Campaign Finance Report

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

Filer Identificat Number :	ion 2023	3C0200			Repo Filed		CAND	DIDATE	✓	co	OMMITTE	E	LOB	BYIST		
Name of Filing	Committee, Candid	ate or L	obbyist:		CAROL	INE T	URNER			_						
Street Address:																
City:							State:	Zip Code: 19147								
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE	- 2. X	30 D. PRIM		POST-	POST- 3.			AMENDMENT REPORT?		No	· 🗸	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION				AY TION	POST-	POST- 6.		TERMINATION REPORT?		Yes	No	>	
report type)	ANNUAL REPORT	7.	Year 2023				ILING METHOD () CHECK ONE				PAPER		\checkmark	DISKE	TTE	
Name of Office	Sought by Candida	te:					DATE	OF ELE	CTION		District Number	Office Code	Par	ty Code	County Code	
JUDGE OF THE	MUNICIPAL COU	RT					мо	DAY	YEA	R	1	MCJ	DEN	1		
							1	1	7	2023		(SEE INS	TRUCTI	ONS FOR	CODES)	
	Receipts and	мо	DAY	YEAF			мо	DAY	YE	AR	FO	R OFFIC	e use	ONLY		
Expenditures	s from:		3 28	2	023	ГО		5	1	2023						
A. Amount Bro	ought Forward From	m Last R	eport			\$				0.00						
B. Total Monet	tary Contributions	And Rec	eipts (Fron	n Sche	edule I)	\$	5			0.00						
C. Total Funds	Available (Sum Of	f Lines A	and B)			\$	5			0.00						
D. Total Expenditures (From Schedule III)						\$	5		43,50	00.00						
E. Ending Cast	n Balance (Subtrac	t Line D	From Line	C)		\$	5	(43,500	0.00)						
F. Value Of In-	-Kind Contribution	s Receiv	ed (From S	chedu	le II)	\$	5			0.00						
G. Unpaid Deb	ts And Obligations	(From S	Schedule IV	/)		\$	5			0.00						
				AFF	IDAV	IT SE	CTION									
	s a Committee rep															
I swear (or affirm correct and comp) that this report, inc lete.	luding the	e attached sc	hedule	s filed or	1 paper	or by elec	ctronic m	edium,	are to	the best of	my know	/ledge	and beli	ef , true	
Sworn to and sub	scribed before me this day of	S	20						Sig	gnatur	e of Person	Submitt	ing Rep	port		
	Signatu	ire				_					Print	ed Name				
My Commission E	xpires					_					Emai	l				
	мо	D	AY	YR				Ar	ea Code		Daytime	e Telepho	one Nu	mber		
I swear (or affirm	Part II- If this is a report of a candidate's authorized Committee, Candidate shall sign here. I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the act of June 3,1937 (P.L. 1333, No 320) as amended.															
Sworn to and subscribed before me this Signature of Candidate																
	day of 					_					Printe	d Name				
	Signature					_					Emai	1				
My Commission Ex	pires											•				
	МО	D	AY	YF	2	-		Area	Code		Da	ytime Te	lephor	e Numb	er	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** CAROLINE TURNER From: <u>3/28/2023</u> To: <u>5/1/2023</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				Reporting Period						
				From: To:			:			
		·			DATE			AMOUNT		
Full Name of Contributing Committee				мо	DAY	YEAR				
Mailing Address							\$	0.00		
City	State	Zip Code (Plus 4	4)							
								PAGE TOTAL		
Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.								0.00		

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 Candidate Reporting Period										
			From: To			»: 				
					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	\$	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 Candidate			Reporting Period							
				То:						
				DA	TE		A	AMOUNT		
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 Schedule I, Detailed Summary Page, Section 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:				m:			То:			
				D	ATE	АМ	IOUNT			
Full Name of Contributor				мо	DAY	YEAR	\$	0.00		
Mailing Address										
City	State	Zip Code (Pl	ıs 4)							
Employer Name				Occupation						
Employer Mailing Address/Principal Plac	ce of Business	City		•	State		Zip Code	e (Plus 4)		
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.							PAGE TOTAL \$ 0.00			

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			Reporting Period							
				m: To:						
				D	ATE			AMOUNT		
Full Name				мо	DAY	YEAR	\$		0.00	
Mailing Address										
City	State	Zip Code (Plus 4)							
Receipt Description	·									
								PAGE TOT	AL	
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										
CAROLINE TURNER	From:	<u>3/28/2023</u> то:	<u>5/1/2023</u>								
I. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR											
TOTAL for the Reporting Pe	riod (1)	\$	0.00								
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	Г F)										
TOTAL for the Reporting Pe	riod (2)	\$	0.00								
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)											
TOTAL for the Reporting Pe	riod (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, 1		\$	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					
						То:		
		DATE			AMOUNT			
Full Name of Contributor	мо	DAY	YEAR					
Mailing Address] \$	0.0)0
City	State	Zip Code (Plus 4)						
Description of Contribution:								
Enter Grand Total of Part F on Sched Section 2.	P	AGE TOTAL	_					
						\$	0.0	0

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED VALUE OVER \$250.00

Name of Filing Committee or Candidate	Name of Filing Committee or Candidate				Reporting Period						
				From:							
					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 Plac	City	State	e Zip	Code(Plus 4)	Descri	ption of Contribution					
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.						PAGE TOTAL 0.00					

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Name of Filing Committee or Candidate				Reporting Period						
CAROLINE TURNER			From	<u>3/28</u>	<u>8/2023</u>	То:	<u>5/1/2023</u>				
				AMOUNT							
To Whom Paid			мо	DAY	YEAR						
TURNER FOR JUDGE PAC											
Mailing Address 931 FEDERAL ST			5	5	2023	\$	10,000.00				
City PHILADELPHIA	State	Zip Code (Plus 4)	Description of Expenditure								
	PA	19147	LOAN T	O PAC							
To Whom Paid				DAY	YEAR						
TURNER FOR JUDGE PAC											
Mailing Address 931 FEDERAL ST				6	2023	\$	3,000.00				
City PHILADELPHIA State Zip Code (Plus 4)				Description of Expenditure							
	PA	19147	LOAN T	O PAC							
To Whom Paid			мо	DAY	YEAR						
TURNER FOR JUDGE PAC			MO								
Mailing Address 931 FEDERAL ST			4	19	2023	\$	20,000.00				
City PHILADELPHIA	State	Zip Code (Plus 4)	Description of Expenditure								
	PA	19147	LOAN TO PAC								
To Whom Paid			мо	DAY	YEAR						
TURNER FOR JUDGE PAC			110								
Mailing Address 931 FEDERAL ST			5	3	2023	\$	10,000.00				
City PHILADELPHIA	State	Zip Code (Plus 4)	Descript	tion of Exp	enditure						
	PA	19147	LOAN T	O PAC							
To Whom Paid			мо	DAY	YEAR						
KIMBERLY WASHINGTON			MO		TEAR						
Mailing Address 1006 S RANDOLF ST	-		3	4	2023	\$	500.00				
City PHILADELPHIA State Zip Code (Plus 4)			Descript	tion of Exp	enditure	•					
PA 19147				N SIGNAT	URE COL	LECTION					
				PAGE TOTA							
Enter Grand Total of Expenditures of	on Page 1, Report C	over Page, Item I).			\$	43,500.00				