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	20230	C0199				port		CANDI	DATE	√	СО	MMITTEE		LOBI	BYIST			
Name of Filing C	Committee	e, Candida	ate or Lo	obbyist:		CAF	ROLI	NE TU	JRNER										
Street Address:																			
City:									State:				Zip Code	: 19	147				
TYPE OF REPORT	6TH TUES		1.	2ND FRIDA PRIMARY	Y PRE	-	2.	30 DA PRIMA		POST-	3. X		AMENDME REPORT?	MENDMENT Yes VI					
(place X to the right of	6TH TUES PRE-ELEC		4.	2ND FRIDA ELECTION	y pri	E-	5.	30 DA ELECT		POST-	6.		TERMINAT REPORT?	TION	Yes	No)	√	
report type)	ANNUAL	REPORT	7.	Year 2023					NG METH				PAPER		✓	DISKE	TTE		
Name of Office S	L Sought by	Candidat	·e:						DATE C	F ELE	CTION		District Number	Office Code	Par	ty Code	Cour		
									МО	DAY	YEAI	R	1	CPJ	DEN	1	Code		
JUDGE OF THE	COURT (OF COMM	ON PLE	AS					11		7 2	2023		(SEE INS	TRUCTI	ONS FOR	CODES)	
Summary of	Receipts	and	МО	DAY	YEAR	2			МО	DAY	YEA	R	FOF	OFFIC	E USE	ONLY			
Expenditures	from:			5 2	2	023	Т	0	6		5 2	2023							
A. Amount Bro	ught Forv	vard Fron	Last R	eport	•		1	\$	-	•	. (0.00							
B. Total Moneta	ary Contr	ibutions <i>A</i>	and Rec	eipts (From	Sche	dule	e I)	\$			(0.00							
C. Total Funds	Available	(Sum Of	Lines A	and B)				\$			(0.00							
D. Total Expend	ditures (F	rom Sche	dule II	I)				\$			20,500	0.00							
E. Ending Cash	Balance	(Subtract	Line D	From Line	C)			\$		(20,500.	.00)							
F. Value Of In-	Kind Cont	tributions	Receive	ed (From S	chedu	le I	I)	\$			C	0.00							
G. Unpaid Debt	s And Ob	ligations	(From S	chedule IV)			\$			(0.00							
					AFF	ID	AVI	T SE	CTION										
PART I - If this is	s a Comm	ittee repo	ort, trea	surer sign	here.	If th	nis is	a Can	ndidate r	eport, o	candida	te siç	ın here.						
I swear (or affirm) correct and comple		report, incl	uding the	attached scl	hedule	s file	ed on	paper	or by elect	ronic m	edium, a	re to t	he best of	my know	/ledge	and beli	ef , tr	ue	
Sworn to and subs	cribed befo	ore me this		20							Sign	nature	of Person	Submitt	ing Rep	oort		-	
		Signatur	·e					- -					Printe	ed Name				-	
My Commission Ex	cpires							_					Email					_	
		МО	D/	AY	YR					Are	ea Code		Daytime	Telepho	one Nu	mber			
Part II- If this is	a report	of a cand	idate's	authorized	Comn	nitte	ee, C	andid	ate shall	sign h	ere.								
I swear (or affirm) No 320) as amende		e best of m	y knowle	edge and beli	ef this	poli	itical	commi	ittee has r	ot viola	ted any p	rovis	ions of the	ons of the act of June 3,1937 (P.L. 133					
Sworn to and subsc	ribed before day of	re me this		20								S	ignature of	Candida	te			-	
	——————————————————————————————————————							_					Printed	Name				-	
		Signature						_										_	
My Commission Exp	ires												Email						
	_	мо	D	AY	YR	ł		-		Area	Code		Day	rtime Te	lephor	ne Numb	er	-	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
CAROLINE TURNER	From:	<u>5/2/202</u>	<u>3</u> To:	6/5/2023
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 Pa			\$	0.00

PAGE TOTAL

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	e	F	Reporting	Period			
		F	rom:		То	:	
				DATE			AMOUNT
Full Name of Contributing Committee			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.

