Campaign Finance Report

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

Filer Identification 20230222 Number :				Repo Filed			CANDI	DATE		СОМІ	MITTEE	✓	LOB	BYIS				
Name of Filing C	ommittee, Cand	idate or L	.obbyi	st:	Ċ	COMM	ITTEE	TO	ELEC	T ANN	E MA	RIE CO	/LE					
Street Address:	222 GREEN	DALE RO	AD.															
City:	PHILADELPH	AIA						St	tate:	PA			Zip Code: 19154-4326					
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.					30 E PRIN	DAY MAR		POST-	OST- 3.			AMENDMENT REPORT?			No	/
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.		FRIDAY	PRE-	- 5.)	30 E	DAY CTIO		POST-	6.		TERMINA REPORT		Yes	 	No	\
report type)	ANNUAL REPOR	7.	Year	2023		FILING METHO () CHECK ON								PAPER			ETTE	
Name of Office S	ought by Candi	date:				•		D	ATE C	F ELE	CTI	ON	District Number	Office Code	Pai	rty Coo	le Cou	
JUDGE OF THE	COURT OF COM	1MON PLF	- - AS - I	ΡΗΤΙ ΔΙ	OFI PH	ΤΔ		М	0	DAY	Y	EAR		CPJP				
									11		7	2023		(SEE INS	STRUCTI	ONS FO	R CODES	5)
Summary of Expenditures		МО	DA		YEAR			М	0	DAY		'EAR	FO	R OFFIC	E USE	ONL	Y	
			9	19	20)23	то		10)	23	2023						
A. Amount Brought Forward From Last Report								\$				340.00						
B. Total Monetary Contributions And Receipts (From Schedule I) \$ 3,000.00																		
C. Total Funds	Available (Sum	Of Lines A	and I	В)				\$			3,	340.00						
D. Total Expenditures (From Schedule III)							\$				750.00							
E. Ending Cash Balance (Subtract Line D From Line C)						-	\$			2,	590.00	-						
F. Value Of In-	Kind Contributio	ns Receiv	red (F	rom Sc	hedule	e II)		\$				0.00						
G. Unpaid Debt	s And Obligation	ns (From	Sched	ule IV)			\$			3,	000.00						
					AFFI	[DAV	IT S	ECT	ΓΙΟΝ									
PART I - If this is				_						-								
I swear (or affirm) correct and comple		ncluding th	e attac	hed sch	edules	filed o	n pape	r or l	by elect	ronic m	ediun	n, are to	the best o	f my knov	vledge	and b	elief , tr	rue
Sworn to and subs	cribed before me t day of	his	20									Signature	e of Perso	n Submitt	ing Re	port		
	Signa	ture	_				_						Prin	ted Name	ı			_
My Commission Ex	pires						_						Ema	il				
	МО	D	AY		YR					Aı	ea Co	de	Daytim	e Teleph	one Nu	mber		
Part II- If this is	a report of a ca	ndidate's	autho	orized	Commi	ittee,	Candi	date	e shall	sign h	ere.							
I swear (or affirm) No 320) as amende		f my know	edge a	nd belie	ef this p	politica	l com	mitte	ee has n	ot viola	ited a	ny provis	ions of th	e act of Ju	ıne 3,1	937 (F	P.L. 133	3,
Sworn to and subsc	ribed before me th day of	is	20									s	ignature o	of Candida	ite			_
			_ 20				_						Printe	d Name				-
	Signatur	e					_						Ema	il				_
My Commission Exp	ires						_						£ma					_
MO DAY YR						_			Area	Code	1	Da	aytime Te	elephoi	ne Nun	nber	_	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
COMMITTEE TO ELECT ANNE MARIE COYLE	From:	9/19/202	<u>3</u> To:	10/23/2023
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	(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)			\$	3,000.00
TOTAL for the Reporting) Period	(3)	\$	3,000.00
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 ar totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	3,000.00

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

	this Part to itemize only with an aggregate valu							
Name of Filing Comm	nittee or Candidate		Re					
			Fre	om:		То	:	
		<u> </u>			DATE			AMOUNT
Full Name of Contributi	ing Committee			МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
	•	·			•	•	$\overline{}$	DACE TOTAL

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

PAGE TOTAL\$ 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 Fining Committee of Candidate			Reporting Period From: To:					
			l		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.

ame of Filing Committee or Candidate			Reporting Period						
			From:			То:			
				DA	TE		А	MOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Cod	e (Plus 4)						
								PAGE TOTAL	
Enter Grand Total of Part C on Scho	edule I, Detailed Sun	nmary 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.

