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 :	Filer Identification 20230222 Number : Name of Filing Committee, Candidate or Lobbyist:				Rep File			CANDI	DATE		СОМ	1ITTEE	✓	LOBE	YIST	
Name of Filing C	Committee, Candid	ate or Lo	obbyist:		СОМ	IMIT	TEE	TO ELECT	r anne	MAF	RIE CO	/LE				
Street Address:	222 GREENDA	ALE ROA	'D													
City:	PHILADELPHI/	4						State:	PA			Zip Cod	le: 19	19154-4326		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA' PRIMARY	/ PRE	- 2	2.	30 DA PRIMA		POST-	3.		AMENDMENT REPORT?		Yes	No	~
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA' ELECTION	/ PRE	Ē- 5	5.	30 DA ELECT		POST-	6.		TERMINA REPORT?		Yes	No	\
report type)	ANNUAL REPORT	7. X	Year 2023					IG METHO				PAPER		\	DISKE	TTE
Name of Office S	- Sought by Candida	te:						DATE O	F ELE	CTIO	N	District Number	Office Code	Par	ty Code	County Code
								MO DAY			AR		10000	<u> </u>		
								11		7	2023		(SEE IN	STRUCTIO	ONS FOR C	ODES)
	Receipts and	МО	DAY	YEAR	ł			МО	DAY	YE	AR	FO	R OFFI	CE USE	ONLY	
Expenditures	s trom:	1	11 28	2	023	Т	<u>о</u>	1		1	2024					
A. Amount Bro	ught Forward Fron	n Last R	eport				\$			1,0	90.00					
B. Total Monetary Contributions And Receipts (From Schedule I)							\$				0.00					
C. Total Funds Available (Sum Of Lines A and B)						\$			1,0	90.00						
D. Total Expenditures (From Schedule III)						\$			1,0	90.00						
E. Ending Cash Balance (Subtract Line D From Line C)							\$				0.00					
F. Value Of In-	Kind Contributions	Receive	ed (From So	hedu	le II)	\$				0.00					
G. Unpaid Debt	s And Obligations	(From S	Schedule IV)			\$				0.00					
				AFF	IDA	VI	ΓSE	CTION								
	a Committee rep		_								_					
I swear (or affirm) correct and comple) that this report, incl ete.	uding the	attached sch	edule	s filed	l on	paper	or by elect	ronic m	edium	, are to t	he best o	f my kno	wledge a	and belie	ef , true
Sworn to and subs	cribed before me this day of	1	20							S	ignature	of Perso	n Submit	ting Rep	ort	
	Signatu	ra	-				-					Prin	ted Name	<u> </u>		
My Commission Ex	•											Ema	il			
	мо	D/	ΑY	YR			-		Are	ea Cod	e	Daytim	e Teleph	one Nu	mber	
Part II- If this is	a report of a cand	lidate's	authorized	Comn	nitte	e, C	andid	ate shall	sign h	ere.						
I swear (or affirm) No 320) as amende	that to the best of n	ny knowle	edge and beli	ef this	politi	ical	comm	ittee has n	ot viola	ted an	y provisi	ions of the	e act of J	une 3,19	937 (P.L.	1333,
Sworn to and subscribed before me this											Si	ignature o	of Candid	ate		
-	day of						-					Drinto	d Name			
	Signature						-									
My Commission Exp	-											Ema	il			
	МО	D/	AY	YR	1		•		Area	Code		Da	aytime T	elephon	e Numbe	er

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

	1						
Name of Filing Committee or Candidate	Reporting	g Period					
COMMITTEE TO ELECT ANNE MARIE COYLE	From:	11/28/20	2 <u>3</u> To:	1/1/2024			
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor							
TOTAL for the Reporting	J 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	TOTAL for the Reporting Period (2)						
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	J 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

	this Part to itemize onl with an aggregate valu	-			-			
Name of Filing Comm	nittee or Candidate		Reporting Period					
		From:			То	:		
		L			DATE			AMOUNT
Full Name of Contribut	ing Committee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4))					
	•	•				-		DAGE TOTAL

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)

Name of Filing Committee or Candid	Name of Filling Committee of Candidate			Reporting Period From: To:					
					DATE		AN	40UNT	
Full Name of Contributor				МО	DAY	YEAR			
Mailing Address							\$ \$	0.00	
City	State	Zip Code (Plus 4)	1						

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.

Name of Filing Committee or Candi	me of Filing Committee or Candidate		Reporting	Period				
			From:			То:		
				DA	TE		Α	MOUNT
Full Name of Contributing Commit	tee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on S	Schedule I, Detail	ed Summary 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.

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

Name of Filing Committee or Candidate	me of Filing Committee or Candidate		Rep	orting Pe	riod			
			Fror	n:		То:		
				D	ATE		А	MOUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address City State Zip Code (Plus 4)						\$	0.00	
City	State	Zip Code (Plu	s 4)					
Employer Name		•		Occupation				
Employer Mailing Address/Principal Plac Business	e of	City			State		Zip Coo	de (Plus 4)
Enter Grand Total of Part C on Sche	dule I, Detailed S	ummary Page	Section	on 3.			\$	PAGE TOTAL 0.00

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		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 Peri	od						
COMMITTEE TO ELECT ANNE MARIE COYLE	From:	<u>11/28/2023</u> To:	1/1/2024					
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 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, 1		\$	0.00					

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candid	ate		Reportin	g 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 S	chedule II, In-Kir	nd Contributions Deta	iled Sun	nmary Pag	je,		PAGE TOTAL
Section 2.						\$	0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate	ne 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					Occupa	ation			
Employer Mailing Address/Principal Plad Business	ce of	City	Sta	ite	Zip 4)	Code(Plus	Descri	ption	of Contribution
Enter Grand Total of Part G on Sch	edule II, I	n-Kind	Contributions	Deta	ailed				PAGE TOTAL
Summary Page, Section 3.									0.00

STATEMENT OF EXPENDITURES

Name of Filing Committee or C	andidate		Reporti	ng Period			
COMMITTEE TO ELECT ANNE I	MARIE COYLE		From	11/28	8/2023	То:	1/1/2024
				DATE			AMOUNT
To Whom Paid Anne Marie B Coyle	Anne Marie B Coyle				YEAR		
Mailing Address 222 Greendale Rd			12	16	2023	\$	965.00
City Philadelphia	City Philadelphia State Zip Code (Plus 4)			otion of Exp	enditure		
	PA	19154		candidate e of accour			
To Whom Paid United Parcel Services/Staples			мо	DAY	YEAR		
Mailing Address 2329 Stree	t Road		12	16	2023	\$	125.00
City Bensalem	State	Zip Code (Plus 4)	Plus 4) Description of Expenditure				
PA 19020			Accumulated paper and mailing costs throughout campaignurghout pid				ts throughout
	·						PAGE TOTAL

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

1,090.00

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 Candidate			Reportii	ng Period				
COMMITTEE TO ELECT ANNE MARIE CO	YLE		From:	<u>11/28/2023</u> To:				1/1/2024
					DATE			Outstanding Balance of Debt
Name of Creditor Anne Marie B Coyle		мо	DAY	YEAR				
Mailing Address 222 Greendale Rd				1	14	2024	\$	0.00
City Philadelphia	State PA	Zip Code (Pl 19154	us 4)	1	otion of Del		ent	
Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.							\$	PAGE TOTAL 0.00