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)

(EXCID	ue contributions noi	in pontical comm	iiiii	es re _l	porteu	III Pait	A)	
Name of Filing Committe	ee or Candidate		Rep	orting P	eriod			
			Fro	m:		To) :	
		•			DATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4))					
	•	•			•	•		PAGE TOTAL

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					
			From:			То:			
				DA	TE		P	AMOUNT	
Full Name of Contributing Committee				МО	DAY	YEAR		0	0.00
Mailing Address							+	U	.00
City	State	Zip Code	e (Plus 4)						
								PAGE TOTAL	
Enter Grand Total of Part C on Scheo	dule I, Detailed Sun	nmary Pa	age, Sectio	n 3.			\$	0.0	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.)

			Repo	orting Pe	riod			
			Fron	n:		T	0:	
				D	ATE			AMOUNT
				мо	DAY	YEAR	\$	0.00
State	Zi	p Code (Plus	s 4)					
				Occupa	tion			
ce of Business		City			State		Zip	Code (Plus 4)
dule I, Detailed	Sumn	mary Page,	Section	on 3.			\$	PAGE TOTAL 0.00
	State ce of Business	State Zi ce of Business	State Zip Code (Plus ce of Business City	State Zip Code (Plus 4) ce of Business City	From: MO State Zip Code (Plus 4) Occupa	From: DATE MO DAY State Zip Code (Plus 4) Occupation ce of Business City State	State Zip Code (Plus 4) State Zip Code (Plus 4) Occupation ce of Business City State cdule I, Detailed Summary Page, Section 3.	From: To: DATE MO DAY YEAR State Zip Code (Plus 4) Occupation ce of Business City State Zip

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	ing Peri	od			
			From:			To:		
		•		E	ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (Plu	ıs 4)					
Receipt Description	<u>'</u>				•			
Futor Curred Total of Bout	For Cabadula I Batailad	Summer Base Se		4				PAGE TOTAL
Enter Grand Total of Part	E on Schedule 1, Detailed	Summary Page, Se	ection	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	1	
CAROLINE TURNER	From:	<u>5/2/2023</u> To:	<u>6/5/2023</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,		\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate	ame of Filing Committee or Candidate Re						Reporting Period					
			From:			To:						
				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 Sche Section 2.	dule II, In-Kind (Contributions Detai	iled Sum	mary Pag	je,		PAGE TOTAL					
						\$	(0.00				

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate				Re	porting	Period				
				Fro	m:		To:			
						DATE			AMOUN	т
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address								1	\$	0.00
City	State		Zip Code(Plus 4)							
Employer of Contributor					Occup	oation				
Employer Mailing Address/Principal Pla	ce of Business	Cit	ty	Stat	e Zi _l	p Code(Plus 4)	Descr	ipti	ion of Contribu	tion
Enter Grand Total of Part G on Sch	edule II, In-K	ind	Contributions D	etaile	ed				PAGE T	OTAL
Summary Page, Section 3.										0.00

STATEMENT OF EXPENDITURES

Name of Filing Committee or	Candidate		Reporti	ng Period					
CAROLINE TURNER			From	<u>5/2</u>	2/2023	То:	6/5/2023		
				AMOUNT					
To Whom Paid			МО	DAY	YEAR				
JOHN THOMPSON			140		12/110				
Mailing Address				18	2023	\$	500.00		
City PHILADELPHIA State Zip Code (Plus 4)				Description of Expenditure					
PA 19120				AMPAIGNI	NG SERV	ICES			
To Whom Paid			МО	DAY	YEAR				
TURNER FOR JUDGE PAC			140		ILAK				
Mailing Address			5	3	2023	\$	10,000.00		
City PHILADELPHIA	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure				
	PA	19147	LOAN T	O PAC					
To Whom Paid			МО	DAY	YEAR				
TURNER FOR JUDGE PAC			140		ILAK				
Mailing Address			5	5	2023	\$	10,000.00		
ity PHILADELPHIA State Zip Code (Plus 4)			Descrip	tion of Exp	enditure				
PA 19147				O PAC					
							PAGE TOTAL		

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

20,500.00