Name of Filing Committee or Candidate

(Exclude contributions from political committees reported in Part C.)

Reporting Period

COMMITTEE TO ELECT ANNE MARIE CO	COMMITTEE TO ELECT ANNE MARIE COYLE Fr			Fron	om: <u>9/19/2023</u>				To: 10/23/2023		
					D <i>f</i>	ATE			АМО	UNT	
Full Name of Contributor Anne Marie B Coyle	Anne Marie B Coyle					DAY	YI	EAR			
Mailing Address 222 Greendale Rd				10	-		2022	\$	3,000.00		
City Philadelphia	State PA	Zip Code 19154	2ip Code (Plus 4)		10			2023			
Employer Name AOPC					Occupation Candidate/Judge						
Employer Mailing Address/Principal Place Business	e of	City	.у			State		7	Zip Code (Plus 4)	
601 Commonwealth Avenue #1500 Harrisburg				g		PA			17120		
Enter Grand Total of Part C on Scher	Inter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.								PAG	E TOTAL	
	·	•						\$		3,000.00	

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 Car	ndidate		Report	ing Perio	od			
			From:			To:		
				D	ATE		A	MOUNT
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 T. Detailed	d Summary Page	Section	4			P	AGE TOTAL
	2, 200 0000		22300				\$	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	d							
COMMITTEE TO ELECT ANNE MARIE COYLE	From:	<u>9/19/2023</u> To:	10/23/2023						
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR									
TOTAL for the Reporting Pe	eriod (1)	\$	0.00						
2. 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 Candidat	ame 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)							
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	ame of Filing Committee or Candidate			Reporting Period					
				Fro	om:		То:		
						DATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR		
Mailing Address								\$	0.00
City	State		Zip Code(Plus 4)						
Employer of Contributor					Occupa	tion			
Employer Mailing Address/Principal Plac Business	ce of Cit	ity	State		Zip 4)	Code(Plus	Descri	ption o	f Contribution
Enter Grand Total of Part G on Sch Summary Page, Section 3.	edule II, In-K	Kind (Contributions De	etaile	ed				PAGE TOTAL 0.00

STATEMENT OF EXPENDITURES

Name of Filing Committee or C	Candidate		Reportir	ng Period			
COMMITTEE TO ELECT ANNE	MARIE COYLE		From	9/19	9/2023	То:	10/23/2023
				DATE		AMOUNT	
To Whom Paid Republican City Committee			мо	DAY	YEAR		
Mailing Address 219 Spring Garden Street				8	2023	\$	100.00
City Philadelphia State Zip Code (Plus 4) PA 19123				otion of Exp	penditure		
To Whom Paid Republican City Committee				DAY	YEAR		
Mailing Address 219 Spring	Garden Street		10	18	2023	\$	150.00
City Philadelphia	State PA	Zip Code (Plus 4) 19123	1	Description of Expenditure Autumn			
To Whom Paid Republican City Committee			МО	DAY	YEAR		
Mailing Address 219 Spring Garden Street			10	19	2023	\$	500.00
CityPhiladelphiaStateZip Code (Plus 4)PA19123				otion of Exp aters Even			
	I		<u> </u>				PAGE TOTAL

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

750.00

STATEMENT OF UNPAID DEBTS

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period

Name of Filing Committee or Ca	ame of Filing Committee or Candidate			ng Period				
COMMITTEE TO ELECT ANNE M	COMMITTEE TO ELECT ANNE MARIE COYLE From				/19/2023	10/23/2023		
					DATE			Outstanding Balance of Debt
Name of Creditor Anne Marie B Coyle				мо	DAY	YEAR		
Mailing Address 222 Green	ndale Rd			10	23	2023	\$	3,000.00
City Philadelphia State Zip Code (Plus 4) Description of Debt PA 19154 Candidate Loan						bt		
Enter Grand Total of Unp	paid Debts on Page 1	, Report Cover Pa	ge, Item	G.			\$	PAGE TOTAL 3,000.00