LODGIN					
To Whom Paid SNAPPY'S					DAY	YEAR			
Mailing Address 535 UNIVERSITY DRIVE				7	15	2023	\$	9	91.00
City STATE CO) LI EGE	State	Zip Code (Plus 4)	Descrip	tion of Exi	, penditure			
Since ex		РА	16801	Description of Expenditure GAS					
To Whom Paid WAWA		I		мо	DAY	YEAR			
	260 W BALTIMORE	PIKE		мо 8	DAY 3	YEAR 2023	\$	7	² 9.52
WAWA Mailing Address	260 W BALTIMORE	PIKE State	Zip Code (Plus 4)	8	3	2023		7	'9.52
WAWA Mailing Address	260 W BALTIMORE	-	Zip Code (Plus 4) 19063	8		2023		7	² 9.52
WAWA Mailing Address	260 W BALTIMORE	State		8 Descrip	3	2023		7	⁷ 9.52
WAWA Mailing Address City MEDIA To Whom Paid	260 W BALTIMORE	State PA		8 Descrip GAS	3 otion of Exp	2023 penditure			² 9.52 25.34
WAWA Mailing Address City MEDIA To Whom Paid WAWA Mailing Address		State PA		8 Descrip GAS MO 9	3 otion of Exp DAY 11	2023 penditure YEAR 2023	\$		
WAWA Mailing Address City MEDIA To Whom Paid WAWA Mailing Address		State PA PIKE	19063	8 Descrip GAS MO 9	3 otion of Exp DAY	2023 penditure YEAR 2023	\$		
WAWA Mailing Address City MEDIA To Whom Paid WAWA Mailing Address		State PA PIKE State	19063 Zip Code (Plus 4)	8 Descrip GAS MO 9 Descrip	3 otion of Exp DAY 11	2023 penditure YEAR 2023	\$		
WAWA Mailing Address City MEDIA To Whom Paid WAWA Mailing Address City MEDIA To Whom Paid		State PA PIKE State PA	19063 Zip Code (Plus 4)	8 Descrip GAS MO 9 Descrip GAS	3 otion of Exp DAY 11 otion of Exp	2023 penditure YEAR 2023 penditure	\$	7	
WAWA Mailing Address City MEDIA To Whom Paid WAWA Mailing Address City MEDIA To Whom Paid EXXON Mailing Address	260 W BALTIMORE	State PA PIKE State PA	19063 Zip Code (Plus 4)	8 Descrip GAS 9 Descrip GAS MO	3 otion of Exp DAY 11 otion of Exp DAY	2023 penditure YEAR 2023 penditure YEAR 2023	\$	7	25.34

To Whom Paid				мо	DAY	YEAR		
АМАСО								
Mailing Address 501 WESTLAKE PARK BLVD				7	19	2023	\$	63.00
City HOUSTAN		State	Zip Code (Plus 4)	Descrip	tion of Exp	oenditure		
		ТХ	77079	GAS				
To Whom Paid SHEETZ INC.				мо	DAY	YEAR		
Mailing Address 5700 6TH AVE				8	2	2023	\$	105.57
City ALTOONA		State	Zip Code (Plus 4)	Descrip	tion of Exp	, penditure		
		РА	16602	GAS				
To Whom Paid SHEETZ INC.				мо	DAY	YEAR		
Mailing Address 5700 6TH AVE				7	11	2023	\$	47.00
City ALTOONA		State	Zip Code (Plus 4)	Descrip	tion of Exp	penditure		
		PA	16602	GAS				
To Whom Paid SHEETZ INC.				мо	DAY	YEAR		
Mailing Address 5700 6TH AVE				7	10	2023	\$	57.73
City ALTOONA		State	Zip Code (Plus 4)	Descrip	tion of Exp	oenditure		
		РА	16602 GAS					
To Whom Paid BELLEVUE PARKIN	IG			мо	DAY	YEAR		
Mailing Address 220 S BROAD ST				6	6	2023	\$	35.00
City PHILADELF	PHIA State Zip Code (Plus 4)			Description of Expenditure				
		РА	19102	PARKING				
							PAGE TOTAL	
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.							\$	1,936.92