Campaign Finance Report

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

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Filer Identificat Number :	ion	2023	C0264			Repor Filed I		CAND	IDATE	$\checkmark$	со	MMITTE		LOB	BYIST	
Name of Filing	Committee	e, Candida	ate or L	obbyist:		COYLE,	ANNE	E MARIE	В							
Street Address:																
City:								State:				Zip Cod	e:			
TYPE OF REPORT	6TH TUES PRE-PRIM		1.	2ND FRIDA PRIMARY	Y PRE	- 2.	30 DA PRIM		POST-	3.		AMENDM REPORT?	ENT	Yes	No	$\checkmark$
(place X to the right of	6TH TUES PRE-ELEC		4.	2ND FRIDA	Y PRI	E- 5. <b>X</b>	30 D/ ELEC		POST-	6.		TERMINA REPORT?	TION	Yes	No	$\checkmark$
report type)	ANNUAL	REPORT	7.	<b>Year</b> 2023				NG METH CHECK C				PAPER		$\checkmark$	DISKE	TTE
Name of Office	Sought by	Candidat	e:					DATE (	OF ELE	CTION		District Number	Office Code	Par	ty Code	County Code
JUDGE OF THE						μτδ		мо	DAY	YEAR	2	1	CPJP			51
JODGE OF THE						111/ (		11	L	7 2	023		(SEE INS	STRUCTI	ONS FOR (	CODES)
Summary of		and	мо	DAY	YEAF	2		мо	DAY	YEAF	ł	FO	R OFFIC	E USE	ONLY	
Expenditures	s from:			9 19	2	023	0	10	כ	23 2	023					
A. Amount Bro	ought Forw	ard Fron	n Last R	eport			\$			(390.	00)					
B. Total Monet	tary Contri	butions A	And Rec	eipts (Fror	n Sche	dule I)	\$			C	0.00					
C. Total Funds	Available	(Sum Of	Lines A	and B)			\$			(390.	00)					
D. Total Expen	nditures (F	rom Sche	edule II	I)			\$			3,000	.00					
E. Ending Cash	n Balance (	Subtract	Line D	From Line	C)		\$			(3,390.	00)					
F. Value Of In-	-Kind Cont	ributions	Receiv	ed (From S	chedu	le II)	\$			0	.00					
G. Unpaid Deb	ts And Obl	ligations	(From S	Schedule I	/)		\$			0	.00					
					AFF	IDAVI	T SE	CTION								
PART I - If this i		•	•	-					• •		_					
I swear (or affirm correct and compl		eport, incl	uding the	e attached so	hedule	s filed on	paper	or by elec	tronic m	edium, ar	e to t	he best of	my knov	vledge	and beli	ef , true
Sworn to and sub	scribed befo day of	re me this		20						Sign	ature	of Persor	Submitt	ing Re	port	
		Signatur	re				_					Print	ed Name	1		
My Commission E	xpires						_					Emai	I			
		мо	D	AY	YR				Ar	ea Code		Daytim	e Teleph	one Nu	mber	
Part II- If this is	a report	of a cand	lidate's	authorized	Com	nittee, C	Candid	ate shall	sign h	ere.						
I swear (or affirm) No 320) as amend		e best of m	ıy knowle	edge and bel	ief this	s political	comm	ittee has	not viola	ted any p	rovisi	ons of the	act of Ju	ıne 3,1	937 (P.L	. 1333,
Sworn to and subse	cribed befor day of	e me this		20							Si	gnature o	f Candida	ite		
							_					Printe	d Name			
My Commission Ex		ignature					_					Emai	1			
,							_									
		мо	D	AY	YR	ł			Area	Code		Da	ytime Te	elephor	ne Numb	er

# SCHEDULE I **CONTRIBUTIONS AND RECEIPTS**

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
COYLE, ANNE MARIE B	From:	<u>9/19/20</u>	<u>23</u> To:	<u>10/23/2023</u>
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	g 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	g 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	g Period	(3)	\$	0.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)				
TOTAL for the Reporting	g 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			\$	0.00

# 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 Candidat	te		Re	porting I	Period			
			Fre	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

Use this Part to ite	emize all other 0.01 to \$250.0	1 TO \$250.00 contribution 00 in the repo	s w ortir	ith an ng per	aggreg iod.			rom
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 Ca	ndidate		Reporting	) Period				
			From:			То:		
				DA	TE		А	MOUNT
Full Name of Contributing Com	mittee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
						ſ		PAGE TOTAL
Enter Grand Total of Part C o	on 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	Zi	p Code (Plus 4)					
Employer Name				Occupat	tion			
Employer Mailing Address/Principa Business	al Place of		City		State		Zip Code	(Plus 4)
Enter Grand Total of Part C on	Schedule I, Detai	iled Sumr	narv Page, Secti	on 3.		Γ	PAG	GE TOTAL
	<b>,</b>		,	-			\$	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 C	andidate		Reporting Period						
			From:			То:			
			1	D	ATE			AMOUNT	
Full Name				мо	DAY	YEAR			
Mailing Address							\$	;	0.00
City	State	Zip Code (	Plus 4)						
Receipt Description	I			1	1	1			
Enter Grand Total of Part E o	n Schodulo I. Dotailog		Section	4				PAGE TO	TAL
	Schedule 1, Detailed	i Summaly Paye,	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		
COYLE, ANNE MARIE B	From:	<u>9/19/2023</u> <b>то:</b>	<u>10/23/2023</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
TOTAL for the Reporting Pe	riod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	TF)		
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					
			From:			То:		
				DATE		АМС	DUNT	
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.	ule II, In-Kind Co	ontributions Deta	iled Sum	mary Pag	je,	PAGE	TOTAL	
					4	5	0.00	

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			1		Occupa	l tion				
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	

I I	
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.	PAG

# SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reporting Period				
COYLE, ANNE MARIE B			From <u>9/19/2023</u>			То:	<u>10/23/2023</u>
			DATE				AMOUNT
To Whom Paid Committee to Elect Anne Marie Coyle			мо	DAY	YEAR		
Mailing Address 3802 Pearson Avenue			10	7	2023	\$	3,000.00
City Philadelphia	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19114	Description of Expenditure loan				
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.							PAGE TOTAL
						\$	3,000.00